CLINIC RUNNING SHEET
Stage 2 - 2004/05

Appointment date

Study ID Number

Appointment time

Date of birth

Clinic location

1. TQEH □
2. Lyell McEwin □

Age

Attended clinic □

Blood location

1. IMVS □
2. Clinic □

Gender

1. Male □
2. Female □

Please place a tick in the box ✔ for YES or a cross in the box ✗ for NO

Ques B rec’d □

Medication sheet rec’d □

Urine sample rec’d □

Dr & 2ndary contact form rec’d □

Consent form signed □

Medicare card sighted & HIC form signed □

Blood test (hormone) questions:

Question 1: Yes □ No □ DK □

Question 2: Yes □ No □ DK □

MEASUREMENTS

Weight (kg)

Height (cm)

Waist (cm)

1st

2nd

3rd

Hip (cm)

1st

2nd

3rd

Is the participant currently on medication for hypertension?

Yes □

No □

Did the participant take this medication in the last 24 hours?

Yes □

No □

Blood pressure (mmHg)

1st

Systolic

Diastolic

2nd

Systolic

Diastolic

BLOODS

Has the participant fasted?

Yes □

No □

Is the participant currently on cholesterol/lipid lowering medication?

Yes □

No □

Did the participant take this medication in the last 24 hours?

Yes □

No □

SPIROLOGY

Is the participant currently on antihistamine medication?

Yes □

No □

Did the participant take this medication in the last 24 hours?

Yes □

No □

Has the participant used a bronchodilator (eg Ventolin) in the last 24 hours?

Yes □

No □

Has the participant taken any other respiratory medication in the last 24 hrs?

Yes □

No □

Pre FEV1 (L/sec)  

Pre FEV1 % pred

Pre FVC (L)  

Pre FVC % pred

Pre PEF  

Pre PEF % pred

Administered 4 puffs of Ventolin at : (Time)

Post FEV1 (L/sec)  

Post FEV1 % pred

Post FVC (L)  

Post FVC % pred

Post PEF  

Post PEF % pred

Reversibility
ARTHRITIS - HAND

What is your dominant hand? Left □ Right □
Arthritis photos taken? Left □ Right □
Flexion L □ R □
Abduction L □ R □
External Rotation L □ R □
Hand behind the back L □ R □
Grip Strength (kg) - Left □ Right □

ARTHRITIS - FEET

On most days do you have pain, aching or stiffness in either of your feet? Yes □ No □

FOOT CHART

LEFT foot □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7
RIGHT foot □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7

SUB-STUDIES

OSTEOPOROSIS SUB-STUDY (All men and women aged 50 years and over)
Agreed to participate □ AND Either To go to DEXA following clinic appt □
Information given □ OR DEXA appt made (record appt date & time)

AORTIC STENOSIS SUB-STUDY (selected sample of western region men and women aged 55 to 75 years)
Agreed to participate □ Information given □ Refused to participate □
AS ID Number:

DATA ENTRY of blood and urine results:

ID:

Total triglycerides (mmol/L) □ Glucose (mmol/L) □
Total cholesterol (mmol/L) □ Glycated haemoglobin (HbA1c) □
HDL cholesterol (mmol/L) □ Urine □
LDL cholesterol (mmol/L) □
Total chol/HDL ratio □