



Enrolment Questionnaire

iHealth Participant ID	Enter from database
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Patient Details			
First Name		Last Name	
DOB		Gender	Male / Female
Mobile phone number		Home phone number	
Identity card number		Email Address	
Home Address			

Assessment			
Assessment date		Consent form signed	Yes / No
Assessment time		Research doctor	
Assessment location		Research nurse	

Patient site ID (chose one from list below)			
1		9	
2		10	
3		11	
4		12	
5		13	
6		14	
7		15	
8		None of the above	

Medical History				
Please circle appropriate response				Age at Diagnosis
Diabetes	YES	NO	UNSURE	
Heart Attack	YES	NO	UNSURE	
Heart Balloon Angioplasty/Stent	YES	NO	UNSURE	
Heart Bypass Operation	YES	NO	UNSURE	
Stroke or Mini-stroke	YES	NO	UNSURE	

MEDICATIONS (only use GENERIC names and please include injections)

Smoking habit			
Cigarette smoking	Never	Ex-smoker	Current smoker
	↓	↓	↓
Age started	NA		
Cigarettes per day	NA		
Age stopped	NA		NA

Alcohol habit		
In the last month how many days have you consumed alcohol?		
(If never, please just enter 0)		↓
If you do drink alcohol, how much do you usually have on a day that you drink?	Measures of spirits	
	Glasses of wine	
	Pints of beer	

Demographics	
Language	English / Hindi / Punjabi / Sinhalese / Tamil / Urdu Other (please specify:)
Religion	Buddhist / Christian / Hindu / Moslem / Sikh Other (please specify:)
Country of birth	
Marital status	Single / Married / Cohabiting / Widowed / Divorced / Separated
Schooling	None / Primary school / Secondary school High School / University degree / Postgraduate
Your occupation	Homemaker / Unemployed / Manual unskilled / Manual skilled Clerical / Intermediate management / Senior management
Partner / spouse occupation	Not applicable / Homemaker / Unemployed / Manual unskilled Manual skilled / Clerical / Intermediate management / Senior management
How many people live in your household?	

Examination			
Height (cm)		Weight (kg)	
Waist 1 (cm)		Hip 1 (cm)	
Waist 2 (cm)		Hip 2 (cm)	
Waist 3 (cm)		Hip 3 (cm)	
Heart rate 1 (bpm)		Blood Pressure 1 (mmHg)	SBP / DBP
Heart rate 2 (bpm)		Blood Pressure 2 (mmHg)	SBP / DBP
Heart rate 3 (bpm)		Blood Pressure 3 (mmHg)	SBP / DBP

Additional questionnaires			
GPAQ	Yes / No	EQ5DL	Yes / No

Biological samples			
Sample ID	Attach ID	Hours since last meal	
HbA1c result (%)		HbA1c result date	DD / MM / YYYY
Cryotube ID		Cryotube box	

Database			
iHealth database	DD / MM / YYYY	Entered by	
InForm database	DD / MM / YYYY	Entered by	