



# Follow-up Questionnaire

<b>iHealth Participant ID</b>	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			
Assessment time		Research doctor	
Assessment location		Research nurse	

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	



<b>Examination</b>			
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

<b>Additional questionnaires</b>			
GPAQ	Yes / No	EQ5DL	Yes / No

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

<b>Database</b>			
iHealth database	DD / MM / YYYY	Entered by	
InForm database	DD / MM / YYYY	Entered by	