

Bar code

Participant Study
Number

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ADDITION 5 year measurement checklist

CENTRE: Ely IMS Wisbech Other

Date _____		Arrival time _____	Departure time _____
Yes	No		
		Blood sample taken	
		Plasma/Serum aliquots obtained	
		Urine sample taken	
		Urine aliquots obtained	
		Urinalysis results entered onto the measurement form	
		Aliquot form completed (countersigned double check)	<input type="text"/>
		Time of sample despatch	
		Food Frequency Questionnaire - completed and checked	
		Physical Activity Questionnaire - Times checked and questionnaire completed	
		General Questionnaire - Completed and checked	
		Cambridge 5 yr Questionnaire – Completed and checked	
		Case Record Form (Measurement Questionnaire) - Completed and checked	
		ADDITION 5 yr Extra Measures - Completed and checked	
		1 ECG printout enclosed	
		ECG Saved on computer	
		Expenses form completed	
		Car parking ticket given	
		For A+ only: Treadmill form completed	
		Is the volunteer's address and GP the same (Changes to be written on the CRF2) Date of change (address) Date of change (GP)	
Checklist completed by:		<input type="text"/>	