

Register

Study ID

Demographics

DEMOGRAPHICS

Firstname _____

Surname _____

House/Flat Number _____

Dwelling type House Flat or Complex
 Informal housing

Building/Complex Name _____

Street name _____

Suburb _____

For how many years have you lived at current address?

((months as decimal e.g. 6 months = 0.6))

Telephone number _____

Medical Background

MEDICAL BACKGROUND

Past

- Have you had a heart attack in the past? Yes No
- Have you been diagnosed with cancer in the past? Yes No
- Have you previously had TB? Yes No
- If yes, when did you previously have TB?

 (If patient cannot recall date, enter year (yyyy))
- Have you had a stroke in the past? Yes No

Present

- Do you have high blood pressure (hypertension)? Yes No Unknown
- If yes, what year were you first diagnosed?
- Do you have a heart disease? Yes No Unknown
- If yes, what year were you diagnosed?
- Do you have high cholesterol? Yes No Unknown
- If yes, what year were you diagnosed?
- Do you have any other long lasting health problems?
 (For example: kidney stones, arthritis, asthma, bilharzia, malaria) Yes No
- If yes, please specify what the health problem is and what year you were diagnosed?
- Do you currently have pulmonary Tuberculosis (TB)? Yes No
- If yes, are you on treatment? Yes No
- When did you start treatment?

 (If the patient cannot recall date, enter year (yyyy))

Diabetes

- Do you have Diabetes Yes No
- What type of Diabetes do you have? Type I Diabetes (also known as Juvenile Onset or Insulin Dependent Diabetes) Type II Diabetes (also known as Non-insulin Dependent Diabetes) Don't know

How long ago were you told you have diabetes?

- < 12 months
 1-5 years
 6-15 years
 15+ years

Which of the following do you use to manage your diabetes?

- Diet
 Pills
 Injection
 Nothing
 Other
 ((tick all that apply))

If other, please specify.

Family History

Stroke And Heart Disease

	Don't know	No	Yes, under the age of 60	Yes, over the age of 60	Yes, but I don't know the age
Has your mother had any heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your father had any heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your mother ever had a stroke?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your father ever had a stroke?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Diabetes

	Don't know	No	Yes, Type I	Yes, Type II	Yes, but I don't know type
Has your mother had any Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your father had any Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

High Blood Pressure and Cholesterol

	No	Yes	Don't know
Has your mother had high blood pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your father had high blood pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your mother had high cholesterol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your father had high cholesterol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HIV

Are you HIV positive? Yes No

If positive, are you on ART? Yes No

Which line of ART are you on? 1st 2nd

What is the name of the ART? _____

For how long have you been on ART? _____

((weeks))

Date you were diagnosed with HIV? _____

If date unknown, how long ago approximately were you diagnosed with HIV

- In last year
 2 - 5 years ago
 >5 years ago
 >15 years ago

Family Planning

Do you currently have a baby younger than 3 months? Yes No

Are you currently pregnant? Yes No Not applicable

Are you currently breast feeding? Yes No

Are you on family planning? Yes No

Medications

Do you take any medications? Yes No

Which medications do you take?

- Beta blockers
 Statins
 Aspirin
 Calcium channel blockers
 ACE inhibitors
 Other
 Anti-inflammatory

If other, specify _____

What dosage of aspirin do you take? _____

(mg)

General Data

Date subject signed consent

((dd-mm-yyyy))

Date and time start of interview

Date of birth

Age when signed consent

Gender

Male Female

Ethnicity

- Black
 White
 Coloured
 Indian
 Other (please specify)
 Refused

Ethnicity other

Please indicate the option that describes your current marital status.

- Never married
 Married
 Living together
 Widowed
 Separated or Divorced

Field site where patient was recruited

- Elsie's River
 Ravensmead
 Bishop Lavis
 Durbanville
 Uitsig
 Adriaanse
 Potchefstroom
 Mthatha
 Fisantekraal

Field worker taking interview

- Charmaine Abrahams
 Shirley Mc Anda
 Susan van Zyl

Anthropometry

ANTHROPOMETRY

Total body mass _____
(kg)

Height _____
(cm)

Body Mass Index (BMI) _____

Hip circumference _____
(cm)

Waist circumference _____
(cm)

Wasit to hip ratio _____

BLOOD PRESSURE

Systolic _____

Diastolic _____

Arm Left
 Right

Heart Rate _____
(bpm)

Systolic (2nd reading) _____

Diastolic (2nd reading) _____

Arm (2nd reading) Left
 Right

Heart rate (2nd reading) _____
(bpm)

Systolic (3rd reading) _____

Diastolic (3rd reading) _____

Arm (3rd reading) Left
 Right

Heart Rate (3rd reading) _____
(bpm)

Mean Blood Pressure _____

Mean Heart Rate _____

URINE ANALYSIS (Dipstick Parameters)

Glucose

- Normal
- 1+ 30
- 2+ 100
- 3+ 300
- 4+ 1000

Protein

- Negative
- 1+ 30
- 2+ 100
- 3+ 500

Leucocytes

- Negative
- 1+ ~10-25
- 2+ ~75
- 3+ ~500

Microalbuminuria

Lifestyle

Cigarette Smoking

Are you a smoker

- Yes currently In the past
 Never smoked

What type of cigarette do/did you smoke?

- Snuf Tobacco Dagga

On average, how many cigarettes do you smoke on the days that you smoke?

- More than 20 daily
 Less than 20 daily

If you have stopped, how long has it been since you last smoked (months)?

Alcohol

Have you consumed an alcoholic drink within the past 12 months?

- Yes No

How often do you typically drink ?

- Daily
 8 or more days a month
 Less than 8 days a month

At what age did you start drinking regularly (at least once a week)?

_____ ((answer in years))

What do you drink?

	Yes	No
Beer	<input type="radio"/>	<input type="radio"/>
Spirits (brandy, vodka, cane etc.)	<input type="radio"/>	<input type="radio"/>
Red Wine	<input type="radio"/>	<input type="radio"/>
White Wine	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

When you drink beer, how many standard units do you typically have on a single occasion? (see reference card).

When you drink spirits, how many standard units do you typically have on a single occasion? (see reference card).

When you drink red wine, how many standard units do you typically have on a single occasion? (see reference card).

When you drink white wine, how many standard units do you typically have on a single occasion? (see reference card).

When you drink other, how many standard units do you typically have on a single occasion? (see reference card) and describe.

Standard unit reference card

1 standard drink=

1 standard bottle
or can of regular beer
(340ml)



1 single measure of
spirits (30ml)



1 medium size
glass of wine
(120ml)

How many drinks do you have on a weekend?

- Less than 5 5 - 10
 More than 10
 (Friday night to Sunday night)

Eating Habits

How many meals do you have on a typical day?

- One
 Two
 Three
 More than three

Do these meals include fruit and/or vegetables?

- Yes No

Exercise

Are you physically active?

- Yes No

If yes, how many times a week?

- Once
 Twice
 Three times
 More than three times

How would you describe the type of exercise you do?

- Mild
 Moderate
 Intensive

Environment

In what type of environment do you live?

- City
 Suburb
 Countryside
 Industrial
 Other

If other, please specify

Do you live on a main road?

- Yes No

Where you live, do you

- Rent a room in a house
 Rent a house/ self contained flat
 Own house/ flat
 Live with family
 Not have a usual place to live
 Live in a shelter (homeless)
 Live separately (backyard/garden) on a property
 Informal settlement (shack)

What type of fuel do you mostly use?

- Electricity
 Wood
 Parafin
 Coal

What is your main source of water for drinking and cooking?

- Private connection to pipeline
 Private well
 Public taps/standpipe
 Public well
 Neighbours
 Water vendor
 Spring
 River, stream, lake, pond
 Rainwater
 Bottled water
 Other

Sleeping Habits

On average how many hours of sleep do you get in a 24hr period?

- 1-3 hours
 3-6 hours
 6-9 hours
 > 9 hours

Do you currently do any shift work affecting your sleeping hours?

- Yes No

How well do you sleep?

Bad Very well

=====

(Place a mark on the scale above)

Rooibos Tea

Do you drink Rooibos tea?

- Yes No

How many cups do you drink on average day?

- 1 cup
 2-3 cups
 3-4 cups
 >4 cups

How long have you drunk Rooibos regularly?

- Never
- Less than a year
- More than a year
- My whole life

How do you drink your Rooibos tea?

- Milk
- Honey
- Sugar
- Lemon

Education

What level of education have you completed?

- None
- Primary school
- High school
- ABET (Adult Basic Education Training)
- College/University/Other tertiary institution
(Tick all that apply)

Employment

Which of the following applies to your current employment situation?

- Unemployed
- Employed (full time)
- Employed (part time)
- Self-employed

As someone who is unemployed, which of the following applies to you?

- Looking for work
- Discourage job seeker - not looking for work
- Student
- Homemaker
- Illness/disability prevent me to work
- Too old to work
- Other

If other, specify?

Income

Do you or someone in your household receive a Government Social Grant?

- Yes
- No

What is the total of your household income per month?

- less than R1,000
- R1,000 - R4,999
- R5,000 - R9,999
- R10,000 - R20,000
- more than R20,000

Lab Sample Form

Sample Date _____

Sample Time _____
(24 hr annotation)Time received (lab) _____
((to be completed by lab staff))

Patient Date of Birth _____

Gender Male Female

SAMPLES (also to be completed by field worker)Has the patient been fasting for the visit? Yes No UncertainBlood {Luminex} = [1x Serum (red cap) 3ml] Done Not Done
 Under VolumeBlood {Glucose} = [1x Fluoride (grey cap 5ml)] Done Not Done
 Under VolumeBlood {Lipogram & Creatinine} = [1x SST (yellow cap) 7ml] Done Not Done
 Under VolumeBlood {Hemoglobin & HbA1C} = [1x EDTA (purple cap) 5ml] Done Not Done
 Under VolumeBlood {Viral load} = [1 x EDTA (purple cap) 5ml] Done Not Done
 Under VolumeBlood {buffy coat} = [1 x EDTA (purple cap) 10ml] Done Not Done
 Under VolumeBlood {Coagulation factors} = [1 x Citrate (blue cap) 4.5ml] Done Not Done
 Under VolumeBlood tubes inverted 8 times Yes NoUrine Collected {storage & microA} (approximately 40ml) Yes NoUrine Dipstick data completed Yes No

HIV STATUSHIV result Positive Negative
 UnknownCD4 Count _____
((from file))

Lipid Profile

LIPID PROFILE

Lipid sample taken

- Taken
- Not done (Supply issue)
- Not done (Too busy)
- Not done (Refused)
- Not done (Other reason)

Date lipid sample taken

Total cholesterol

HDL

LDL

Triglycerides

If flags reported, comment

Blood Profile

BLOOD PROFILE

Blood for profile taken

- Taken
- Not done (Supply issue)
- Not done (Too busy)
- Not done (Refused)
- Not done (Other reason)

Fasting glucose

HbA1c result

(% (1 decimal))

If HbA1c flag reported, comment

CRP

GGT

FULL BLOOD COUNT

Haemoglobin

(g/dl (1 decimal))

CD4 count (from patient folder at clinic)

CD4 count (EndoAfrica result)

Viral Load

If FBC flags, comment

Creatinine

Creatinine sample taken

- Taken
- Not done (Supply issue)
- Not done (Too busy)
- Not done (Refused)
- Not done (Other reason)

Creatinine level

(μ mol/L (1 decimal))

MDRD eGFR result

If flags reported, comment

Exclusion

This patient is pregnant. Do not include.

This patient has a baby of 3 months of age or younger. Do not include.

This patient is under 18 year of age. Do not include.

This patient's Hb is too low. Consider for exclusion.

This patient is on 2nd line ART. Consider for exclusion.

Exclude this subject?

Yes No

Comments

Flow Mediated Dilatation

FMD files

Operator? _____

Diameter baseline _____

((mm))

Diameter max _____

((mm))

Diameter recovery _____

FMD Percentage _____

((%))

SR baseline _____

SR max _____

Comments _____

SR Area (u.a.) _____

SR AreatoMax (u.a.) _____

Retinal Imagery Studies

RIS

RIS2

Serum Biomarkers

Multiplex