

- Specified time periods
- 1) INDEX CHILD - LIFETIME ABSTRACTION from date of birth (start date) to date of diagnosis / pseudodiagnosis (finish date); include all sheets adding duplicates if required.
 - 2) PARENTS: ABSTRACTION FOR BIOLOGICAL PARENTS ONLY and excluding vaccination sheets.
 FATHER - start date : 10 years prior to index DOB finish date : index DOB
 MOTHER - start date : 10 years prior to index DOB finish date : 1 year AFTER index DOB

Index child's name _____

Index child's DOB

Diagnosis / pseudodiagnosis date

Patient name _____

DOB

Date of death

Current address

NHS number _____

GP name _____

GP address

Telephone number _____

Date 1st entry in notes - ever

Date last entry in notes at abstraction

Gaps in notes from:
 mth yr

to
 mth yr

to
 mth yr

Quality of notes (circle) Good / Fair / Poor

Date of abstraction

Region No.
Abstractor

Comments:

Study ID

GP Abstraction : mother/father/Index child

Record of events

Person ID

Start date

Sheet No.

Finish date

Total sheets

Date of Event	Event	Type code	Details of drug and dose*	Aggregated Events
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Event code <input type="text"/> <input type="text"/>		X-ray <input type="text"/> <input type="text"/> ICD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BNF <input type="text"/>		1st date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> last date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No. of events <input type="text"/> <input type="text"/>
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Study ID Region Case No.

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GP Abstraction : mother/father/Index child Record of events Person ID

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Start date

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Sheet No.

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Finish date

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Total sheets

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Date of Event	Event	Type code	Details of drug and dose*	Aggregated Events																																	
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GP Abstraction : mother/father/Index child

Validation

Person ID

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INDEX DATE of diagnosis/ pseudodiagnosis

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Condition	Confirmatory Evidence 1 = yes 2 = no 9 = NK	Date first noted	Details	ICD 10										
Diabetes ¹	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Thyroid disease ²	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Rheumatoid arthritis	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Pernicious anaemia	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								D 5 1 -				
Asthma	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Multiple sclerosis	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								G 3 5 -				
Epilepsy	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Glandular fever	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								B 2 7 -				
Leukaemia or Lymphoma	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Cancer/Tumour	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Blood transfusion	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Serious chronic Other condition	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				

Validation of the above conditions covers the lifetime of the parents and control children and lifetime up to the date of diagnosis for the case child.

- 1 Ascertain if possible age of onset and how first treated (insulin or not).
- 2 Establish if possible underactive/overactive condition.

GP Abstraction : Index child

Vaccination record

Details on this form were taken from GP record card

1

"Triple Vaccination"

	Diphtheria/ tetanus/ whooping cough	HIB	Diphtheria tetanus	Polio drops
	Day Month Year	Day Month Year	Day Month Year	Day Month Year
Dose 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Booster			<input type="text"/>	<input type="text"/>

Other vaccinations

Immunization	Date given		Date given
	Day Month Year		Day Month Year
Smallpox	<input type="text"/>	Mantoux testing for BCG	<input type="text"/>
BCG	<input type="text"/>	Tetanus (booster)	<input type="text"/>
Measles	<input type="text"/>	Polio (booster)	<input type="text"/>
Measles/Mumps/Rubella	<input type="text"/>	HIB (single dose)	<input type="text"/>
Rubella (alone)	<input type="text"/>	Other	<input type="text"/>
		dose 1	<input type="text"/>
		dose 2	<input type="text"/>
		dose 3	<input type="text"/>