

# ASCEND: Final Follow-up Questionnaire

## INSTRUCTIONS FOR COMPLETION:

Please complete the questionnaire in BLOCK CAPITALS using blue or black ink.

Please place a cross in the appropriate box, e.g. Yes  No

(If you make a mistake, fill the entire box and mark the correct box, e.g. Yes  No )

OR write clearly in the appropriate boxes, e.g. 

2	6
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 / 

0	1
---	---

 / 

2	0	1	7
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Day

Month

Year

## 1. Contact and GP Details

Please check that these contact details are still correct. If not, then please call Freephone 0800 585323 and provide the correct information. Please quote the reference number from the covering letter on the front of this questionnaire.

## 2. ASCEND Medication

2.1. Please indicate how regularly you have taken ASCEND medication during the last 6 months:

	White Tablets (aspirin/placebo)		Brown Capsules (one or other natural oil)	
Every day	<input type="checkbox"/>	Every day	<input type="checkbox"/>	<i>Please cross ONE box only in EACH column</i>
Most days	<input type="checkbox"/>	Most days	<input type="checkbox"/>	
Only occasionally	<input type="checkbox"/>	Only occasionally	<input type="checkbox"/>	
Never	<input type="checkbox"/>	Never	<input type="checkbox"/>	

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## 3. Other Current Medication

3.1 Do you currently take any of the following **regularly** (i.e. more than one day per week)?

- |   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| a) Warfarin (Marevan), apixaban (Eliquis), acenocoumarol (Nicoumalone, Sinthrome), phenindione, dabigatran (Pradaxa) or rivaroxaban (Xarelto) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <i>Please cross<br/>ONE<br/>box only<br/>for EACH<br/>question</i> |
| b) Aspirin, prescribed or over-the-counter (e.g. Anadin, Caprin, Disprin, Imazin, PostMI). <i>Do not include your ASCEND study tablets.</i>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| c) Clopidogrel (Plavix), ticagrelor (Brilique) or prasugrel (Efient)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| d) Dipyridamole (Persantin, Persantin Retard or Asasantin Retard)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |

## 4. Your Health

4.1 In the last year, have you had a hypoglycaemic episode ("low blood sugar" or "hypo") which required assistance from another person? Yes  No

4.2 In the last 5 years, have you been referred to a specialist clinic because of memory problems? Yes  No

## 5. Medical Events

**5.1** Since completing your last questionnaire on \_\_\_\_\_ have you had ANY of the following? (If **Yes**, please give the date and the name and town of the hospital you attended). Please note there is extra space overleaf to list **second occurrences** of any of the medical events listed below. +

a) **Heart attack** Yes  No  / /   
Day Month Year

Name and town of hospital attended:

b) **Admission to hospital with angina or any chest pains** Yes  No  / /   
Day Month Year

Name and town of hospital attended:

c) **Stroke** Yes  No  / /   
Day Month Year

Name and town of hospital attended:

d) **Ministroke (sometimes called TIA)** Yes  No  / /   
Day Month Year

Name and town of hospital attended:

e) **Coronary artery bypass operation (CABG or "cabbage")** Yes  No  / /   
Day Month Year

Name and town of hospital attended:

f) **Coronary angioplasty ("balloon", "stent" insertion or PTCA)** Yes  No  / /   
Day Month Year

Name and town of hospital attended:

g) **Other arterial surgery or angioplasty (e.g. leg bypass)** Yes  No  / /   
Day Month Year

Name and town of hospital attended:

h) **Cancer (e.g. skin, breast, lung, bowel etc)** Yes  No  / /   
Day Month Year

Type of cancer:

Name and town of hospital attended:

i) **Bleeding for which you saw a doctor (e.g. serious nose bleed, bleeding in the eye)** Yes  No  / /   
Day Month Year

*Do not include bleeding as a result of an accident.*

Site in body of bleeding:

Were you admitted to hospital? Yes  No

Name and town of hospital attended:

## 6. Other Serious Illnesses or Hospital Admissions

6.1 Since completing your last questionnaire on \_\_\_\_\_ have you had ANY other serious illness or admission to hospital (e.g. pneumonia, day surgery, laser treatment to the eye)? Please give details of the illness or surgery, the date, and the name and town of the hospital you attended. (Please note you can also record **second occurrences** of any of the medical events listed in Section 5).

Details of illness or admission:

Name and town of hospital attended:

Date:  /  /

Day                      Month                      Year

Details of illness or admission:

Name and town of hospital attended:

Date:  /  /

Day                      Month                      Year

## 7. The Future

This will be your final follow-up questionnaire for the main ASCEND study. However, information will continue to be requested about you from NHS central registries beyond the end of the study treatment period so that any long-term effects of taking aspirin or fish oils can be discovered.

**Please telephone, email or write to the ASCEND coordinating centre if you wish to opt out of this.**

We may wish to contact you again in the future for other relevant research studies. This contact might be by mail, by phone or by email. This would only be for the purpose of inviting you to participate in future studies coordinated by the Clinical Trial Service Unit at the University of Oxford. Your details would not be passed to any third party.

Please indicate if you would be happy to be contacted for this purpose?                      Yes                       No

## 8. Personal Details

8.1 Please reconfirm your date of birth:  /  /

Day                      Month                      Year

Thank you for completing the questionnaire.

Please SIGN and DATE the form below using blue or black ink.

Signature:

& PRINTED name:

Today's date:  /  /

Day                      Month                      Year

Please check that you have answered **every** question, and **signed and dated** the form.

Return the completed questionnaire in the **Freepost** envelope provided (**no stamps needed**) to: +

**Freepost RLUJ-TKES-SURB, ASCEND, Richard Doll Building, University of Oxford, Old Road Campus, Headington, Oxford, OX3 7LF**

If you have any questions about the study, please contact the coordinating centre in Oxford on **FREEFONE: 0800 585323** (preferably during office hours 9 am - 5 pm, Monday to Friday)

**Thank you for your continued participation in ASCEND**



# ASCEND

A Study of Cardiovascular Events iN Diabetes



ASCEND  
Clinical Trial Service Unit (CTSU)  
Richard Doll Building  
University of Oxford  
Old Road Campus  
Headington  
Oxford  
OX3 7LF

Office telephone: 01865 743888  
Office fax: 01865 743981  
Freefone: 0800 585323  
E-mail: [ascend@ctsu.ox.ac.uk](mailto:ascend@ctsu.ox.ac.uk)  
Website: [www.ctsu.ox.ac.uk/ascend](http://www.ctsu.ox.ac.uk/ascend)



*A cover letter will be  
inserted on this page*

