

Part 1 - Secondary Care *(Please complete at telephone screening)***Indication:** *(Please tick one)*
☐ Heartburn
 ☐ Known Barrett's for surveillance
 ☐ Dysphagia
 ☐ Self-referral
 ☐ Other
Prague classification(If "Known Barrett's for surveillance")**C (cm)**

[] []

M (cm)

[] []

Age [] [] years**Sex** ☐ Male ☐ Female☐ Other**Height (cm)** [] [] []**Weight (kg)** [] [] . []**Ethnicity****Postcode** [] [] [] [] *(First part of postcode only)***Ethnicities****White**

1. English/Welsh/Scottish/Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background

Mixed/Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed/Multiple ethnic background

Asian/Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background

Black/ African/Caribbean/Black British

14. African
15. Caribbean
16. Any other Black/African/Caribbean background

Patient's response *(Please tick one)*☐ Agreed to participate ☐ Interested — further information requested☐ Refused *(Please go to the question below)*➡ **Patient's refused** *(Please tick one)*☐ Not the gold standard☐ Symptoms resolved☐ Concerns due to Covid-19 and attendance ☐ Symptoms worsened — endoscopy needed☐ Does not like the sound of the procedure ☐ Other**Where did you see the advert?**☐ Leaflet☐ Media☐ Posters☐ Word of mouth☐ GP Consultation☐ Pharmacy☐ Mobile unit advert☐ Other**Symptoms**☐ Heartburn☐ Belching all the time☐ Acid reflux☐ Satiety☐ Epigastric pain☐ Other☐ Pain behind the breastbone**Age began taking medication** [] [] years**Have you previously visited the GP about your symptoms?** ☐ Yes ☐ No

Self-referral only

Date of telephone call:

[] [] / [] [] / [] [] [] []

Nurse:

Date uploaded to the database:

[] [] / [] [] / [] [] [] []

<https://www.deltabase.org.uk>

Part 2 - Cytosponge procedure *(To be completed at Cytosponge clinic)*

Date of appointment: [] [] / [] [] / [] [] [] [] Nurse:

Start time: [] [] : [] [] End time: [] [] : [] [] Time taken (mins): [] [] []

Cytosponge swallow: ☐ First Attempt ☐ Unable to swallow
☐ Second Attempt

Device lot number Pot number

Device issues *(Please tick and report any issues to the Research Manager)***Device fault detected before use**

- ☐
- Capsule cracked
-
- ☐
- Packaging not sealed
-
- ☐
- Broken string
-
- ☐
- Other

Adverse event

- ☐
- Detachment
-
- ☐
- Bleeding on withdrawal
-
- ☐
- Other

Smoking status: ☐ Current ☐ Past ☐ NeverPrevious low grade dysplasia for known Barrett's? ☐ Tick if "Yes"Was local anesthetic used? ☐ Yes ☐ No**Medication**

Are you on any medication for heartburn?

☐ Yes *(Please go to the questions below)* ☐ No**Anti-reflux medications**Omeprazole
Cimetidine
Domperidone
Esomeprazole (Nexium)
Gaviscon
Lansoprazole (Zoton)
Maalox
Maxolon
Omeprazole (Losec)
Pantoprazole (Protonix)
Rabeprazole (Pariet)
Ranitidine

Medication	Dose (mg)	OD/BD	Length of time (yrs)

Other medications: ☐ Asthma inhalers ☐ Aspirin or NSAIDSAnti-coagulation/Anti-platelet medication: ☐ Warfarin ☐ Clopidogrel ☐ Apixiban
☐ Other**Acceptability**Would you be willing to have the
cytosponge procedure again in the future,
if it was recommended by your doctor?
☐ Yes, definitely ☐ Yes, probably
☐ No, probably not ☐ No, definitely not
☐ UnsureHow acceptable did you find the
cytosponge procedure?
☐ Completely acceptable ☐ Acceptable
☐ Unacceptable ☐ Completely unacceptable

Comments:

This is only for patients who need a repeat cytosponge following their results

Part 2B - Repeat Cytosponge invitation

Date of appointment: [] [] / [] [] / [] [] [] [] Nurse:

Start time: [] [] : [] [] End time: [] [] : [] [] Time taken (mins): [] [] []

Cytosponge swallow: ☐ First Attempt ☐ Unable to swallow
☐ Second Attempt

Device lot number Pot number

Device issues (Please tick and report any issues to the Research Manager)

Device fault detected before use

- ☐ Capsule cracked
☐ Packaging not sealed
☐ Broken string
☐ Other

Adverse event

- ☐ Detachment
☐ Bleeding on withdrawal
☐ Other

Was local anesthetic used? ☐ Yes ☐ No

Medication

Are you on any medication for heartburn?

☐ Yes (Please go to the questions below) ☐ No

Anti-reflux medications

Omeprazole
Cimetidine
Domperidone
Esomeprazole (Nexium)
Gaviscon
Lansoprazole (Zoton)
Maalox
Maxolon
Omeprazole (Losec)
Pantoprazole (Protonix)
Rabeprazole (Pariet)
Ranitidine

Medication	Dose (mg)	OD/BD	Length of time (yrs)

Other medications: ☐ Asthma inhalers ☐ Aspirin or NSAIDS

Anti-coagulation/Anti-platelet medication: ☐ Warfarin ☐ Clopidogrel ☐ Apixiban
☐ Other

Acceptability

Would you be willing to have the cytosponge procedure again in the future, if it was recommended by your doctor?
☐ Yes, definitely ☐ Yes, probably
☐ No, probably not ☐ No, definitely not
☐ Unsure

How acceptable did you find the cytosponge procedure?
☐ Completely acceptable ☐ Acceptable
☐ Unacceptable ☐ Completely unacceptable

Comments: