

**Part 1 - Secondary Care** *(Please complete at telephone screening)***Indication:** *(Please tick one)*☐ Heartburn ☐ Known Barrett's for surveillance ☐ Dysphagia ☐ Self-referral ☐ Other .....**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?**

<input type="checkbox"/> Leaflet	<input type="checkbox"/> Media	<input type="checkbox"/> Heartburn	<input type="checkbox"/> Belching all the time
<input type="checkbox"/> Posters	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Acid reflux	<input type="checkbox"/> Satiety
<input type="checkbox"/> GP Consultation	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Epigastric pain	<input type="checkbox"/> Other .....
<input type="checkbox"/> Mobile unit advert	<input type="checkbox"/> Other .....	<input type="checkbox"/> 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	Maalox
Cimetidine	Maxolon
Domeperidone	Omeprazole (Losec)
Esomeprazole (Nexium)	Pantoprazole (Protonix)
Gaviscon	Rabeprazole (Pariet)
Lansoprazole (Zoton)	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  
☐ Unsure .....How 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: .....