|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Transportation: Drive [ ]  Taxi Pick-up Time:  |
| Participant wants forms read to them? YES NO |
| Diabetic?Y N | Will need medicationsY N | Medical support neededY N |  Able to walk:Y N | Tanita Exclude: Y N | Notes: |
| Start Time | End Time | Excluded/Refused | Procedure/Form | Staff ID |
|  |  |  | Consent [ ]  LAR Consent [ ]  HIPAA [ ]  1 |  |
|  |  |  | Update/IC tracking: CIU [ ] , ICT [ ] , LAR [ ]  1 |  |
|  |  |  | Participant Safety/Exclusions: PSA [ ]  1 |  |
|  |  |  | Imaging Recruitment [ ]  1 |  |
|  |  |  | Medication Survey (MSR)[ ]  1 |  |
|  |  |  | Sitting Blood Pressure (SBP)[ ]  1 |  |
|  |  |  | HBPM [ ]  3 |  |
|  |  |  | Anthropometry: Weight, Tanita (ANT)[ ]  1 |  |
|  |  |  | Blood draw: Fasting not required (BIO) [ ]  Urine Collection[ ]  1  |  |
|  |  |  | **Physical Function Tests** |  |
|  |  |  | 4 Meter Walk (PFX) [ ]  1 |  |
|  |  |  | Physical Function (PFX)[ ]  2   |  |
|  |  |  | Two Minute Walk Eligibility\* (TME)[ ]  2  |  |
|  |  |  | Two Minute Walk (TMW)[ ]  2  Start time [ ]  [ ]  : [ ]  [ ]   |  |
|  |  |  | Zeno Gait Mat (ZGM)\*\* [ ]  3 |  |
|  |  |  | **Audiology** |  |
|  |  |  |  Hearing and Noise Exposure-Short Form(HNES)[ ] Hearing Handicap Inventory (HHI) [ ]  Audiology (AUD) [ ]  2  |  |
|  |  |  | **Clinic Interviews** |  |
|  |  |  | Depression (CES) [ ]  1 |  |
|  |  |  | Physical Activity Questionnaire (PAC)[ ]  2  |  |
|  |  |  | **Ancillary Studies** |  |
|  |  |  | Orthostatic Hypotension [ ]  3 |  |
|  |  |  | Peripheral Neuropathy [ ]  3 |  |
|  |  |  | ePatch [ ] /Continuous Glucose Monitoring\*\*\* (CGM) [ ]  3 |  |
|  |  |  | ABPM\*\* [ ]  3 |  |
|  |  |  | **End of Visit Review**  |  |
|  |  |  | ABPM/HBPM wear and return instructions |  |
|  |  |  | ePatch/CGM sensor wear and return instructions\*\*\* |  |
|  |  |  | Go over Summary of Results report |  |
|  |  |  | **Lunch or Snack\*** |  |
|  |  |  | Participant confirms receipt of medication bag [ ]  |  |
|  | 1 Priority 12  Priority 23  Priority 3Priority listing is a guide; particularly within a priority, participant preference matters. \* Can take place at any point during visit, or not at all.\*\* Lowest priority \*\*\* CGM will only be completed by participants who are eligible and agree to wear the ePatch concurrently. |