



ARIC-NCS Visit 11 – Home Exam Checklist

ID NUMBER:		DOB:		NAME:		PROXY NAME:																				
				Participant wants forms read to them? YES NO																						
Implanted medical devices? Y N		Diabetic? Y N		Will need medications? Y N		Medical support needed? Y N																				
						Able to walk? Y N																				
						Tanita Exclude? Y N																				
DAY 1			Date/ Time:			DAY 2																				
						Date/Time:																				
Procedure/Form				Staff ID	Procedure/Form				Staff ID																	
Welcome	Consent <input type="checkbox"/> LAR Consent <input type="checkbox"/> HIPAA <input type="checkbox"/> ¹				Welcome	Welcome and Device Return <input type="checkbox"/>																				
	Update/IC tracking: CIU <input type="checkbox"/> , ICT <input type="checkbox"/> , LAR <input type="checkbox"/> ¹					Sitting Blood Pressure (SBPA)** <input type="checkbox"/>																				
	Participant Safety/Exclusions: PSA <input type="checkbox"/> ¹					Clinic inter view	Hearing and Noise Exposure-Short Form (HNES) <input type="checkbox"/> ²																			
	Imaging Recruitment <input type="checkbox"/> ¹						Physical Activity Questionnaire (PAC) <input type="checkbox"/> ²																			
Visit 11 core	Medication Survey (MSR) <input type="checkbox"/> ¹				Nutrition	Mini Nutritional Assessment (MNA + Circumferences) <input type="checkbox"/> ⁴																				
	Sitting Blood Pressure (SBP) <input type="checkbox"/> ¹					Take home devices	Wearable Tech (Fitbit) <input type="checkbox"/> ³																			
	Anthropometry: Weight, Tanita (ANT) <input type="checkbox"/> ¹						ECG Patch* (EIO) <input type="checkbox"/> ³																			
	Blood/ urine collection: Fasting not required (BIO) <input type="checkbox"/> ¹						Continuous Glucose Monitoring* (CGMR) <input type="checkbox"/> ³																			
Neurocognitive	Neurological History (NHX) <input type="checkbox"/> ¹				End of visit	Fitbit wear and return instructions <input type="checkbox"/>																				
	CES-Depression (CES) <input type="checkbox"/> ¹					ECG Patch/CGM sensor wear and return instructions* <input type="checkbox"/>																				
	Abbreviated Battery (ESU, MME, Delayed Word Recall, DSS, Incidental Learning, FAS, Animal Naming, Trails A&B, CDP) <input type="checkbox"/> ¹					Go over Summary of Results report <input type="checkbox"/>																				
Echo	Echocardiogram <input type="checkbox"/> ² / Physical Exam Form (PEX)*** <input type="checkbox"/> ²				Other Information: <input type="checkbox"/> Priority 1; <input type="checkbox"/> Priority 2; <input type="checkbox"/> Priority 3; <input type="checkbox"/> Priority 4 Priority listing is a guide. Particularly within a priority, participant preference matters. Lunch/Snack can take place at any point during visit, or not at all. * CGM and ECG patch do NOT need to be worn concurrently at V11. ** SBPA is collected on a day 2 visit and does not need to be collected if all measures are completed in one day. *** PEX is only collected for participants completing the Echocardiogram and may be completed at any time during the Day 1 visit. Summary of PSA safety screening exclusions below. Review MOPs and initialization forms for other exclusion criteria. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Is adhesive allergy (PSA4) an exclusion?</th> <th>Implantable Device Exclusions (PSA3 and PSA5)?</th> </tr> </thead> <tbody> <tr> <td>Fitbit; Accelerometer</td> <td>no</td> <td>YES. Pacemaker only</td> </tr> <tr> <td>CGM</td> <td>YES</td> <td>YES. All implantable devices</td> </tr> <tr> <td>ECG Patch</td> <td>YES</td> <td>YES. Pacemaker, neurostimulator</td> </tr> <tr> <td>Sleep Profiler</td> <td>YES</td> <td>no</td> </tr> <tr> <td>WatchPat</td> <td>YES</td> <td>YES. Pacemaker, Inspire Sleep Device</td> </tr> </tbody> </table>					Is adhesive allergy (PSA4) an exclusion?	Implantable Device Exclusions (PSA3 and PSA5)?	Fitbit; Accelerometer	no	YES. Pacemaker only	CGM	YES	YES. All implantable devices	ECG Patch	YES	YES. Pacemaker, neurostimulator	Sleep Profiler	YES	no	WatchPat	YES	YES. Pacemaker, Inspire Sleep Device
	Is adhesive allergy (PSA4) an exclusion?	Implantable Device Exclusions (PSA3 and PSA5)?																								
Fitbit; Accelerometer	no	YES. Pacemaker only																								
CGM	YES	YES. All implantable devices																								
ECG Patch	YES	YES. Pacemaker, neurostimulator																								
Sleep Profiler	YES	no																								
WatchPat	YES	YES. Pacemaker, Inspire Sleep Device																								
Physical function	4 Meter Walk (PFX) <input type="checkbox"/> ¹																									
Clinic interview	Epworth Sleepiness Scale (ESS) ² <input type="checkbox"/> / Jenkins Sleep Evaluation Questionnaire (JSQ) ² <input type="checkbox"/>																									
	Respiratory Questionnaire (RSX) ² <input type="checkbox"/>																									
Take home devices	Accelerometry (ACC) <input type="checkbox"/> ²																									
	Sleep Devices: Sleep Profiler ² <input type="checkbox"/> / WatchPAT ³ <input type="checkbox"/>																									
End of visit	ACC wear and return instructions <input type="checkbox"/>																									
	Sleep devices wear and return instructions <input type="checkbox"/>																									
	Go over Summary of Results report <input type="checkbox"/>																									
	Recruit for Day 2 <input type="checkbox"/>																									