



## ARIC-NCS Visit 11 – Clinic Exam Checklist

<b>ID NUMBER:</b>		<b>DOB:</b>		<b>NAME:</b>		<b>PROXY NAME:</b>		
Transportation: Drive <input type="checkbox"/> Taxi Pick-up Time:				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		
<b>DAY 1</b>				<b>DAY 2</b>				
<b>Date/ Time:</b>				<b>Date/Time:</b>				
<b>Procedure/Form</b>				<b>Procedure/Form</b>				
<b>Staff ID</b>				<b>Staff ID</b>				
Welcome	Consent <input type="checkbox"/> LAR Consent <input type="checkbox"/> HIPAA <input type="checkbox"/> <sup>1</sup>			Welcome	Welcome and Device Return (as needed) <input type="checkbox"/>			
	Update/IC tracking: CIU <input type="checkbox"/> , ICT <input type="checkbox"/> , LAR <input type="checkbox"/> <sup>1</sup>				Sitting Blood Pressure (SBPA)** <input type="checkbox"/>			
	Participant Safety/Exclusions: PSA <input type="checkbox"/> <sup>1</sup>				Clinic inter view	Hearing and Noise Exposure-Short Form (HNES) <input type="checkbox"/> <sup>2</sup>		
	Imaging Recruitment <input type="checkbox"/> <sup>1</sup>					Physical Activity Questionnaire (PAC) <input type="checkbox"/> <sup>2</sup>		
Visit 11 core	Medication Survey (MSR) <input type="checkbox"/> <sup>1</sup>			Nutrition	Mini Nutritional Assessment (MNA + Circumferences) <input type="checkbox"/> <sup>4</sup>			
	Sitting Blood Pressure (SBP) <input type="checkbox"/> <sup>1</sup>				Take home devices	Wearable Tech (Fitbit) <input type="checkbox"/> <sup>3</sup>		
	Anthropometry: Weight, Tanita (ANT) <input type="checkbox"/> <sup>1</sup>					ECG Patch* (EIO) <input type="checkbox"/> <sup>3</sup>		
	Blood/ urine collection: Fasting not required (BIO) <input type="checkbox"/> <sup>1</sup>					Continuous Glucose Monitoring* (CGMR) <input type="checkbox"/> <sup>3</sup>		
Neurocognitive	Neurological History (NHX) <input type="checkbox"/> <sup>1</sup>			End of visit	Fitbit wear and return instructions <input type="checkbox"/>			
	CES-Depression (CES) <input type="checkbox"/> <sup>1</sup>				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"/> <sup>1</sup>				Go over Summary of Results report <input type="checkbox"/>			
Echo	Echocardiogram <input type="checkbox"/> <sup>2</sup> / Physical Exam Form (PEX)*** <input type="checkbox"/> <sup>2</sup>			<b>Other Information:</b> <sup>1</sup> Priority 1; <sup>2</sup> Priority 2; <sup>3</sup> Priority 3; <sup>4</sup> 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 <b>NOT</b> 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.				
Physical function	4 Meter Walk (PFX) <input type="checkbox"/> <sup>1</sup> / Physical Function (PFX) <input type="checkbox"/> <sup>2</sup>							
	Two Minute Walk Eligibility (TME) <input type="checkbox"/> <sup>2</sup>							
	Two Minute Walk (TMW) <input type="checkbox"/> <sup>2</sup>							
Clinic interview	Epworth Sleepiness Scale (ESS) <sup>2</sup> <input type="checkbox"/> /							
	Jenkins Sleep Evaluation Questionnaire (JSQ) <sup>2</sup> <input type="checkbox"/>							
	Respiratory Questionnaire (RSX) <sup>2</sup> <input type="checkbox"/>							
Take home devices	Accelerometry (ACC) <input type="checkbox"/> <sup>2</sup>							
	Sleep Devices: Sleep Profiler <sup>2</sup> <input type="checkbox"/> / WatchPAT <sup>3</sup> <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"/>							
	Participant confirms receipt of medication bag <input type="checkbox"/>							
Recruit for Day 2 <input type="checkbox"/>				<b>Notes:</b>				

	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