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 | Needle safety explainedY N | Medical support neededY N | TanitaExclude:Y N | PWV/ABI?Y N | CT Scan?Y N | Notes: |
| Start Time | End Time | Excluded/Refused | Procedure/Form | Staff ID |
|  |  |  | Consent [ ] 1 Proxy Consent [ ] 1 HIPPA [ ] 1  |  |
|  |  |  | Update/Safety/IC tracking: CIU [ ] 1, PSA [ ] 1, MSR [ ] 2, ICT [ ] 1 |  |
|  |  |  | Sitting Blood Pressure (SBP) 1 |  |
|  |  |  | Anthropometry: Weight 1, Tanita1, waist measurement (ANT)1 |  |
|  |  |  | Blood draw: Fasting [ ] 1 (BIO) Urine Collection[ ] **2** Saliva[ ] **4** |  |
|  |  |  | Snack1 |  |
|  |  |  | **Cognitive Testing** – Ensure Speech Understanding (ESU)1 |  |
|  |  |  | Block A1 (MME)– **BREAK** - Block B2,§ - Neurocog Summary Score (NCS) |  |
|  |  |  | **ECHO** - Procedure form (EPC)4  |  |
|  |  |  | **Lunch** |  |
|  |  |  | **Physical Function Tests** (PFX)2 |  |
|  |  |  | **Audiology** (HNE)4and(AUD)4,‡ |  |
|  |  |  | **Interviews--** CDR Participant (CDP) [ ] 1 |  |
|  |  |  | (If proxy avail.) CDR Informant (CDI), CDR Summary (CDS), NPI [ ] 1 |  |
|  |  |  | Neurologic History (NHX) [ ] 2 |  |
|  |  |  | Depression (CES) [ ] 2 |  |
|  |  |  | Respiratory Symptoms (RSX)4 |  |
|  |  |  | Medication Survey (MSR)2 |  |
|  |  |  | Smoking and Alcohol Use (ALC)2 |  |
|  |  |  | Physical Exam (PEX)4 |  |
|  |  |  | **Two Minute Walk** (TMW)4 |  |
|  |  |  | **Interviews--** Epworth Sleepiness Scale (ESS)3 |  |
|  |  |  | Physical Activity Questionnaire (PAC)2 |  |
|  |  |  | Diabetes Questions (DQF)4 |  |
|  |  |  |  Diabetics only: General Preventive Care (DTS)4 |  |
|  |  |  | Heart Attack Risk - Preference Survey (CPS)4 |  |
|  |  |  | **Pulse Wave Velocity** (PWV)4, ‡ |  |
|  |  |  | **CT Scan** Procedure form(CPC)4 |  |
|  |  |  | **End of Visit Review --** Go over Summary of Results report1 |  |
|  |  |  | Participant confirms receipt of medication bag [ ] 1 |  |
|  |  |  | Stage 2 call—Cognitive Status Informant interview (CDI)1 |  |
| Selected for bio-specimen QC?Y N | 1—Exam Priority 1 2—Exam Priority 23—Exam Priority 3 | 4 — Exam Priority 4 (ancillary study) § — Ppts diagnosed with dementia at V6 only do Block A‡ — If NOT measured successfully at V6 |