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| --- |
| 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 | TanitaExclude:Y N | Notes: |
| Start Time | End Time | Excluded/Refused | Procedure/Form | Staff ID |
|  |  |  | Consent [ ]  Proxy Consent [ ]  HIPAA [ ]   |  |
|  |  |  | Update/Safety/IC tracking: CIU [ ] , PSA [ ] , ICT [ ]  |  |
|  |  |  | Imaging Recruitment [ ]  |  |
|  |  |  | Medication Survey (MSR)[ ]  |  |
|  |  |  | Sitting Blood Pressure (SBP)[ ]  |  |
|  |  |  | Blood draw: Fasting not required (BIO) [ ]  Urine Collection[ ]   |  |
|  |  |  | Anthropometry: Weight, Tanita (ANT)[ ]  |  |
|  |  |  | **Cognitive Testing** |  |
|  |  |  | Ensure Speech Understanding (ESU)[ ]  |  |
|  |  |  | Block A (MMEO or MMEE, NCS Block A)[ ]  Block B\* (NCS Block B) [ ]  |  |
|  |  |  | CDR Participant (CDP)[ ]  |  |
|  |  |  | **Physical Function Tests** |  |
|  |  |  | Physical Function\* (PFX)[ ]  |  |
|  |  |  | Accelerometry(ACC)[ ]  |  |
|  |  |  | Two Minute Walk Eligibility\* (TME)[ ]   |  |
|  |  |  | Two Minute Walk\* (TMW)[ ]  Start time [ ]  [ ]  : [ ]  [ ]  |  |
|  |  |  | **Audiology** |  |
|  |  |  |  Hearing and Noise Exposure-Short Form(HNES)[ ]  |  |
|  |  |  | **Clinic Interviews** |  |
|  |  |  | Depression (CES) [ ]  |  |
|  |  |  | Neurologic Hx (NHX) [ ]  |  |
|  |  |  | Physical Activity Questionnaire (PAC)[ ]  |  |
|  |  |  | Alcohol Use (ALC)[ ]  |  |
|  |  |  | **Ancillary Studies** |  |
|  |  |  | Continuous Glucose Monitoring (CGM) [ ]  |  |
|  |  |  | ePatch [ ]  |  |
|  |  |  | **End of Visit Review**  |  |
|  |  |  | Accelerometry wear and return instructions |  |
|  |  |  | ePatch/CGM sensor wear and return instructions (for enrolled participants only) |  |
|  |  |  | Go over Summary of Results report |  |
|  |  |  | **Lunch or Snack\*\*\*** |  |
|  |  |  | Participant confirms receipt of medication bag [ ]  |  |
|  |  |  | **Stage 2** -- Only collected on participants selected to stage 2 |  |
|  |  |  | CDR Informant (CDI)[ ]  |  |
|  |  |  | Neuropsychiatric Inventory (NPI)[ ]  |  |
|  |  |  | CDR Summary\*\*\*\* (CDS)[ ]  |  |
|  | \*Not done in home visits. \*\*\*Can take place at any point during visit, or not at all.\*\*\*\*CDR Summary may be completed using CDP alone in the absence of an informant (i.e. without the CDI and/or NPI). |