|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 medications  Y N | Medical support needed  Y 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 1  2  Priority 2  3  Priority 3  Priority 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. | | | |