



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				DAY 2																					
Date/ Time:				Date/Time:																					
Procedure/Form				Procedure/Form																					
Staff ID				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																			
	Unintentional Weight Loss Questions (TMW) <input type="checkbox"/> ¹					Continuous Glucose Monitoring* (CGMR) <input type="checkbox"/> ³																			
Blood/ urine collection: Fasting not required (BIO) <input type="checkbox"/> ¹			End of visit	Fitbit wear and return instructions <input type="checkbox"/>																					
Neurocognitive	Neurological History (NHX) <input type="checkbox"/> ¹			ECG Patch/CGM sensor wear and return instructions* <input type="checkbox"/>																					
	CES-Depression (CES) <input type="checkbox"/> ¹			Go over Summary of Results report <input type="checkbox"/>																					
Abbreviated Battery (ESU, MME, Delayed Word Recall, DSS, Incidental Learning, FAS, Animal Naming, Trails A&B, CDP) <input type="checkbox"/> ¹																									
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. Pacemaker, defibrillator</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. Pacemaker, defibrillator	ECG Patch	YES	YES. Pacemaker, neurostimulator	Sleep Profiler	YES	no	WatchPat	YES	YES. Pacemaker, Inspire Sleep Device
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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 device	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"/>																								
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	Go over Summary of Results report <input type="checkbox"/>																								
	Recruit for Day 2 <input type="checkbox"/>																								