|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | **Date/ Time:** | | | | **Notes:** | | | |
| **Procedure/Form** | | | | | | **Staff ID** |
| Welcome | Consent  LAR Consent  HIPAA | | | | |  |
| Update/IC tracking: CIU , ICT , LAR | | | | |  |
| Participant Safety/Exclusions: PSA | | | | |  |
| Visit 12 core | Medication Survey (MSR) | | | | |  |
| Sitting Blood Pressure (SBP) | | | | |  |
| Anthropometry: Weight, Tanita (ANT)  Unintentional Weight Loss Questions (TMW) | | | | |  |
| Blood/ urine collection: Fasting not required (BIO) | | | | |  |
| Neurocognitive | Neurological History (NHX) | | | | |  |
| CES-Depression (CES) | | | | |  |
| Abbreviated Battery (ESU, MME, Delayed Word Recall, DSS, Incidental Learning, FAS, Animal Naming, Trails A&B, CDP) | | | | |  |
| Audiometry | Audiometry (AUD)  /  Hearing Handicap Inventory (HHI) | | | | |  |
| Physical function | 4 Meter Walk (PFX) | | | | |  |
| Clinic interview | Hearing and Noise Exposure-Short Form(HNES) | | | | |  | **Other Information:**  Lunch/Snack can take place at any point during visit, or not at all.  Summary of PSA safety screening exclusions below. Review MOPs and initialization forms for other exclusion criteria.   |  |  |  | | --- | --- | --- | |  | **Is adhesive allergy (PSA4) an exclusion?** | **Implantable Device Exclusions (PSA3)?** | | Tanita | No | YES | | Accelerometer | no | YES | | CGM | YES | YES | | | | |
| Physical Activity Questionnaire (PAC) | | | | |  |
| Food Security Questionnaire (FSEC) | | | | |  |
| Take home devices | Accelerometry (ACC) | | | | |  |
| Fitbit Check (for Participants enrolled in Fitbit at V11) | | | | |  |
| Continuous Glucose Monitoring (CGMR) | | | | |  |
| End of visit | ACC wear and return instructions | | | | |  |
| CGM sensor wear and return instructions | | | | |  |
| Go over Summary of Results report | | | | |  |