|  |  |  |  |
| --- | --- | --- | --- |
| **ID NUMBER:** | **DOB:** | **NAME:** | **PROXY NAME:** |
| Transportation: Drive [ ]  Taxi Pick-up Time:  | 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) [ ]   |  |
| Blood/ urine collection: Fasting not required (BIO) [ ]   |  |
| Neurocognitive | Neurological History (NHX) [ ]   |  |
| CES-Depression (CES) [ ]   |  |
| Full Battery (ESU, MME, Delayed Word Recall, DSS, Incidental Learning, FAS, Animal Naming, Logical Memory I, Digit Span Backwards, Trails A&B, Boston Naming, Logical Memory II, CDP) [ ]   |  |
| Audiometry  | Audiometry (AUD) [ ]  / Hearing Handicap Inventory (HHI) [ ]   |  |
| Physical function | 4 Meter Walk (PFX) [ ]  /Physical Function (PFX)[ ]    |  |
| Two Minute Walk Eligibility (TME)[ ]    |  |
| Two Minute Walk (TMW)[ ]   |  |
| 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?** | **Battery Operated Implantable Device Exclusions (PSA3)?** |
| Tanita | No | YES |
| Accelerometer | no | YES |
| CGM | YES | YES |

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| 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 [ ]  |  |
| Participant confirms receipt of medication bag [ ]  |  |