

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID: _____
Interviewer Name: _____
Interview Date: _____

BLSA Visit Procedure Checklist - Ver. 1.0

Section Title: Page 1

Instructions:

Unscheduled visit? ☐ (0) Normal ☐ Blank
☐ (1) Continuation of previous visit

Initial date: Initial time: (hh:mm) ☐ am
☐ pm

Date Completed: Sign out time: (hh:mm) ☐ am
☐ pm

Date Completed - Version 1

All responses on Version 1 tab

BLSA Consent: (mm:dd) Tester ID: ☐ Done

HIPAA date: (mm:dd) Tester ID: ☐ Done

Pneumococcal Screen Date: (mm:dd)

Tester ID: ☐ Done ☐ Not done

Reason not done: ☐ (3) No Time ☐ To be rescheduled
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

Vital Signs Date: (mm:dd) Tester ID: ☐ Done

☐ To be rescheduled

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

Height and Weight Date:

(mm:dd)

Tester ID:

☐ Done

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be rescheduled

Blood and Lab Work

Blood and Lab Work Date:

(mm:dd)

Tester ID:

Blood draw:

☐ Done Click to deselect
☐ Not entry
done

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduledClick to
deselect entry

Fasting Urine:

☐ Done Click to deselect
☐ Not entry
done

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduledClick to
deselect entry

BDNF:

☐ Done ☐ Not done☐ To be rescheduled

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

Nan Ping tbs:

- ☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduledClick to
deselect entry

BHCG:

- ☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduledClick to
deselect entry

Strength blood:

- ☐ Done ☐ Not done

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be rescheduled

HIV/Serology

HIV Serology:

- ☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduledClick to
deselect entry

HIV Consent Signed: ☐ Yes Click to deselect entry
☐ N/A

24 hrs Urine

Urine 24Hr Date: (mm:dd)

Tester ID:

24 Hr Urine: ☐ Done Click to deselect entry
☐ Not done

Reason not done: ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A
☐ To be rescheduled Click to deselect entry

Begin time: (hh:mm)

End time: (hh:mm)

OGTT

OGTT Date: (mm:dd)

Tester ID:

☐ Done Click to deselect entry
☐ Not done

Reason not done: ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A
☐ To be rescheduled Click to deselect entry

CardiovascularAssessment

CardiovascularAssessment Date: (mm:dd)

Tester ID:

If unable due to contraindication (eligible)

Contraindication: ☐ TIA or CVA within past 6 mo
☐ Bilateral carotid bruits
☐ Neck access problem

PWV: ☐ Done Click to deselect entry
☐ Not done

☐ To be rescheduled Click to deselect entry

Reason not done:

- ☐ (3) No Time
- ☐ (4) Refused
- ☐ (5) Unable
- ☐ (6) Equipment problem
- ☐ (7) No Tester
- ☐ (8) Not Eligible
- ☐ (9) Not Scheduled N/A

AGI:

- ☐ Done
- ☐ Not done

Click to deselect entry

Reason not done:

- ☐ (3) No Time
- ☐ (4) Refused
- ☐ (5) Unable
- ☐ (6) Equipment problem
- ☐ (7) No Tester
- ☐ (8) Not Eligible
- ☐ (9) Not Scheduled N/A

☐ To be rescheduled

Click to deselect entry

ABI Done:

- ☐ Both sides
- ☐ Only Right
- ☐ Only Left
- ☐ None

Reason not done:

- ☐ (3) No Time
- ☐ (4) Refused
- ☐ (5) Unable
- ☐ (6) Equipment problem
- ☐ (7) No Tester
- ☐ (8) Not Eligible
- ☐ (9) Not Scheduled N/A

☐ To be rescheduled

Click to deselect entry

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

Section Title: Page 2**Instructions:****Stress Testing**

Stress Testing Date: (mm:dd)

Tester ID:

If only Steady Stage mark done and #3

Treadmill:

☐ DoneClick to deselect
entry☐ Not
done

Reason not done:

☐ (3) No Time☐ (4) Refused☐ (5) Unable☐ (6) Equipment problem☐ (7) No Tester☐ (8) Not Eligible☐ (9) Not Scheduled N/A☐ To be
rescheduledClick to
deselect entry

O2 Consumption:

☐ DoneClick to deselect
entry☐ Not done

Reason not done:

☐ (3) No Time☐ (4) Refused☐ (5) Unable☐ (6) Equipment problem☐ (7) No Tester☐ (8) Not Eligible☐ (9) Not Scheduled N/A

Pulmonary Function Date: (mm:dd)

Tester ID:

Pulmonary Function:

☐ DoneClick to deselect
entry☐ Not
done

Reason not done:

☐ (3) No Time☐ (4) Refused☐ (5) Unable☐ (6) Equipment problem☐ (7) No Tester☐ (8) Not Eligible☐ (9) Not Scheduled N/A☐ To be
rescheduledClick to
deselect entry

Echocardio/Carotid Ultrasound

Echo/Carotid Date:	(mm:dd)	Tester ID:			
Echo:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time <input type="radio"/> (4) Refused <input type="radio"/> (5) Unable <input type="radio"/> (6) Equipment problem <input type="radio"/> (7) No Tester <input type="radio"/> (8) Not Eligible <input type="radio"/> (9) Not Scheduled N/A	<input type="radio"/> To be rescheduled Click to deselect entry
Carotid Ultrasound:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time <input type="radio"/> (4) Refused <input type="radio"/> (5) Unable <input type="radio"/> (6) Equipment problem <input type="radio"/> (7) No Tester <input type="radio"/> (8) Not Eligible <input type="radio"/> (9) Not Scheduled N/A	<input type="radio"/> To be rescheduled Click to deselect entry
EKG Date:	(mm:dd)	Tester ID:			
	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time <input type="radio"/> (4) Refused <input type="radio"/> (5) Unable <input type="radio"/> (6) Equipment problem <input type="radio"/> (7) No Tester <input type="radio"/> (8) Not Eligible <input type="radio"/> (9) Not Scheduled N/A	<input type="radio"/> To be rescheduled Click to deselect entry
Holter Date:	(mm:dd)	Tester ID:			
	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time <input type="radio"/> (4) Refused <input type="radio"/> (5) Unable <input type="radio"/> (6) Equipment problem <input type="radio"/> (7) No Tester <input type="radio"/> (8) Not Eligible <input type="radio"/> (9) Not Scheduled N/A	<input type="radio"/> To be rescheduled Click to deselect entry
Activity Monitor Date:	(mm:dd)	Tester ID:			

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Which device:

☐ Actigraph
☐ Actiwatch
☐ Both
☐ Actiheart

Comment:

Strength Measures

Grip Strength Date:

(mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Knee Strength Date:

(mm:dd)

Tester ID:

Which Knee done:

☐ Both sides
☐ Only Right
☐ Only Left
☐ None

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Performance Measures

LE Physical Perf Date:

(mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

☐ To be
rescheduled

Click to
deselect entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

Long Dist Corridor Walk Date: (mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Gait Lab Date: (mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Cognitive Testing

Core Cognitive Testing Date: (mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Early Markers Date: (mm:dd)

Tester ID:

☐ Done Click to deselect entry
☐ Not done

Reason not done:

- ☐ (3) No Time
- ☐ (4) Refused
- ☐ (5) Unable
- ☐ (6) Equipment problem
- ☐ (7) No Tester
- ☐ (8) Not Eligible
- ☐ (9) Not Scheduled N/A

☐ To be rescheduled Click to deselect entry

Blessed Mental Date: (mm:dd)

Tester ID:

☐ Done Click to deselect entry
☐ Not done

Reason not done:

- ☐ (3) No Time
- ☐ (4) Refused
- ☐ (5) Unable
- ☐ (6) Equipment problem
- ☐ (7) No Tester
- ☐ (8) Not Eligible
- ☐ (9) Not Scheduled N/A

☐ To be rescheduled Click to deselect entry

Personal Computer Testing Date: (mm:dd)

Tester ID:

☐ Done Click to deselect entry
☐ Not done

Reason not done:

- ☐ (3) No Time
- ☐ (4) Refused
- ☐ (5) Unable
- ☐ (6) Equipment problem
- ☐ (7) No Tester
- ☐ (8) Not Eligible
- ☐ (9) Not Scheduled N/A

☐ To be rescheduled Click to deselect entry

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

Section Title: Page 3**Instructions:**

EMG Date:	(mm:dd)	Tester ID:			
	<input type="radio"/> Done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time	<input type="radio"/> To be rescheduled
	<input type="radio"/> Not done			<input type="radio"/> (4) Refused	Click to deselect entry
				<input type="radio"/> (5) Unable	
				<input type="radio"/> (6) Equipment problem	
				<input type="radio"/> (7) No Tester	
				<input type="radio"/> (8) Not Eligible	
				<input type="radio"/> (9) Not Scheduled N/A	
Vibration Sensitivity date:	(mm:dd)	Tester ID:			
	<input type="radio"/> Done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time	<input type="radio"/> To be rescheduled
	<input type="radio"/> Not done			<input type="radio"/> (4) Refused	Click to deselect entry
				<input type="radio"/> (5) Unable	
				<input type="radio"/> (6) Equipment problem	
				<input type="radio"/> (7) No Tester	
				<input type="radio"/> (8) Not Eligible	
				<input type="radio"/> (9) Not Scheduled N/A	
Proprioception Date:	(mm:dd)	Tester ID:			
	<input type="radio"/> Done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time	<input type="radio"/> To be rescheduled
	<input type="radio"/> Not done			<input type="radio"/> (4) Refused	Click to deselect entry
				<input type="radio"/> (5) Unable	
				<input type="radio"/> (6) Equipment problem	
				<input type="radio"/> (7) No Tester	
				<input type="radio"/> (8) Not Eligible	
				<input type="radio"/> (9) Not Scheduled N/A	
Resting Metabolic Rate Date:	(mm:dd)	Tester ID:			

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Anthropometry Date:

(mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Sensory Testing:

Vision Testing Date:

(mm:dd)

Tester ID:

Contrast Sens Visual Acuity done:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Vision Stereopsis done:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Visual Fields Date:

(mm:dd)

Tester ID:

☐ To be
rescheduled

Click to
deselect entry

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

Taste Bud Photo Date:

(mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Hearing Test Date:

(mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Smell test date:

(mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Vestibular Testing Date:

Tester ID:

☐ To be rescheduled

VEMP Date:

(mm:dd)

Tester ID:

VEMP:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time <input type="radio"/> (4) Refused <input type="radio"/> (5) Unable <input type="radio"/> (6) Equipment problem <input type="radio"/> (7) No Tester <input type="radio"/> (8) Not Eligible <input type="radio"/> (9) Not Scheduled N/A	<input type="radio"/> To be rescheduled	Click to deselect entry
VOG Date:	(mm:dd)		Tester ID:			
Vog:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time <input type="radio"/> (4) Refused <input type="radio"/> (5) Unable <input type="radio"/> (6) Equipment problem <input type="radio"/> (7) No Tester <input type="radio"/> (8) Not Eligible <input type="radio"/> (9) Not Scheduled N/A	<input type="radio"/> To be rescheduled	Click to deselect entry
Balance Test Date:	(mm:dd)		Tester ID:			
	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time <input type="radio"/> (4) Refused <input type="radio"/> (5) Unable <input type="radio"/> (6) Equipment problem <input type="radio"/> (7) No Tester <input type="radio"/> (8) Not Eligible <input type="radio"/> (9) Not Scheduled N/A	<input type="radio"/> To be rescheduled	Click to deselect entry
Orientation Date:	(mm:dd)		Tester ID:			
Orientation:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time <input type="radio"/> (4) Refused <input type="radio"/> (5) Unable <input type="radio"/> (6) Equipment problem <input type="radio"/> (7) No Tester <input type="radio"/> (8) Not Eligible <input type="radio"/> (9) Not Scheduled N/A	<input type="radio"/> To be rescheduled	Click to deselect entry
Triangle Test:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry				

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

Physical Examination and Interviews

Physical Exam Date:

(mm:dd)

Tester ID:

- ☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduledClick to
deselect entry

Medical Interview Date:

(mm:dd)

Tester ID:

- ☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduledClick to
deselect entry

General Interview Date:

(mm:dd)

Tester ID:

- ☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

- ☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduledClick to
deselect entry

Sensory Testing Date

(mm:dd)

Tester ID:

☐ To be rescheduled

Finger Tapping Date:

(mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

☐ Done
☐ Not done

Reason not done:

☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

HAMMS Date:

(mm:dd)

Tester ID:

☐ Done
☐ Not
done

Click to deselect
entry

Reason not done:

☐ (3) No Time
☐ (4) Refused
☐ (5) Unable
☐ (6) Equipment problem
☐ (7) No Tester
☐ (8) Not Eligible
☐ (9) Not Scheduled N/A

☐ To be
rescheduled

Click to
deselect entry

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

Section Title: Page 4**Instructions:****Radiography / Image**

Radiation Exposure Date: (mm:dd)

☐ DoneClick to deselect
entry☐ Not
done

Tester ID:

Reason not done:

☐ (3) No Time☐ (4) Refused☐ (5) Unable☐ (6) Equipment problem☐ (7) No Tester☐ (8) Not Eligible☐ (9) Not Scheduled N/A☐ To be
rescheduledClick to
deselect entry

DEXA Date: (mm:dd)

☐ DoneClick to deselect
entry☐ Not
done

Tester ID:

Reason not done:

☐ (3) No Time☐ (4) Refused☐ (5) Unable☐ (6) Equipment problem☐ (7) No Tester☐ (8) Not Eligible☐ (9) Not Scheduled N/A☐ To be
rescheduledClick to
deselect entry

CT Scan Date: (mm:dd)

☐ DoneClick to deselect
entry☐ Not
done

Tester ID:

Reason not done:

☐ (3) No Time☐ (4) Refused☐ (5) Unable☐ (6) Equipment problem☐ (7) No Tester☐ (8) Not Eligible☐ (9) Not Scheduled N/A☐ To be
rescheduledClick to
deselect entry

MRI Date:	(mm:dd)	Tester ID:		
<input type="radio"/> Done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time	<input type="radio"/> To be rescheduled
<input type="radio"/> Not done			<input type="radio"/> (4) Refused	Click to deselect entry
			<input type="radio"/> (5) Unable	
			<input type="radio"/> (6) Equipment problem	
			<input type="radio"/> (7) No Tester	
			<input type="radio"/> (8) Not Eligible	
			<input type="radio"/> (9) Not Scheduled N/A	

MRI Screening Date:	(mm:dd)	Tester ID:		
<input type="radio"/> Done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time	<input type="radio"/> To be rescheduled
<input type="radio"/> Not done			<input type="radio"/> (4) Refused	Click to deselect entry
			<input type="radio"/> (5) Unable	
			<input type="radio"/> (6) Equipment problem	
			<input type="radio"/> (7) No Tester	
			<input type="radio"/> (8) Not Eligible	
			<input type="radio"/> (9) Not Scheduled N/A	

Sleep Study Date:	(mm:dd)			
<input type="radio"/> Done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time	
<input type="radio"/> Not done			<input type="radio"/> (4) Refused	
			<input type="radio"/> (5) Unable	
			<input type="radio"/> (6) Equipment problem	
			<input type="radio"/> (7) No Tester	
			<input type="radio"/> (8) Not Eligible	
			<input type="radio"/> (9) Not Scheduled N/A	

Restless Leg Syndrome Date:	(mm:dd)			
<input type="radio"/> Done	Click to deselect entry	Reason not done:	<input type="radio"/> (3) No Time	
<input type="radio"/> Not done			<input type="radio"/> (4) Refused	
			<input type="radio"/> (5) Unable	
			<input type="radio"/> (6) Equipment problem	
			<input type="radio"/> (7) No Tester	
			<input type="radio"/> (8) Not Eligible	
			<input type="radio"/> (9) Not Scheduled N/A	

CRC Checklist	
Falls Risk:	<input type="radio"/> Done <input type="radio"/> Not done Click to deselect entry

Medication List:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry
Food Freq Quest:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry
Validate done:	<input type="radio"/> N/E <input type="radio"/> Consented <input type="radio"/> Done	Click to deselect entry
Activity Related Fatigue Scale done:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry
Autopsy:	<input type="radio"/> N/E <input type="radio"/> Scheduled <input type="radio"/> Info given	Click to deselect entry
Muscle Biopsy:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry
Creatine:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry
DLW:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry
Skin Biopsy:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry
Core Body Temp:	<input type="radio"/> Done <input type="radio"/> Not done	Click to deselect entry
Cytapheresis:	<input type="checkbox"/> N/E <input type="checkbox"/> Consented <input type="checkbox"/> Done <input type="checkbox"/> N/Done	<input type="radio"/> To be rescheduled Click to deselect entry
Regional Adiposity:	<input type="checkbox"/> N/E <input type="checkbox"/> Consented <input type="checkbox"/> Done <input type="checkbox"/> N/Done	
Best List:	<input type="radio"/> Yes <input type="radio"/> Cancer <input type="radio"/> Diabetes <input type="radio"/> Other Chronic <input type="radio"/> Frail <input type="radio"/> Other <input type="radio"/> <70	Click to deselect entry
Comment:		
Knee x-ray date:	(mm:dd)	Tester ID:
	<input type="radio"/> Done <input type="radio"/> Not done	Reason not done:
	Click to deselect entry	<input type="radio"/> (3) No Time <input type="radio"/> (4) Refused <input type="radio"/> (5) Unable <input type="radio"/> (6) Equipment problem <input type="radio"/> (7) No Tester <input type="radio"/> (8) Not Eligible <input type="radio"/> (9) Not Scheduled N/A
		<input type="radio"/> To be rescheduled Click to deselect entry
Hand x-ray date:	(mm:dd)	
Tester ID:	<input type="radio"/> Done <input type="radio"/> Not done	
	Click to deselect entry	<input type="radio"/> To be rescheduled Click to deselect entry

Reason not done:

- ☐ (3) No Time
- ☐ (4) Refused
- ☐ (5) Unable
- ☐ (6) Equipment problem
- ☐ (7) No Tester
- ☐ (8) Not Eligible
- ☐ (9) Not Scheduled N/A

Hand photo date:

(mm:dd)

Tester ID:

- ☐ Done Click to deselect entry
- ☐ Not done

Reason not done:

- ☐ (3) No Time
- ☐ (4) Refused
- ☐ (5) Unable
- ☐ (6) Equipment problem
- ☐ (7) No Tester
- ☐ (8) Not Eligible
- ☐ (9) Not Scheduled N/A

- ☐ To be rescheduled Click to deselect entry

Food Diary:

- ☐ Done ☐ Not done Click to deselect entry

On Study Card:

- ☐ Done ☐ Not done Click to deselect entry

MRI Neuro

- ☐ N/E ☐ Consented ☐ Done ☐ N/Done

Progress Note ☐ Done ☐ Not done [Click to deselect entry](#)

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

Section Title: Version 1

Tester_ID

Acknowledgment Form ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Copy_MD_Orders ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Orders ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

BLSA_Consent_HIPAA ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

VALIDATE_HIPAA ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Advanced_Directives ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Falls_Risk ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Pneumococcal_Questionnaire ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Pneumococcal_Screen ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Cytapheresis ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

HIV_Consent ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Radiation_Exposition ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

EKG ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Holter_Monitor ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Medication Comment:

Height_Weight ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Vital_Signs ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Fasting_Urine ☐ Fully completed ☐ Partially completed ☐ Refused ☐ Other Comment:

Urine_24_hours	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
BDNF	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Nan_Ping_tubes	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
BHCG	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
HIV_serology	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Blood_Draw	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Strength_Test_Blood	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
OGTT	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Comment:		
Physical_Examination	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Finger_Tapping_Test	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Medical_Interview	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Socio_Demographic_Interview	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Blessed_Mental	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Comment:		
DEXA_Scan	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Knee_Xray	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Hand_Xray	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Hand_Photo	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
CTScan	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
MRI_Neuro_Imaging	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Grip_Strength	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Knee_Strength_Right	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Knee_Strength_Left	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:

LE_Physical_Performance	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Long_Distance_Corridor_Walk	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Gait_Lab	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Comment:		
Early_Markers_AD	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Core_Cognitive_Testing	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Personal_Computer_Testing	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Comment:		
EMG	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Vibration_Sensitivity_NRSV	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Proprioception_Test	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Comment:		
Resting_Metabolic_Rate	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Treadmill_Stress_test	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Oxygen_Consumption	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Pulmonary_Function_Test	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Echocardiogram	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Carotid_Ultrasound	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Pulse_Wave_Velocity	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
ABI	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Comment:		
Autopsy	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Body_Measurements	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Comment:		

Vision_Testing	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Vision_Stereopsis	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Visual_Fields	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Comment:		
Food_Frequency_Questionnaire	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Food_Intake_Record	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Progress_Note	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
On_Study_Card	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Comment:		
Best_List	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:
Data_in_PAS	<input type="radio"/> Fully completed <input type="radio"/> Partially completed <input type="radio"/> Refused <input type="radio"/> Other	Comment:

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

Section Title: Page 1
Instructions: