

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA HV Visit Procedure Checklist - Ver 1.0**Section Title: Visit Checklist****Instructions:**

Initial Date	Start Time	(hh:mm)	<input type="radio"/> am
			<input type="radio"/> pm

Date completed	Start Time	(hh:mm)	<input type="radio"/> am
			<input type="radio"/> pm

Unscheduled visit ☐ Normal (default) ☐ Continuation of previous visit**Physician orders** ☐ Done ☐ Not done Tester IDReason not done ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable**BLSA Consent** ☐ Done ☐ Not done Tester ID**HIPAA** ☐ Done ☐ Not done Tester ID**Filming Consent** ☐ Done ☐ Not done Tester IDReason not done ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable**General Interview** ☐ Done ☐ Proxy ☐ Not done Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**Activity Related Fatigue Scale** ☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**Epworth Sleep Scale** ☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**Medical Interview** ☐ Done ☐ Proxy ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**Physical Exam** ☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled

Grip Strength☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**LE Physical Performance**☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**Neurological Assessment**☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**Core Cognitive Testing**☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**Medication List**☐ Done ☐ Proxy ☐ Not done

Tester ID

☐ To be rescheduled

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

FFQ☐ Done ☐ Proxy ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**DVD**☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

Autopsy Report☐ Done ☐ Proxy ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**Autopsy Consent**☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
☐ 5-Unable (Physical or mental)
☐ 6-Equipment problem
☐ 7-No tester/no time
☐ 8-Not eligible
☐ 9-Not scheduled/Not applicable

☐ To be rescheduled

Blood☐ Consented ☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
- ☐ 5-Unable (Physical or mental)
- ☐ 6-Equipment problem
- ☐ 7-No tester/no time
- ☐ 8-Not eligible
- ☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**EKG**☐ Consented ☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
- ☐ 5-Unable (Physical or mental)
- ☐ 6-Equipment problem
- ☐ 7-No tester/no time
- ☐ 8-Not eligible
- ☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**CDR**☐ Consented ☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
- ☐ 5-Unable (Physical or mental)
- ☐ 6-Equipment problem
- ☐ 7-No tester/no time
- ☐ 8-Not eligible
- ☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**Accelerometer**☐ Done ☐ Not done

Tester ID

Reason not done

- ☐ 4-Refused
- ☐ 5-Unable (Physical or mental)
- ☐ 6-Equipment problem
- ☐ 7-No tester/no time
- ☐ 8-Not eligible
- ☐ 9-Not scheduled/Not applicable

☐ To be rescheduled**Comments:**