Protocol ID:	Study Subject ID:
Study Name:	Interviewer Name:
Site:	Interview Date:
Event Name:	
Trent Date:	

BLSA HV Visit Procedure Checklist - Ver 1.1

Section Title: Visit Checklist			
Instructions:			
Initial Date			
Start Time	(hh:mm)	O am	Click to deselect entry
Date completed			
Start Time	(hh:mm)	O am	Click to deselect entry
Unscheduled visit	O Normal (default) O Continuation of previous visit Click to desel	ect entry	
Physician orders	O Done O Not done Click to deselect entry 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 		

BLSA Consent	O Done O Not done	Click to deselect entry	Tester ID		
НІРАА	O Done O Not done	Click to deselect entry	Tester ID		
Filming Consent	O Done O Not done	Click to deselect entry	Tester ID		
Reason not done	4-Refused				
	O 5-Unable (Physical or	mental			
	O 6-Equipment problem				
	O 7-No tester/no time				
	8-Not eligible				
	O 9-Not scheduled/Not a	applicable			
General Interview	O Done O Proxy O No done	ot Click to deselect entry	Tester ID		
Reason not done	O 4-Refused			O To be rescheduled	Click to deselect entry
	O 5-Unable (Physical or	mental			
	O 6-Equipment problem				
	O 7-No tester/no time				
	8-Not eligible				
	O 9-Not scheduled/Not a	applicable			
Activity Related Fatigue Scale	O Done O Not done	Click to deselect entry	Tester ID		
Reason not done	O 4-Refused			O To be rescheduled	Click to deselect entry
	O 5-Unable (Physical or	mental			
	O 6-Equipment problem				
	7-No tester/no time				
	8-Not eligible				
	O 9-Not scheduled/Not a	applicable			
Epworth Sleep Scale	O Done O Not done	Click to deselect entry	Tester ID		

Reason not done	○ 4-Refused	O To be rescheduled	Click to deselect entry
	 5-Unable (Physical or mental 		
	O 6-Equipment problem		
	○ 7-No tester/no time		
	○ 8-Not eligible		
	9-Not scheduled/Not applicable		
Medical Interview	O Done O Proxy O Not Click to deselect Tester ID done entry		
Reason not done	O 4-Refused	O To be rescheduled	Click to deselect entry
	5-Unable (Physical or mental		
	O 6-Equipment problem		
	O 7-No tester/no time		
	○ 8-Not eligible		
	9-Not scheduled/Not applicable		
Physical Exam	O Done O Not done		
Reason not done	O 4-Refused	O To be rescheduled	Click to deselect entry
	5-Unable (Physical or mental		
	6-Equipment problem		
	○ 7-No tester/no time		
	8-Not eligible		
	9-Not scheduled/Not applicable		
Grip Strength	O Done O Not done Click to deselect entry Tester ID		
		O To be rescheduled	Click to deselect entry

Reason not done	4-Refused				
	5-Unable (Physical or	mental			
	O 6-Equipment problem	ı			
	7-No tester/no time				
	8-Not eligible				
	O 9-Not scheduled/Not	applicable			
LE Physical Performance	O Done O Not done	Click to deselect entry	Tester ID		
Reason not done	O 4-Refused			O To be rescheduled	Click to deselect entry
	O 5-Unable (Physical or	mental			
	O 6-Equipment problem	l			
	7-No tester/no time				
	8-Not eligible				
	O 9-Not scheduled/Not	applicable			
Neurological Assessment	O Done O Not done	Click to deselect entry	Tester ID		
Reason not done	O 4-Refused			O To be rescheduled	Click to deselect entry
	O 5-Unable (Physical or	mental			
	O 6-Equipment problem	1			
	7-No tester/no time				
	8-Not eligible				
	O 9-Not scheduled/Not	applicable			
Core Cognitive Testing	O Done O Not done	Click to deselect entry	Tester ID		
				O To be rescheduled	Click to deselect entry

Reason not done	4-Refused				
	O 5-Unable (Physical or mer	ntal			
	O 6-Equipment problem				
	7-No tester/no time				
	8-Not eligible				
	9-Not scheduled/Not appl	icable			
Medication List	O Done O Proxy O Not done	Click to deselect entry	Tester ID		
Reason not done	O 4-Refused			O To be rescheduled	Click to deselect entry
	O 5-Unable (Physical or mer	ntal			
	O 6-Equipment problem				
	O 7-No tester/no time				
	8-Not eligible				
	O 9-Not scheduled/Not appl	icable			
FFQ	O Done O Proxy O Not done	Click to deselect entry	Tester ID		
Reason not done	○ 4-Refused			O To be rescheduled	Click to deselect entry
	O 5-Unable (Physical or mer	ntal			
	O 6-Equipment problem				
	○ 7-No tester/no time				
	8-Not eligible				
	9-Not scheduled/Not appl	icable			
DVD	O Done O Not done Cli	ck to deselect entry Te	ster ID		

Reason not done	○ 4-Refused		
	O 5-Unable (Physical or mental		
	O 6-Equipment problem		
	7-No tester/no time		
	O 8-Not eligible		
	O 9-Not scheduled/Not applicable		
Autopsy Report	O Done O Proxy O Not Click to deselect Tester ID done entry		
Reason not done	O 4-Refused	O To be rescheduled	Click to deselect entry
	O 5-Unable (Physical or mental		
	O 6-Equipment problem		
	O 7-No tester/no time		
	○ 8-Not eligible		
	O 9-Not scheduled/Not applicable		
Autopsy Consent	O Done O Not done Click to deselect entry Tester ID		
Reason not done	O 4-Refused	O To be rescheduled	Click to deselect entry
	O 5-Unable (Physical or mental		
	O 6-Equipment problem		
	O 7-No tester/no time		
	○ 8-Not eligible		
	O 9-Not scheduled/Not applicable		
Blood	O Consented O Done O Not Click to deselect Tester ID done entry		
		O To be rescheduled	Click to deselect entry

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		
EKG	O Consented O Done O Not Click to deselect Tester ID done entry		
Reason not done	O 4-Refused	O To be rescheduled	Click to deselect entry
	 5-Unable (Physical or mental 		
	O 6-Equipment problem		
	7-No tester/no time		
	○ 8-Not eligible		
	9-Not scheduled/Not applicable		
CDR	O Consented O Done O Not Click to deselect Tester ID done entry		
Reason not done	O 4-Refused	O To be rescheduled	Click to deselect entry
	 5-Unable (Physical or mental 		
	O 6-Equipment problem		
	7-No tester/no time		
	○ 8-Not eligible		
	9-Not scheduled/Not applicable		
Accelerometer	O Done O Not done Click to deselect entry Tester ID		
		O To be rescheduled	Click to deselect entry

Reason not done	O 4-Refused		
	O 5-Unable (Physical or mental		
	O 6-Equipment problem		
	7-No tester/no time		
	8-Not eligible		
	O 9-Not scheduled/Not applicable		
A.L. 15 II			
Additional Follow-Up Conta	ct - as needed between scheduled visit O Yes O No Click to deselect entry		
Comments:			