

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Visit Procedure Checklist - Ver. 2.11**Section Title: Page 1****Instructions:**

Unscheduled visit?

☐ (0) Normal☐ (1) Continuation of previous visitCOVID-19 Pandemic
Mask Worn☐ Yes☐ No

Initial date:

Date Completed:

BLSA Consent:

☐ Done

Vital Signs Date:

☐ Done

Height and Weight Date:

☐ Done**Blood and Lab Work**

Blood and Lab Work Date:

Blood draw:

☐ Done☐ Not
doneClick 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

Fasting Urine:

☐ Done☐ Not
doneClick to deselect
entry☐ To be
rescheduledClick 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

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

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
☐ N/A

Click to deselect entry

24 hrs Urine

Urine 24Hr Date:

☐ To be
rescheduledClick to
deselect entry

24 Hr Urine:

☐ 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

OGTT

OGTT Date:

☐ 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

CardiovascularAssessment

CardiovascularAssessment Date:

If unable due to contraindication (eligible)

Contraindication:

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

PWV:

☐ 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

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: _____

If only Steady Stage mark done and (3) No Time

Treadmill:

☐ DoneClick to deselect
entry

Reason not done:

☐ 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:

☐ Done

Click to deselect entry

Reason not done:

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

Stress Blood:

☐ Done

Click to deselect entry

Reason not done:

☐ 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: _____

☐ To be

Click to

Pulmonary Function:

☐ 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

☐ rescheduled

Click to
deselect entry

Echocardio/Carotid Ultrasound

Echo/Carotid Date:

Echo:

☐ 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

Carotid Ultrasound:

☐ 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

EKG Date:

☐ 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

Activity Monitor Date:

☐ 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

Which device:

- ☐ Actigraph
☐ Actiwatch
☐ Both

Comment:

Strength Measures

Grip Strength Date:

- ☐ 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

Knee Strength Date:

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
rescheduledClick to
deselect entry

Performance Measures

LE Physical Perf Date:

- ☐ Done
☐ Not
done

Click to deselect
entry☐ To be
rescheduledClick 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:

☐ 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:

☐ 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:

☐ 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:

☐ 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

Blessed Mental Date:

☐ 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

Personal Computer Testing Date:

☐ 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 3**Instructions:**

EMG Date:

☐ Done☐ Not
doneClick 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

Proprioception Date:

☐ Done☐ Not
doneClick 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

Resting Metabolic Rate Date:

☐ Done☐ Not
doneClick 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

Anthropometry Date:

☐ 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:

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:

☐ 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

Eye Tracking Date:

☐ 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

Taste Bud Photo Date:

☐ 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:

☐ 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:

☐ 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

Finger Tapping, Cog State

Finger Tapping

☐ 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

Cog State 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

Physical Examination and Interviews

Physical Exam Date:

- ☐ 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

Medical Interview Date:

- ☐ 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

General Interview Date:

- ☐ 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

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:

☐ Done☐ Not
doneClick 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

DEXA Date:

☐ Done☐ Not
doneClick 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

CT Scan Date:

☐ Done☐ Not
doneClick 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

MRI Date:

☐ 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

MRI Screening Date:

☐ 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

Sleep Study Date:

☐ 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

Restless Leg Syndrome Date:

☐ 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

CRC Checklist

Falls Risk:

☐ Done ☐ Not done

Click to deselect entry

Medication List:

☐ Done ☐ Not done

Click to deselect entry

Food Freq Quest:

☐ 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

Autopsy:

☐ N/E ☐ Scheduled ☐ Info given[Click to deselect entry](#)

Muscle Biopsy:

☐ 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

Skin Biopsy:

☐ 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

Core Body Temp:

☐ 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

Intestinal Permeability:

☐ 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

Cytapheresis:

- ☐ Consented
- ☐ Done
- ☐ N/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](#)

Best List:

- ☐ Yes
- ☐ Cancer
- ☐ Diabetes
- ☐ Other Chronic
- ☐ Frail
- ☐ Other

[Click to deselect entry](#)

Comment: