

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

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

BLSA Visit Procedure Checklist - Ver. 2.7

Section Title: Page 1

Instructions:

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

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 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

Fasting Urine: ☐ 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

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
rescheduled

Click 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
rescheduled

Click 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
rescheduled

Click to
deselect entry

HIV Consent Signed:

☐ Yes
☐ N/A

Click to deselect entry

24 hrs Urine

Urine 24Hr Date:

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

☐ To be
rescheduled

Click to
deselect entry

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

Pulmonary Function Date: _____

Pulmonary Function:

☐ 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

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

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

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
rescheduled

Click 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
rescheduled

Click to
deselect entry

Performance Measures

LE Physical Perf 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

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:

☐ 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

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

Taste Bud Photo 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

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

Vestibular Testing

Vestibular Testing Date:

☐ To be rescheduled

VEMP:

- ☐ 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

Vog:

- ☐ 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

Orientation:

- ☐ 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

Triangle Test:

- ☐ 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

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:

☐ 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

Epidermal Aging:

☐ 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

Additional Follow-Up Contact - as
needed between scheduled visit

- ☐ Yes ☐ No

Click to deselect entry

Best List:

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

Click to deselect entry

Comment: