



# HCHS/SOL Clinic Checklist Visit 3

ID NUMBER:

FORM CODE: CHK  
VERSION: 2, 7/17/2020

Contact Occasion  0  3

Occurrence  0  1

## Administrative Information

0a. Completion Date:   /   /

0b. Staff ID:

1. Special Needs: No 0 <input type="checkbox"/> Yes 1 <input type="checkbox"/> Comment:		Staff ID:	
<b>Form/Procedure</b>		<b>Comments/Notes</b>	<b>Staff ID:</b>
2. Arrival time: _____:_____	Consent: <input type="checkbox"/> Contact: <input type="checkbox"/> HIPAA: <input type="checkbox"/> Follow Up: <input type="checkbox"/>		
3.	Takes Meds: No 0 <input type="checkbox"/> Yes 1 <input type="checkbox"/>		
4.	Diabetic: No 0 <input type="checkbox"/> Yes 1 <input type="checkbox"/>		
<b>Fasting Portion:</b>			
5.	Reception, consent, medical release (ICT) <input type="checkbox"/>		
6.	Updated Demographics (DEM) <input type="checkbox"/>		
7.	Ppt. safety update/routing (PSE/Tracking) <input type="checkbox"/>		
8.	Disability screen (PDE/PDS) <input type="checkbox"/>		
9.	Updated Identifying Information (IDE/IDS) <input type="checkbox"/>		
10. Change clothes	Urine Sample (BIO) <input type="checkbox"/>		
11.	Anthropometry (ANT) <input type="checkbox"/> Anthropometry QC (AQC) <input type="checkbox"/>		
12.	Fasting status and blood draw (BIO/PHT) <input type="checkbox"/>		
<b>Snack:</b>			
13. Core	Seated BP (SBP) <input type="checkbox"/>		
<b>Interviews:</b>			
14. Core	Medical History (MHE/MHS) <input type="checkbox"/>		
15. Core	Medication Use (MUE/MUS) <input type="checkbox"/>		
16. Core	Health Care (HCE/HCS) <input type="checkbox"/>		
17. Core	Tobacco Use (TBE/TBS) <input type="checkbox"/>		
18. Core	Reproductive History (RME/RMS) <input type="checkbox"/>		
19. Core	Socio-Economic Status/Occupation (SEE/SES) <input type="checkbox"/>		
20. Core	NIMHD Battery (BFE/S HUE/S NDE/S SGE/S SIE/S) <input type="checkbox"/>		
<b>Street clothes:</b>			
21. Exit time: _____:_____	Exit interview (EXE) <input type="checkbox"/>		
22. Summary of Exam Visit 3 Core (select only one): 1=Complete <input type="checkbox"/> 2=Partial <input type="checkbox"/> 3=Refusal <input type="checkbox"/> 4=Cancellation <input type="checkbox"/> 5=Home <input type="checkbox"/> 6=V3_Phone Interview <input type="checkbox"/>		<b>Comments on exam:</b>	
23. Consented in these Ancillary studies: 0= No 1= Yes GOLD-2 <input type="checkbox"/> PWV <input type="checkbox"/> PASOS <input type="checkbox"/> SOL-VIDA <input type="checkbox"/> NAFD <input type="checkbox"/> SGM <input type="checkbox"/> INCA-2 <input type="checkbox"/> SOL-Ojos <input type="checkbox"/> ASNUM9 <input type="checkbox"/> ASNUM10 <input type="checkbox"/> ASNUM11 <input type="checkbox"/> ASNUM12 <input type="checkbox"/>			
<b>Ancillary Studies:</b>			
24. PWV	Pulse Wave Velocity (PWV) Measured <input type="checkbox"/>		
25. GOLD-2	GOLD-2 Sample kit provided <input type="checkbox"/>		