



# 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: |
|-------------------|-------------------------------|--------------------------------|----------|-----------|

| -                             | Form/Procedure  | Comments/Notes | Staff ID: |
|-------------------------------|---|----------------|-----------|
| 2. Arrival time:<br>____:____ | 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"/>  |                |           |

## Fasting Portion:

|                    |  |                          |  |
|--------------------|--|--------------------------|--|
| 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"/> |  |

## Snack:

|          |                 |                          |  |
|----------|-----------------|--------------------------|--|
| 13. Core | Seated BP (SBP) | <input type="checkbox"/> |  |
|----------|-----------------|--------------------------|--|

## Interviews:

|          |   |                          |  |
|----------|---|--------------------------|--|
| 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"/> |  |

## Street clothes:

|                             |                      |                          |  |
|-----------------------------|----------------------|--------------------------|--|
| 21. Exit time:<br>____:____ | Exit interview (EXE) | <input type="checkbox"/> |  |
|-----------------------------|----------------------|--------------------------|--|

|   |                   |
|---|-------------------|
| 22. Summary of Exam Visit 3 Core (select only one): 1=Complete <input type="checkbox"/><br>2=Partial <input type="checkbox"/> 3=Refusal <input type="checkbox"/> 4=Cancellation <input type="checkbox"/> 5=Home <input type="checkbox"/> 6=V3_Phone<br>Interview <input type="checkbox"/> | Comments on exam: |
|---|-------------------|

23. Consented in these Ancillary studies: 0= No 1= Yes

GOLD-2 ☐ PWV ☐ PASOS ☐ SOL-VIDA ☐ NAFD ☐ SGM ☐ INCA-2 ☐

SOL-Ojos ☐ ASNUM9 ☐ ASNUM10 ☐ ASNUM11 ☐ ASNUM12 ☐

**Ancillary Studies:**

|            |   |  |  |
|------------|---|--|--|
| 24. PWV    | Pulse Wave Velocity (PWV) Measured <input type="checkbox"/> |  |  |
| 25. GOLD-2 | GOLD-2 Sample kit provided <input type="checkbox"/>         |  |  |