Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Transportation: Drive  Taxi Pick-up Time: | | | | | |
| Participant wants forms read to them? YES NO | | | | | |
| Diabetic?  Y N | Will need medications  Y N | Medical support needed  Y N | Tanita  Exclude:  Y N | Notes: | |
| Start Time | End Time | Excluded/  Refused | Procedure/Form | | Staff ID |
|  |  |  | Consent  Proxy Consent  HIPAA | |  |
|  |  |  | Update/Safety/IC tracking: CIU , PSA , ICT | |  |
|  |  |  | Medication Survey (MSR) | |  |
|  |  |  | Sitting Blood Pressure (SBP) | |  |
|  |  |  | Anthropometry: Weight, Tanita, waist measurement (ANT) | |  |
|  |  |  | **Cognitive Testing** | |  |
|  |  |  | Ensure Speech Understanding (ESU) | |  |
|  |  |  | Block A (MME and NCS) | |  |
|  |  |  | CDR Participant (CDP) | |  |
|  |  |  | **Physical Function Tests** | |  |
|  |  |  | Physical Function\* (PFX) | |  |
|  |  |  | Zeno Gait Mat\* (ZGM) | |  |
|  |  |  | Accelerometry(ACC) | |  |
|  |  |  | Two Minute Walk\* (TMW) Start time   : | |  |
|  |  |  | **Audiology**\*\* | |  |
|  |  |  | Audiology Assessment (AUD) | |  |
|  |  |  | Hearing and Noise Exposure (HNE) | |  |
|  |  |  | **Interviews** | |  |
|  |  |  | Alcohol Use (ALC) | |  |
|  |  |  | Depression (CES) | |  |
|  |  |  | Neurologic Hx (NHX) | |  |
|  |  |  | Physical Activity Questionnaire (PAC) | |  |
|  |  |  | **End of Visit Review** | |  |
|  |  |  | Accelerometry wear and return instructions | |  |
|  |  |  | Go over Summary of Results report | |  |
|  |  |  | **Lunch or Snack\*\*\*** | |  |
|  |  |  | Participant confirms receipt of medication bag | |  |
|  |  |  | **Stage 2** -- Only collected on participants selected to stage 2 | |  |
|  |  |  | CDR Informant (CDI) | |  |
|  |  |  | Neuropsychiatric Inventory (NPI) | |  |
|  |  |  | CDR Summary\*\*\*\* (CDS) | |  |
|  | | | \*Not done in home visits.  \*\*Done in home visits with portable audiometer if environment is suitable.  \*\*\*Can take place at any point during visit, or not at all.  \*\*\*\*CDR Summary may be completed using CDP alone in the absence of an informant (i.e. without the CDI and/or NPI). | | |