



HCHS/SOL - Visit 2- Clinic Check List (CHK ver. 1.1)

ID NUMBER:										Visit	0	2	SEQ #	0	1
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Name: _____
 Visit Date: ____ / ____ / ____

Preferred Language:
 English ☐ Spanish ☐

1. Pre-visit screen and reminders: <input type="checkbox"/>	Staff ID:
2. Transportation: Parking Pick-Up Taxi Bus Train \$ Comment:	
3. Special Needs: N <input type="checkbox"/> Y <input type="checkbox"/> Comment:	Staff ID:

	Form/Procedure	Comments/Notes	Staff ID:
4. Arrival time: _____:	Consent: <input type="checkbox"/> Contact: <input type="checkbox"/> HIPAA: <input type="checkbox"/> Follow Up: <input type="checkbox"/>		
5.	Takes Meds: Y N Diabetic: Y N		

Fasting Portion:

6.	Reception, consent, medical releases	<input type="checkbox"/>	
7.	Disability screen (PDE/PDS)	<input type="checkbox"/>	
8.	Updated Information (IDE/IDS)	<input type="checkbox"/>	
9.	Ppt. safety update/routing (PSE/Tracking)	<input type="checkbox"/>	
10. Change clothes	Urine Sample (BIO)	<input type="checkbox"/>	
11.	Anthropometry (ANT)	<input type="checkbox"/>	
12.	Fasting status and blood draw (BIO/PHT)	<input type="checkbox"/>	
13.	Blood glucose levels-glucose load (BIO)	<input type="checkbox"/>	

Snack:

14.	Seated BP (SBP)	<input type="checkbox"/>	
15.	Echocardiography (age 45+, no ECHO-SOL)	<input type="checkbox"/>	
16.	2-hour blood draw after OGTT (BIO)	<input type="checkbox"/>	

Interviews:

17.	Medical (MHE/MHS)	<input type="checkbox"/>	
18.	Reproductive Medical Hx (RME/RMS)	<input type="checkbox"/>	
19.	Pregnancy Complications (PCE/PCS)	<input type="checkbox"/>	
20.	Socio-economic Status – Occupation (SEE/SES)	<input type="checkbox"/>	
21.	Health Care (HCE/HCS)	<input type="checkbox"/>	
22.	Chronic Stress (STE/STS)	<input type="checkbox"/>	
23.	Family Cohesion (FCE/FCS)	<input type="checkbox"/>	
24.	Social Support (SSE/SSS)	<input type="checkbox"/>	
25.	Acculturation (ACE/ACS)	<input type="checkbox"/>	
26.	Well Being-GAD7-CESD (WBE/WBS)	<input type="checkbox"/>	
27.	Medication Use (MUE/MUS)	<input type="checkbox"/>	
28.	Tobacco Use (TBE/TBS)	<input type="checkbox"/>	
29.	Alcohol Use (ALE/ALS)	<input type="checkbox"/>	

Street clothes:

30. Exit time _____:	Participant Feedback (PFE/PFS)	<input type="checkbox"/>	
	Exit interview	<input type="checkbox"/>	

31. Summary of Exam Visit 2 (select only one): Complete <input type="checkbox"/> Home <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial <input type="checkbox"/> Refusal <input type="checkbox"/> Cancellation <input type="checkbox"/>	Comments on exam:
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