Hispanic Community Health Study / Study of Latinos
Clinic Check Off Sheet (CHK vers. A)

ID NUMBER: | | | | | | | |

Contact Occasion **0** **1** SEQ # **0** **1**

Name: _____
Visit Date: __ / __ / ____

Preferred Language: English ☐ Spanish ☐

1. Pre-visit screen	and reminders ☐	**Staff ID:**
2. Transportation:	Parking Pick-Up Taxi Bus Train $ Comment:	
3. Special Needs:	N Y Comment:	**Staff ID:**

Start Time	End Time	Form/Procedure	Comments/Notes	Staff ID:
4.		Consent: ☐ Contact: ☐ HIPAA ☐ Follow Up ☐		
5.		**Takes Meds: Y N Diabetic: Y N**		
6.		Change clothes/urine specimen (F) ☐		
7.		Anthropometry (F) **Pacemaker: Y N** ☐		
8.		ECG (see footnote *) ☐		
9.		Seated BP (F) **Av. SBP**: _____ / **DBP**:_____ ☐		
10.		Phlebotomy (F) ☐ QC Sample ☐		
11.		Glucose load (F) **N Y Time** ___ ☐		
12.		Ankle brachial SBP (over 44) **Note Age**: ___ ☐		
13.		24-hr dietary recall, 24hr. supplements ☐		
		Other interviews:		
14.		Alcohol (ALE/ALS) ☐		
15.		Claudication (CLE/CLS) ☐		
16.		Dietary behavior (DBE/DBS) ☐		
17.		Economic (ECE/ECS) ☐		
18.		Health care use (HCE/HCS) ☐		
19.		Hearing Hx (HHE/HHS) ☐		
20.		Medical Hx (MHE/MHS) ☐		
21.		Medication & Supplement Use (MUE/MUS) ☐		
22.		Neurocognitive (NEE/NES) ☐		
23.		Occupation (OCE/OCS) ☐		
24.		Oral Health (OHE/OHS) ☐		
25.		Personal Identifiers (IDE/IDS) ☐		
26.		Personal Information (PIE/PIS) ☐		
27.		Physical Activity (PAE/PAS) ☐		
28.		Respiratory Hx (RSE/RSS) ☐		
29.		SF-12 Health Survey (SFE/SFS) ☐		

* **ECG** acquired fasting, or 2 hours post glucose load (prior to snack), and at least 2 hours post bronchodilator if administered.

Start Time	End Time	Form/Procedure	Comments/Notes	Staff ID
30.		Sleep Hx (SLE/SLS) ☐		
31.		Social Network (SNE/SNS) ☐		
32.		Sociocultural (SCE/SCS) ☐		
33.		Tobacco Use (TBE/TBS) ☐		
34.		Weight Hx (WHE/WHS) ☐		
35.		Well Being (WBE/WBS) ☐		
36.		Audiometry/Hearing Exam Qx ☐		
37.		Oral examination ☐		
38.		Lung function (Spirometry) ☐ **Ask:** Any problems with Spirometry before? **Y N** **Ask:** If BD*, any problems with BD before? **Y N**		
39.		2-hr. phlebotomy ☐		
40.		Snack ☐		
41.		Change clothes ☐		
42.		Exit interview & reimbursement ☐		
43.		Sleep & activity monitoring instructions ☐		

44. Issue of /Return of **Sleep** monitor #: _____ Date out: __ / __ / ____ Date returned: __ / __ / ____
Re-issue required: **Y N** monitor #: _____ Date out: __ / __ / ____ Date returned: __ / __ / ____

45. Issue of /Return of **Activity** monitor #: _____ Date out: __ / __ / ____ Date returned: __ / __ / ____
Re-issue required: **Y N** monitor #: _____ Date out: __ / __ / ____ Date returned: __ / __ / ____

46. Summary of Baseline Exam Visit (Circle one): Complete Partial Refusal Cancellation

47. Comments on exam:

{Abbreviations: BD=Bronchodilator}