



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 <input type="checkbox"/> Pick-Up <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> \$ <input type="checkbox"/> Comment: _____	
3. Special Needs: N <input type="checkbox"/> Y <input type="checkbox"/> Comment: _____	Staff ID:
Form/Procedure	
4. Arrival time: ____:____	Consent: <input type="checkbox"/> Contact: <input type="checkbox"/> HIPAA: <input type="checkbox"/> Follow Up: <input type="checkbox"/>
5. Takes Meds: Y <input type="checkbox"/> N <input type="checkbox"/> Diabetic: Y <input type="checkbox"/> N <input type="checkbox"/>	
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: