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

ID NUMBER: 
Visit 0 2  SEQ # 0 1

Name: 
Visit Date: 
Preferred Language: 

1. Pre-visit screen and reminders: ☐ 

2. Transportation: Parking Pick-Up Taxi Bus Train $ Comment:
   Staff ID:

3. Special Needs: N ☐ Y ☐ Comment:
   Staff ID:

   Form/Procedure Comments/Notes Staff ID:

   4. Arrival time: __ __:__ __ Consent: ☐ Contact: ☐ HIPAA: ☐ Follow Up: ☐

5. Takes Meds: Y N Diabetic: Y N 

Fasting Portion:

6. Reception, consent, medical releases ☐

7. Disability screen (PDE/PDS) ☐

8. Updated Information (IDE/IDS) ☐


10. Change clothes Urine Sample (BIO) ☐

11. Anthropometry (ANT) ☐

12. Fasting status and blood draw (BIO/PHT) ☐

13. Blood glucose levels-glucose load (BIO) ☐

Snack:

14. Seated BP (SBP) ☐

15. Echocardiography (age 45+, no ECHO-SOL) ☐

16. 2-hour blood draw after OGTT (BIO) ☐

Interviews:

17. Medical (MHE/MHS) ☐

18. Reproductive Medical Hx (RME/RMS) ☐

19. Pregnancy Complications (PCE/PCS) ☐

20. Socio-economic Status – Occupation (SEE/SES) ☐

21. Health Care (HCE/HCS) ☐

22. Chronic Stress (STE/STS) ☐

23. Family Cohesion (FCE/FCS) ☐

24. Social Support (SSE/SSS) ☐

25. Acculturation (ACE/ACS) ☐

26. Well Being-GAD7-CESD (WBE/WBS) ☐

27. Medication Use (MUE/MUS) ☐

28. Tobacco Use (TBE/TBS) ☐

29. Alcohol Use (ALE/ALS) ☐

Street clothes:

30. Exit time __ __:__ __ Participant Feedback (PFE/PFS) ☐

   Exit interview ☐

   Comments on exam:

31. Summary of Exam Visit 2 (select only one): Complete ☐

   Home ☐ Abbreviated ☐ Partial ☐ Refusal ☐ Cancellation ☐