



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

ID NUMBER:

Contact Occasion SEQ #

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

* **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) <input type="checkbox"/>		
31.		Social Network (SNE/SNS) <input type="checkbox"/>		
32.		Sociocultural (SCE/SCS) <input type="checkbox"/>		
33.		Tobacco Use (TBE/TBS) <input type="checkbox"/>		
34.		Weight Hx (WHE/WHS) <input type="checkbox"/>		
35.		Well Being (WBE/WBS) <input type="checkbox"/>		
36.		Audiometry/Hearing Exam Qx <input type="checkbox"/>		
37.		Oral examination <input type="checkbox"/>		
38.		Lung function (Spirometry) <input type="checkbox"/> Ask: Any problems with Spirometry before? Y N Ask: If BD*, any problems with BD before? Y N		
39.		2-hr. phlebotomy <input type="checkbox"/>		
40.		Snack <input type="checkbox"/>		
41.		Change clothes <input type="checkbox"/>		
42.		Exit interview & reimbursement <input type="checkbox"/>		
43.		Sleep & activity monitoring instructions <input type="checkbox"/>		
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}				