

Attachment 5f. (MN7.3) Clinic Visit Form

Reading level 0.9 for questions

Study ID

FORM APPROVED
OMB No. 0923-XXXX
Expiration Date: MM/DD/ YYYY

Clinic Visit Form

| Body Measurements | | | |
|---|--|---|---|
| <p style="text-align: center;"><u>Height</u></p> <p>_____ feet _____ inches</p> <p>or _____ cm</p> <p><input type="checkbox"/> Refused</p> | <p style="text-align: center;"><u>Weight</u></p> <p>_____ pounds</p> <p>or _____ kg</p> <p><input type="checkbox"/> Refused</p> | <p style="text-align: center;"><u>Waist Circumference</u></p> <p>_____ inches</p> <p>or _____ cm</p> <p><input type="checkbox"/> Refused</p> | <p style="text-align: center;"><u>Blood Pressure</u></p> <p>_____/_____/_____ or</p> <p>_____ systolic _____ diastolic</p> <p><input type="checkbox"/> Refused</p> |
| <p>ASK: Have you lost weight in the past 12 months?</p> <p><input type="checkbox"/> Yes, How many pounds did you lose? _____ lbs</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> Refused</p> | | <p>ASK: Have you gained weight in the past 12 months?</p> <p><input type="checkbox"/> Yes, How many pounds did you gain? _____ lbs</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> Refused</p> | |

Notes:

| Venipuncture Assessment |
|---|
| <p><input type="checkbox"/> No draw due to assessment</p> <p style="margin-left: 20px;"><u>Reason Unable:</u></p> <p style="margin-left: 40px;"><input type="checkbox"/> Medical condition, doctor’s advice – cannot reschedule</p> <p style="margin-left: 40px;"><input type="checkbox"/> Temporary condition – able to reschedule</p> <p><input type="checkbox"/> Unwilling/Refused</p> |

Notes:

Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX).

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| Blood Sample | |
|--|--|
| Collected | Not Collected |
| <input type="checkbox"/> ___/2 - 10 ml red top tubes | <input type="checkbox"/> Draw attempted / less than 27 ml obtained |
| <input type="checkbox"/> ___/2 - 7 ml red top tubes | <input type="checkbox"/> Unwilling/Refused |
| <input type="checkbox"/> 4 ml purple top tube (EDTA) | |
| <input type="checkbox"/> ___/2 - 2 ml (EDTA) tubes | |

Blood collection - Staff initials: _____

Notes:

Lab Sample ID:

| Urine Sample | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Urine collected Time: _____ | <input type="checkbox"/> Not able | <input type="checkbox"/> Unwilling/Refused |

Notes:

Date: _____

Study Staff: _____