**Study ID** FORM APPROVED

 OMB No. 0923-XXXX

Expiration Date: MM/DD/ YYYY

**Clinic Visit Form**

|  |
| --- |
|  **Body Measurements** |
| **Height** \_\_\_\_\_ feet \_\_\_\_\_ inchesor \_\_\_\_\_\_\_\_ cm□ Refused | **Weight** \_\_\_\_\_\_\_ pounds  or \_\_\_\_\_\_\_ kg□ Refused | **Waist Circumference** \_\_\_\_\_\_\_ inches  or \_\_\_\_\_\_\_ cm□ Refused | **Blood Pressure** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ or  \_\_\_\_\_ systolic \_\_\_\_\_ diastolic□ Refused |
| *ASK:* **Have you lost weight in the past 12 months?*** Yes, How many pounds did you lose? \_\_\_\_\_\_ lbs
* No
* DK
* Refused
 | *ASK:* **Have you gained weight in the past 12 months?*** Yes, How many pounds did you gain? \_\_\_\_\_\_ lbs
* No
* DK
* Refused
 |

Notes:

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| --- |
| **Venipuncture Assessment** |
| □ **No draw due to assessment** *Reason Unable:* □ Medical condition, doctor’s advice – cannot reschedule□ Temporary condition – able to reschedule □ **Unwilling/Refused** |

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).

|  |
| --- |
| **Blood Sample** |
| **Collected** | **Not Collected** |
|  □ **\_\_\_/2 - 10 ml red top tubes**  □ **\_\_\_/2 - 7 ml red top tubes**  □ **4 ml purple top tube (EDTA)**  □ **\_\_\_/2 - 2 ml (EDTA) tubes**  | □ **Draw** a**ttempted / less than 27 ml obtained**  □ **Unwilling/Refused** |

Blood collection - Staff initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

**Lab Sample ID:**

|  |
| --- |
| **Urine Sample** |
| □ **Urine collected** **Time: \_\_\_\_\_\_\_\_\_** | □ **Not able**  | □ **Unwilling/Refused** |

Notes:

**Date: \_\_\_\_\_\_\_\_\_\_**

**Study Staff: \_\_\_\_\_**