

Form Approved
 OMB No. 0923-171Y
 Exp. Date xx/xx/201x

Attachment 8b. Clinic visit checklist and body measurements, Burmese Immigrants and their Descendants

Milwaukee Angler Project

Burmese Immigrants and their Descendants Checklist

1. Screen for eligibility

a. If eligible,

- Complete contact information form
- Provide consent form to review while waiting for interview
- Provide laminated copy of questionnaire to review while waiting

b. If ineligible,

- Provide individual bus pass or reimburse for parking

2. Consent Form

- Ask if participant had an opportunity to read it.
- Review key points
- Ask if there are any questions
- Have participant sign two copies. One copy for participant and one for file.

3. Collect hair sample (only if participant consents to it)

- Put SPID label on Ziploc baggie
- Follow all of the CDC guidelines
- Seal Ziploc baggie once hair sample is in it
- Double bag Ziploc baggie with hair sample in it

4. Take physical measurements

Height #1_____in #2_____in #3_____in

Weight #1_____lbs

Waist size #1_____in #2_____in #3_____in

Blood pressure #1_____ #2_____ #3_____

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- 5. Collect blood sample Blood Draw Time _____
 - Phlebotomist asks questions and evaluates pallor to determine ability/safety for blood sample collection (“Do you feel faint currently?;” ”How are you feeling right now?;” “When is the last time you ate?”)
 - Phlebotomist asks question to determine preference of arm used for blood sample collection (“Which arm would you prefer to have the blood drawn”), subject to any medical considerations (Mastectomy/related; Shunt, fistula or graft; Obesity; Hematoma; Recent IV; Skin sores; Burns, scars, tattoos; Cast; Damaged veins; Edema)

- 6. Obtain urine sample
 - Time urine sample collected _____

- 7. Questionnaire Administration
 - Administer questionnaire using REDCap
 - Answer any questions
 - SHOW or DHS staff enter responses in English into REDCap

- 8. Next steps
 - Discuss what will happen next and the timeline

- 9. Incentive
 - \$20 gift card for providing blood and urine samples
 - \$20 gift card for completing questionnaire
 - \$20 gift card for completion of all project components

- 10. Instruct on how to use referral coupons

- 11. Provide three referral coupons

- 12. Complete Redcap sections:
 - Visit
 - Post Processing
 - # of purple top tubes (for CDC) _____
 - # of amber bottles (for CDC) _____
 - # of Urine bottles (for CDC) _____

NOTES:

SPID #: _____

Visit Conducted By: _____ Date: _____