Form Approved

OMB No. 0923-17IY

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
	1. If eligible,

[ ]  Complete contact information form

[ ]  Provide consent form to review while waiting for interview

[ ]  Provide laminated copy of questionnaire to review while waiting

* 1. If ineligible,

[ ]  Provide individual bus pass or reimburse for parking

1. 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.

1. 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

1. 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\_\_\_\_\_\_\_\_\_\_\_\_\_

(Continued on next page)

ATSDR estimates the average public reporting burden for this collection of information as 35 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 (0923-17IY).

1. 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)

1. Obtain urine sample

[ ]  Time urine sample collected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Questionnaire Administration

[ ]  Administer questionnaire using REDCap

[ ]  Answer any questions

[ ]  SHOW or DHS staff enter responses in English into REDCap

1. Next steps

[ ]  Discuss what will happen next and the timeline

1. 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

1. Instruct on how to use referral coupons
2. Provide three referral coupons
3. Complete Redcap sections:

[ ]  Visit

[ ]  Post Processing

 # of purple top tubes (for CDC) \_\_\_\_\_\_\_

 # of amber bottles (for CDC) \_\_\_\_\_\_\_

 # of Urine bottles (for CDC) \_\_\_\_\_\_\_\_

**NOTES:**

**Visit Conducted By: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**