**Agency for Toxic Substances and Disease Registry**

**Pease Study**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Study ID No.**  |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*| | **Order Assigned by Coordinator** | **Comments** | **Completed** | | | **Clinic or**  **In-field** | |
| *Date*  *mm/dd/yy* | *Time*  *hh:mm* | | *0 clinic*  *1 home* | |
| Informed Consent | 1. |  | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | *AM*  *PM* | *0* | *1* |
| Update Contact Information | 2. |  | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | *AM PM* | *0* | *1* |
| Blood Draw/  Urine Collection | [\_\_] |  | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | *AM PM* | *0* | *1* |
| Assess Current Medication | [\_\_] |  | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | *AM PM* | *0* | *1* |
| Body Measurements | [\_\_] |  | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | *AM PM* | *0* | *1* |
| Blood Pressure Measurements | [\_\_] |  | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | *AM PM* | *0* | *1* |
| Questionnaire | [\_\_] |  | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | *AM PM* | *0* | *1* |
| Neurobehavioral Battery | [\_\_] |  | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | *AM PM* | *0* | *1* |
| Received Gift Card | 9. | **TOTAL AMOUNT RECEIVED:** [\_\_\_] $25 [\_\_\_] $50 [\_\_\_] $75  **SIGNATURE:** | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | *AM PM* | *0* | *1* |