**Multi-site Study**

**Appointment Tracking Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Adult Study ID No.** |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*| **Parent Study ID No.** |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*|**Child 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* |