

Multi-site Study Appointment Tracking Form

Attention:

ATSDR is taking COVID-19 prevention measures at every step of our work in your community. The Multi-site Study will be conducted following all state, local, and CDC guidelines in place at the time the data collection. Multi-site Study team members will be monitored twice daily for fever and any COVID-19-related symptoms and will wear masks and gloves to ensure the protection of participants. Similarly, participants will be monitored for fever and COVID-19-related symptoms prior to their entry into the study office and will be asked to wear a face covering or mask. If you do not have a mask, one will be provided to you.

Upon entering the study office, the staff will check if participant is wearing a mask (we will provide one if not) and **take the participant's temperature** using a no-touch thermometer:

Body Temperature: _____ °F

<If greater than 100.4 °F

Sorry, we cannot continue with your appointment today. We will reschedule it for you.

CDC guidance recommends you self-isolate at home for a minimum of 14 days. Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility.

If below 100.4 °F < continue with COVID Symptom check.

After temperature reading is taken:

Have you had any other symptoms related to COVID-19? These can include:

Questions on symptoms will include presence of any of the following:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Exposure to people known to have disease or symptoms listed above in the last 14 days

Attachment 9

[IF YES]: Sorry, we cannot continue with your appointment today. We will reschedule it for you.

CDC guidance recommends you self-isolate at home for a minimum of 14 days. Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility.

[IF NO]: Great, we can get started.

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
Temperature below 100.4°F/no self-reported symptoms	<input type="checkbox"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM <input type="text"/> : <input type="text"/> PM	0 1
Informed Consent	1.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM <input type="text"/> : <input type="text"/> PM	0 1
Update Contact Information	2.		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM <input type="text"/> : <input type="text"/> PM	0 1
Blood Draw/ Urine Collection	<input type="checkbox"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM <input type="text"/> : <input type="text"/> PM	0 1
Assess Current Medication	<input type="checkbox"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM <input type="text"/> : <input type="text"/> PM	0 1
Body Measurements	<input type="checkbox"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM <input type="text"/> : <input type="text"/> PM	0 1
Blood Pressure Measurements	<input type="checkbox"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM <input type="text"/> : <input type="text"/> PM	0 1
Questionnaire	<input type="checkbox"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM <input type="text"/> : <input type="text"/> PM	0 1
Neurobehavioral	<input type="checkbox"/>			<input type="text"/> : <input type="text"/> AM	0 1

Attachment 9

Battery			_ _ / _ _ / _ _		PM	
Received Gift Card	9.	TOTAL AMOUNT RECEIVED: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <u>SIGNATURE:</u>	_ _ / _ _ / _ _	_ _ : _ _	AM PM	0 1