

**Appointment Tracking Form  
Pease Study**

**Attention:**

**ATSDR is taking COVID-19 prevention measures at every step of our work in your community. The Pease Study will be conducted following all state, local, and CDC guidelines in place at the time the data collection. Pease 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 (will provide one if not) and **take the participant temperature** using 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 11

[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.

<b>Adult Study ID No.</b>   ----- <b>Parent Study ID No.</b>   ----- <b>Child Study ID No.</b>   -----	<b>Order Assigned by Coordinator</b>	<b>Comments</b>	<b>Completed</b>		<b>Clinic or In-field</b>
			<i>Date</i> mm/dd/yy	<i>Time</i> hh:mm	0 clinic 1 home
Temperature below 100.4°F/no self-reported symptoms	[ ]		___/___/___	___:___ AM PM	0 1
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

Attachment 11

Neurobehavioral Battery	[ ]		_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1
Received Gift Card	9.	<p><b>TOTAL AMOUNT RECEIVED:</b> [ ] \$25 [ ] \$50 [ ] \$75</p> <p><u>SIGNATURE:</u></p>	_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1