



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

### CLINIC VISIT STATUS

**RC completes this form to document what type of visit occurred and what was completed at this visit.**

1. Type of Contact:
- <sub>1</sub> Clinic (in person)
  - <sub>2</sub> Phone
  - <sub>3</sub> Offsite (in person)
- a. If “Clinic or Offsite” contact, where did the visit take place?
- <sub>1</sub> Home
  - <sub>2</sub> Doctor’s office or healthcare clinic
  - <sub>3</sub> Hospital
  - <sub>4</sub> Nursing home/hospice
  - <sub>5</sub> Dialysis unit
  - <sub>6</sub> Other care facility
  - <sub>7</sub> ~~No in person contact, phone only~~
  - <sub>8</sub> CRIC Research Location
  - <sub>98</sub> Other location
2. Were any Spanish versions of the CRFs administered at this visit?  
**(If yes to this question, please complete the LANGUAGEII CRF)**
- <sub>1</sub> Yes      <sub>0</sub> No
3. Which of the following case report forms/processes were completed during this visit? **(Check all that apply)**
- A. Physical measures:**
- <sub>1</sub> Anthropometry (**PHYASSESS**)
  - <sub>1</sub> Ankle Brachial Index (**PHYASSESS**)
  - <sub>1</sub> Bioelectric Impedance Assessment (**PHYASSESS**)
  - <sub>1</sub> Blood pressure (**BP**)
  - <sub>1</sub> Electrocardiograph (**ECGTRANS**)
  - <sub>1</sub> Hand Grip Dynamometer (**GRIP**)
  - <sub>1</sub> Physical Performance Testing (**PERFORM**)
  - <sub>1</sub> Balance Testing (**BALANCE**)
- B. Specimen collection:**
- <sub>1</sub> Blood draw (**LABCBC, SPECIMEN, SPEC70**)
  - <sub>1</sub> Urine specimen collection for proteomics (**PROTRANS,PROTRANS\_R**)
  - <sub>1</sub> 24 hour urine specimen collection (**SPECIMEN, SPEC70**)
  - <sub>1</sub> Spot urine specimen collection (**SPECIMEN, SPEC70**)
- C. Research Coordinator completed case report forms:**
- <sub>1</sub> Amputation Information (**AMPUT**)
  - <sub>1</sub> Ancillary Studies: Participation Information (**ANCILLRY**)
  - <sub>1</sub> Concomitant Medications information (**CMED**)
  - <sub>1</sub> Modified Min-Mental Status Exam (**MMSE**)
  - <sub>1</sub> Renal Replacement Therapy – Primary Survey (**RRTPRIM**)
  - <sub>1</sub> Renal Replacement Therapy – Follow-Up Survey (**RRTFUP**)
  - <sub>1</sub> Renal Replacement Therapy – Dialysis Unit Data Collection (**RRTHD/RRTPD**)
  - <sub>1</sub> General Health Questionnaire (**HEALTH**)
  - <sub>1</sub> Buschke Selective Reminding Test (**SRT**)



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**C. Research Coordinator completed case report forms: (Continued)**

- Buschke SRT Recall (**SRTREC**)
- Trails A (**TRAILS\_A**)
- Trails B (**TRAILS\_B**)
- CRIC Study Re-Consent Status (**CONSENTII**)
- Proxy Information (**PROXY**)
- Medical Event Questionnaire (**EVENTSII**)
- Encryption Information (Baseline only) (**ENCRP**)
- Fracture Questionnaire (entry into Phase III) (**FRACTURE**)
- Fracture Follow-up Questionnaire (**FRACTUP**)

**D. Participant completed case report forms:**

- Beck Depression Inventory (**BDI**)
- Diet History Questionnaire (**DHQ**)
- Kidney Disease and Quality of Life (**KDQOL**)
- Medical History (Baseline Assessment) (**MEDHXII**)
- Medical History - Update (**MEDHXUPIII**)
- Physical Activity Assessment (**PHYACT**)
- Symptoms List (**SXLIST**)
- Short Test of Functional Health Literacy in Adults (**STOFHLA**)
- Lubben Social Network Scale (**LUBBEN**)
- Adult Access to Health Care and Utilization (**HCARE**)
- Self-Efficacy Questionnaire (**EFFICACY**)