

<b>PARTICIPANT ID</b> <input type="text"/> Y6PPTID	<b>DATE</b> <input type="text"/> / <input type="text"/> / <input type="text"/> Y6DATE	<b>STAFF ID</b> <input type="text"/> Y6STAFID	<b>VISIT</b> Year 5
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# HEART AND SOUL STUDY

## YEAR 5 INTERVIEW CHECKLIST FORM

<b>First Name</b> <input type="text"/> Y6FNM4	<b>Last Name</b> <input type="text"/> Y6LNM4
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<b>Time of arrival:</b> <input type="text"/> <input type="text"/> <b>Y6ARRT</b> AM	<b>Time of departure:</b> <input type="text"/> <input type="text"/> <b>Y6DEPT</b> PM
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<b>Please mark when Year 5 visit is complete (i.e., when form is ready to be scanned and no information is pending).</b> <input checked="" type="checkbox"/> Year 5 visit completed     Y6STAT1	<b>Comment (write in box below):</b>
	Y6STAT2

### COMPLIANCE WITH INSTRUCTIONS PRIOR TO STUDY APPOINTMENT:

Instruction		If NO,	Comments/Notes
Did you fast after 8PM last night?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Y6INST2A	<b>Y6INST2B</b> Last meal: <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Y6INST2C</b> Time of last meal: <input type="text"/> Hours <input type="text"/> Minutes <input type="checkbox"/> 10 AM <input type="checkbox"/> 20 PM Y6INST2D	<b>Y6INST2E</b>
Did you drink 1-2 glasses of water this morning?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Y6INST4A		<b>Y6INST4B</b>
Did you bring your medication bottles?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> → Y6INST5A	Did you bring in a list of medications? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Y6INST5B	<b>Y6INST5C</b>

Last Name

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Form/Procedure	Please mark with an X when completed	Comments/Notes
Informed Consent Form <b>Y6INFCOM</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6INFCOM</b>
Blood Draw <b>Y6BLDDRW</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6BLDCOM</b>
Weight <b>Y6WEIGHT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6WGTCOM</b>
Height <b>Y6HEIGHT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6HGTCOM</b>
Waist to Hip Ratio <b>Y6RATIO</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6RATCOM</b>
Medication Inventory <b>Y6MEDINV</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6MEDCOM</b>
Psychiatric Interview <b>Y6PSYINT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6PSYCOM</b>
Questionnaire <b>Y6QUEST</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6QUECOM</b>
Cognitive Function <b>Y6COGFXN</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6COGCOM</b>
<b>Y6ADL</b> Activities of Daily Living	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6ADLCOM</b>
Treadmill <b>Y6TRDMIL</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6TRDCOM</b>
Echocardiogram <b>Y6ECHO</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6ECHCOM</b>
EKG <b>Y6EKG</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y6EKGCOM</b>
24-Hour Urine <b>Y6URINE</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Y1URICOM</b>

**BLOOD DRAW**

How difficult was the blood draw?

- 1 not at all difficult (no problems at all)
- 2 a bit difficult (have to "fish around" for vein)
- 3 moderately difficult (two sticks)
- 4 very difficult (> 2 sticks)

**Y6BLDC5**

**WEIGHT Y6WGHT1**

 .  kg

Note: Record weight measurement to nearest 0.1 kg

**Y6WGHT2**

 .  lbs

Note: Record weight measurement to nearest 0.1 lbs

**STANDING HEIGHT Y6HGHT1**

 .  cm

Note: Record height measurement to nearest 0.5 cm

**Y6HGHT2**

 .  inches

Note: Record height measurement to nearest 0.25 inch

**WAIST TO HIP RATIO**

**Y6WAIST**

**Y6HIP**

Waist:  .  cm

Hip:  .  cm

Note: Record waist/hip measurement to nearest 0.1 cm

First Name

Last Name

		Y	6	F	N	M	5												
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		Y	6	L	N	M	5													
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## 24-HOUR URINE

### 1st Collection:

Time of first void:   :   PM **Y6URINT1**

Time of final void:   :   PM **Y6URINT2**

Date of final void:   /   /

**Y6URINE3**

*Research Assistant Note: Write down the exact time of the first void. At the exact same time the following day, please have the patient empty his/her bladder for the final void of the collection period. Record this date and exact time.*

Was all urine saved in the last 24 hours?

Yes **Y6URINE4**

No

Was urine sample refrigerated for 24 hours?

Yes **Y6URINE9**

No

Comments/Notes (write in box below):

**Y6URINE10**

If NO, did patient agree to collect another 24-hour urine?

Yes  No

**Y6URINE5**

If yes, please give the patient a clean urine jug (or arrange to drop one off) and coordinate to pick-up. Remember to have the patient void and note time (see research assistant note above).

### 2nd Collection:

Time of first void:   :   PM **Y6URINT6**

Time of final void:   :   PM **Y6URINT7**

Date of final void:   /   /   **Y6URINE8**