

Draft

Enrollment Form

SITE

Office Use Only--
MrOS ID#

ID

Acrostic

Staff ID#

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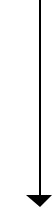
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1 Is participant willing to complete the MrOS Sleep Study?

Yes No →



Why not?

- Not interested/Too busy
- Health Problems
- Out of Area
- Too many contacts from study
- Other _____

**VSAGE1
VSAGERG
VSELIG**

A. Screening Questions (If 'yes' to one of the following questions, participant is not eligible for MrOS Sleep Visit):

- a. In the past three months, have you slept with a pressure mask ("CPAP" or "BiPAP") for sleep apnea? Yes No **VSCPAP**
- b. In the past three months, have you slept with a mouthpiece for snoring or sleep apnea? Yes No **VSMPIECE**
- c. Do you have an open tracheostomy? Yes No **VSOPENTR**
- d. In the past three months, have you usually used oxygen therapy (oxygen delivered by a mask or nasal cannula) during your sleep? Yes No **VSOXTHER**

B. Did participant complete the MrOS Sleep visit? Yes Refused Not eligible



**S1FUTIME
SDFUTIME
SIFUTIME**

a. Date of visit:

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 /

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 /

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VSDATE
Month Day Year

b. Type of visit: Clinic Home

c. Will participant complete PSG? Yes No

d. Who completed the SAQ? **VSSLSAQ**

0 Participant 2 Spouse 3 Other family 4 Other _____

**VSPSG
VSPSGRSN**

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Clinic Interview

EPSTAFF

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- 1 On most nights, how many hours do you sleep each night? *SLSLPHRS* hours
- 2 How many hours of sleep do you need each night to feel rested? (Please answer to the nearest hour.) *SLRESTED* hours
- 3 Do you take naps regularly? Yes No Don't know
- SLNAP*

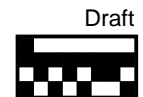
a. How many days per week do you usually nap? *SLNAPDY* days *SLNAPDLY* *SLNAPHWK*

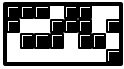
b. On average, how many hours do you nap each time? *SLNAPHR*

1 Less than 1 hour 2 At least 1 hour but no more than 2 hours 3 More than 2 hours

- 4 How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to think about out how they would have affected you. Give the most appropriate response for each situation.

	<i>EPEPWORT</i> <i>EPEDS</i>	Would Never Doze	Slight Chance of Dozing	Moderate Chance of Dozing	High Chance of Dozing
a. Sitting and reading	<i>EPREAD</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
b. Watching TV	<i>EPTV</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
c. Sitting inactive in a public place (e.g. a theater or a meeting)	<i>EPPUB</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
d. As a passenger in a car for an hour without a break	<i>EPCAR</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
e. Lying down to rest in the afternoon when circumstances permit	<i>EPREST</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
f. Sitting and talking to someone	<i>EPTALK</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
g. Sitting quietly after a lunch without alcohol	<i>EPEAT</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
h. In a car, while stopped for a few minutes in traffic	<i>EPTRAF</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3





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Clinic Interview

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The following questions are about how well you are able to do certain activities, by yourself and without using any special aids.

5 Do you have ANY difficulty walking 2 or 3 blocks outside on level ground? **QLBLK1**
QLBLK2
QLRBLK1

Yes No I don't do it **QLBLK**

QLBLKLVL **GO TO QUESTION #6**

How much difficulty do you have doing this?
 Some difficulty Much difficulty Unable to do it

Is this because of a health or physical problem? **QLBLKPRB**
 Yes No I don't know

6 Do you have ANY difficulty climbing up 10 steps without resting? **QLSTP1**
QLSTP2
QLRSTP1

Yes No I don't do it **QLSTP**

QLSTPLVL **GO TO QUESTION #7**

How much difficulty do you have doing this?
 Some difficulty Much difficulty Unable to do it

Is this because of a health or physical problem? **QLSTPPRB**
 Yes No I don't know

7 Do you have ANY difficulty preparing your own meals? **QLMEL1**
QLMEL2
QLRMEL1

Yes No I don't do it **QLMEL**

QLMELLVL **GO TO QUESTION #8**

How much difficulty do you have doing this?
 Some difficulty Much difficulty Unable to do it

Is this because of a health or physical problem? **QLMELPRB**
 Yes No I don't know

8 Do you have ANY difficulty doing heavy housework, like scrubbing floors or washing windows? **QLHHW1**
QLHHW2
QLRHHW1

Yes No I don't do it **QLHHW**

QLHHWLVL **GO TO QUESTION #9**

How much difficulty do you have doing this?
 Some difficulty Much difficulty Unable to do it

Is this because of a health or physical problem? **QLHHWPRB**
 Yes No I don't know

9 Do you have ANY difficulty doing your own shopping for groceries or clothes? **QLSHP1**
QLSHP2
QLRSHP1

Yes No I don't do it **QLSHP**

QLSHPLVL **GO TO NEXT SECTION**

How much difficulty do you have doing this?
 Some difficulty Much difficulty Unable to do it

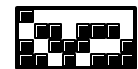
Is this because of a health or physical problem? **QLSHPPRB**
 Yes No I don't know



QLFXST51
QLFXST52

PAGE 2

Version 1.0 08.22.03
MrOSYYFunctionalStatus



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Introduction: 'Are you comfortable? I would like to ask you a few questions that require concentration and memory. Some are a little bit more difficult than others. Some questions will be asked more than once.'



What time was the Mini-Mental test administered (start time)?

		:		
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- A.M.
- P.M.

1 A. When were you born?

		/			/				
Month			Day			Year			

B. Where were you born? Place of Birth?

	Answer given*	Can't do/ Refused	Not attempted
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City or town			
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State/Country			

* If answer is given, you will ask again in questions #18

2 I am going to say three words for you to remember. Repeat them after I have said all three words:

Ball, Tree, Flag

Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned.

	Correct	Error/ Refused	Not attempted
A. Ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Tree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Flag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Number of presentations necessary for the participant to repeat the sequence presentations

3 A. I would like you to count from 1 to 5.

- Able to count forward
- Unable to count forward
↓
Say "1,2,3,4,5"

B. Now I would like you to count backwards from 5 to 1.

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Record the response in the order given. Enter 99999 if no response.

4 A. Spell 'world'.

- Able to spell
- Unable to spell
↓
Say "Its spelled W-O-R-L-D"

B. Now spell world backwards

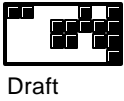
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Record the response in the order given. Enter XXXXX if no response.

SEE PAGE 7 FOR SCORING VARIABLES

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5 What three words did I ask you to remember?

A. Ball

- Spontaneous recall
- Correct word, incorrect form
- After 'A toy.'
- After 'ball, doll, block.'
- Unable to recall/refused
- Not attempted

B. Tree

- Spontaneous recall
- Correct word, incorrect form
- After 'A plant.'
- After 'tree, flower, bush'
- Unable to recall/refused
- Not attempted

C. Flag

- Spontaneous recall
- Correct word, incorrect form
- After 'Hangs on a pole.'
- After 'flag, banner, sign.'
- Unable to recall/refused
- Not attempted

6 A. What is today's date?

		/			/				
Month			Day			Year			

B. What is the day of the week?

- Correct
- Error/Refused _____ day of the week
- Not attempted

C. What season of the year is it?

- Correct
- Error/Refused _____ season
- Not attempted

7 A. What state are we in?

- Correct
- Error/Refused _____ state
- Not attempted

B. What county are we in?

- Correct
- Error/Refused _____ county
- Not attempted

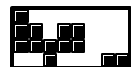
C. What city/town are we in?

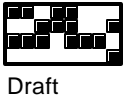
- Correct
- Error/Refused _____ city/town
- Not attempted

D. Are we in a clinic, store, or home?

- Correct
- Error/Refused _____
- Not attempted

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8 Point to the object or part of your own body and ask the participant to name it. Score 'Error/Refused' if the participant cannot name it within 2 seconds or gives an incorrect name.

	Correct	Error/ Refused	Not attempted
A. Pencil: 'What is this?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Watch: 'What is this?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Forehead: 'What do you call this part of the face?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Chin: 'And this part?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Shoulder: 'And this part of the body?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Elbow: 'And this part?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Knuckle: 'And this part?'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9 What animals have four legs? Tell me as many as you can.

Discontinue after 30 seconds. If the participant gives no response in 10 secs and there are at least 10 secs remaining, gently remind them (once only): 'What (other) animals have four legs?'. The first time an incorrect answer is provide, say 'I want four-legged animals.' Do not correct for subsequent errors.

Score (total correct responses)

--	--

Record correct responses:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Record additional correct answers on a separate sheet

10

A. In what way are an arm and a leg alike?

- Limbs, extremities, appendages
- Lesser correct answer (e.g., body parts, both bend, have joints)
- Error/Refused
- Not attempted

B. In what way are laughing and crying alike?

- Expressions of feelings, emotions
- Lesser correct answer (e.g., sounds, expressions, or other similar responses)
- Error/Refused
- Not attempted

C. In what way are eating and sleeping alike?

- Necessary bodily functions, essential for life
- Lesser correct answer (e.g., bodily functions, relaxing, 'good for you' or other similar responses)
- Error/Refused
- Not attempted

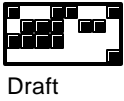
11

Repeat what I say: 'I would like to go out.'

- Correct
- 1 or 2 words missed
- 3 or more words missed
- Not attempted

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12 Now repeat: 'No ifs, ands or buts.'

	Correct	Error/ Refused	Not attempted
A. no ifs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. ands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. or buts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13 Hold up Card #1 and say: 'Please do this.'

If participant does not close their eyes within 5 secs, prompt by pointing to the card and saying 'Read and do what this says.'

- Closes eyes without prompting
- Closes eyes after prompting
- Reads aloud, but does not close eyes
- Does not read aloud or close eyes/Refused
- Not attempted

14 Please write the following sentence: I would like to go out.

	Correct	Error/ Refused	Not attempted
A. would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which hand does the participant use to write? If task not done, ask if they are right or left handed.

- 1 Right 2 Left 3 Unknown

15 Here is a drawing. Please copy the drawing onto this piece of paper.

A. Pentagon 1

- 5 approximately equal sized sides
- 5 sides, but longest:shortest side is >2:1
- Nonpentagon enclosed figure
- 2 or more lines, but it is not an enclosed figure
- Less than 2 lines, Refused
- Not attempted

B. Pentagon 2

- 5 approximately equal sized sides
- 5 sides, but longest:shortest side is >2:1
- Nonpentagon enclosed figure
- 2 or more lines, but it is not an enclosed figure
- Less than 2 lines, Refused
- Not attempted

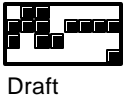
C. Intersection

- 4-cornered enclosure
- Not a 4-cornered enclosure
- No enclosure, Refused
- Not attempted, Disabled

TMHAND

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ID					
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ACROST



16 Refer to Question 14 to check whether the participant is right or left-handed.
Take this paper with your left hand (right for left-handed person), fold it in half using both hands, and hand it back to me.

	Correct	Error/ Refused	Not attempted
A. Takes paper in correct hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Folds paper in half	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Hands paper back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18 Would you please tell me again where you were born?

	Matches	Does not match/ Refused	Not attempted
_____ City or town	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____ State/Country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17 What three words did I ask you to remember earlier?

A. Ball

- Spontaneous recall
- Correct word, incorrect form
- After 'A toy.'
- After 'ball, doll, block'
- Unable to recall/refused
- Not attempted

B. Tree

- Spontaneous recall
- Correct word, incorrect form
- After 'A plant.'
- After 'tree, flower, bush.'
- Unable to recall/refused
- Not attempted

C. Flag

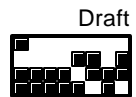
- Spontaneous recall
- Correct word, incorrect form
- After 'Hangs on a pole.'
- After 'flag, banner, sign'
- Unable to recall/refused
- Not attempted

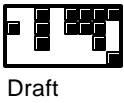
19 Please indicate if the participant has any physical/functional disabilities or other problems which made it difficult or impossible to complete any of the tasks above. Check all that apply.

- Vision *TMDIFFVI*
- Hearing *TMDIFFHE* *TMDIFFWR*
- Writing problems due to injury or illness
- Illiteracy/Lack of education *TMDIFFIL*
- Language *TMDIFFLA*
- Other: _____ *TMDIFFOT*

TMMFLAG
TMBDAY
TMREGIS
TMREVERS
TMRECALL
TMTEMPOR
TMSPACE
TMNAMING
TM4LEG
TMMSCORE

TMM1SSCR





Trail Making Task B & DVT

TBSTAFF

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Acrostic

Trails B Staff ID#

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① Was the participant able to complete the Sample Response Sheet? Yes No **TBSAMP**

TBWHYN

- Why not?
- 1 Unable due to physical problems (hand tremor, cast, etc.)
 - 2 Participant did not understand directions
 - 3 Other
 - 4 Participant Refused

② What time was the Trails B test administered (start time)? : A.M. P.M. **TBTIMEM**

③ Number of circles connected (maximum=25): circles **TBCIRCLE** Total time (max=300 seconds): secs **TBSECON** # of errors made by participant: errors **TBERROR**

④ Is the hand being used to complete Trails B the participant's usual or dominant hand for writing? Yes No **TBDOMH**

⑤ Are there any peripheral injuries (e.g., crushed or missing fingers, broken bones in the hand) or other things that have occurred in the participant's life history that would adversely affect their ability to do the test? Yes No **TBAFFECT**

⑥ Did the participant have a hand tremor (dominant hand)? No Mild Marked **TBTREM**

Digit Vigilance Test

DVT Staff ID# **DVSTAFF**

① Did participant complete the sample vigilance test? Yes No **DVVIGIL**

② Did participant complete page 1 in <400 seconds (6 minutes 40 seconds)? Yes No **DVVIGPG1**

- Why not? **DVVIGNO**
- 1 Unable
 - 2 Did not understand directions
 - 3 Other
 - 4 Refused

DVTMSCOR

If NO, Do NOT have participant complete page 2. Record time and errors for page 1 ONLY below.

③ Total Time: seconds **DVTIME**

NOTE: If both pages completed record TOTAL time and errors.

④ Omission Errors: errors **DVOMERR** Commission Errors: errors **DVCOMERR** **DVTOTERR**

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Grip Strength

GSSTAFF

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Exclusion Criteria:

1 Has any pain or arthritis in your hands gotten worse recently?

Yes No Refused Don't Know **GSWEAK**

Which side? Left Right Both **GSSDWEAK**

DO NOT TEST LEFT	DO NOT TEST RIGHT	DO NOT TEST EITHER SIDE
-------------------------	--------------------------	--------------------------------

2 Have you had any surgery on your hands or wrists in the past 3 months (12 weeks)?

Yes No **GSSURG**

Which side? Left Right Both **GSSDSURG**

DO NOT TEST LEFT	DO NOT TEST RIGHT	DO NOT TEST EITHER SIDE
-------------------------	--------------------------	--------------------------------

GSFLAGEX

3 Right side

GSRT1

Trial 1 kg

Refused
 Unable, did not attempt

GSRT2

Trial 2 kg

Refused
 Unable, did not attempt

GSGRPRAV

4 Left side

GSLF1

Trial 1 kg

Refused
 Unable, did not attempt

GSLF2

Trial 2 kg

Refused
 Unable, did not attempt

GSGRPLAV

GSGRPAVG
GSGRPMAX

GS1SAVGS
GSDSAVGS
GS1SGSPC
GSDSGSPC

GSUNABLE





Chair Stands

NFCSTAFF

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INTRODUCTION/SCREENING QUESTIONS

- 1 Ask the participant: **Do you use any walking aids, such as a cane?** *NFAIDS*
 1 No aids 2 Cane or quad cane 3 Walker, wheelchair, leg brace, crutches
- 2 Does the participant have any of the following? If you are uncertain about one of following conditions, ask the participant. (Mark all that apply)
NFORTH *NFLIMB* *NFPROTHE* *NFPARALY*
 1 Orthosis 1 Missing limbs 1 Prosthesis 1 Paralysis of extremity or side of body
- 3 Ask the participant: **Do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing straight up from a chair or walking quickly?**

NFPROB

- Yes →
 No

Tell the participant: "Before we do each test, I'll describe it to you. Please tell me if you think that you shouldn't attempt the test because of the problems you described."

SINGLE CHAIR STAND

- 4 Could the participant stand up one time unassisted? *NFSTAND1*
 1 Yes 0 No, unable to stand 3 No, rises using arms 7 Did not attempt/Refused

Do **NOT** perform Repeat Chair Stands. Go on to Six Meter Usual Pace

REPEATED CHAIR STANDS

- 5 Did the participant complete all 5 stands?

Yes

No

NF5STAND

Time to complete stands? *NFTIME5* seconds

Record arm use: 1 Did not use arms
 2 Used arms part of the time 3 Used arms all of the time

NFARMU5A

NFTIME5A

How many chair stands were completed? *NF5MANY* stands

Why weren't 5 chair stands completed?
 4 Attempted, but unable to stand once without help
 5 Completed at least 1 stand, but unable to complete 5 without help
 7 Did not attempt/refused *NFARMU5B*

NFSTDARM

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Walking Tests

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SIX METER USUAL PACE

1 Did the participant complete Trial 1? **NFWLKNA1**

Yes No, participant attempted but unable No, unable to assess

Record time and number of steps: **NFWLKTM1** seconds **NFWLKST1** steps

Aid used: No aid Straight cane Quad cane Walker Crutch **NFWLKAD1**

2 Did the participant complete Trial 2?

Yes No, participant attempted but unable No, unable to assess **NFWLKNA2**

Record time and number of steps: **NFWLKTM2** seconds **NFWLKST2** steps

Aid used: No aid Straight cane Quad cane Walker Crutch **NFWLKAD2**

NFSTPLGT
NFWLKSPD
NFWLKSPA
NF6MWTM
NF6MPACE
NF6MPACA
NF6MABLE
NF1SS7PL
NFDSSTPL
NF1SWLKS
NFDSWLKS
NF1S6MWT
NFDS6MWT
NF1S6MPA
NFDS6MPA

20 cm NARROW WALK

3 Did the participant successfully stay within the lines on Trial 1 (have 2 or less deviations)?

Yes No, 3 or more deviations/Unable to complete No, trial not attempted **NFNWKNA1**

Record time: **NFNWKT M1** seconds

NFNWLKA1
Aid used: No aid
 Straight cane Crutch
 Quad cane Walker

4 Did the participant successfully stay within the lines on Trial 2 (have 2 or less deviations)?

Yes No, 3 or more deviations/Unable to complete No, trial not attempted **NFNWKNA2**

Record time: **NFNWKT M2** seconds

NFNWLKA2
Aid used: No aid
 Straight cane Crutch
 Quad cane Walker

Perform trial 3 only if trial 1 or trial 2 were marked 'No, 3 or more deviations/Unable to complete'

5 Did the participant successfully stay within the lines on Trial 3 (have 2 or less deviations)?

Yes No, 3 or more deviations/Unable to complete No, trial not attempted **NFNWKNA3**

Record time: **NFNWKT M3** seconds

NFNWLKA3
Aid used: No aid
 Straight cane Crutch
 Quad cane Walker

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DXA
Bone Density Form

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① Was a bone density measurement obtained for the whole body?
 1 Yes 0 No, unable 7 No, refused *DXWB*

↓

Last 2 characters of scan ID #:

② Which hip was scanned at the baseline visit?
 Right Left

③ Which hip was scanned at this visit?
 Right Left Hip not scanned

④ Was the same hip scanned at this visit as the baseline visit?
 Yes No, other hip scanned Scan not completed

↓

Record reason:

 Fracture
 Hip replacement
 Other _____

Record reason:

1 Refused radiation
2 Unable to lie on table
3 Bilateral hip replacement
5 Other _____

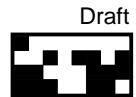
↓

Last 2 characters of scan ID #:

DXNOSCAN

⑤ Date of scan(s): / /

⑥ Temperature of room during scan: degrees Celsius
DXQDTEMP





Blood Collection & Processing

Office Use Only--														
MrOS ID#					Acrostic					Staff ID#				

① Was any blood drawn? Yes No



② Was a fasting sample collected? Yes No **SCFAST**

③ Time of blood draw:

--	--

 :

--	--

 am pm
Hours Minutes

④ Date of Lab Processing:

--	--

 /

--	--

 /

--	--	--	--

Month Day Year

⑤ Was a blood blotter collected? Yes No

⑥ Was a second blood blotter collected? Yes No

Vial #1:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #2:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #3:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #4:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #5:(Brown/4.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

⑦ Ending time of laboratory processing:

--	--

 :

--	--

 am pm
Hours Minutes

⑧ Enter ID from bar code label:

--	--	--	--	--	--

Affix bar code label:



Urine Collection & Processing

Office Use Only--
 MrOS ID#
 Acrostic
 Staff ID#

1 Was urine collected? Yes No **SCUPSG**

A. Date of specimen collection: / /
 Month Day Year

B. Time participant collected specimen: : am pm

C. What void was this? 1st 2nd >2nd

Date of Lab Processing: / /
 Month Day Year

Start time of lab processing: : am pm
 Hours Minutes

Vial #6:(Yellow/4.0mL urine) Complete Partial Not filled

Vial #7:(Yellow/4.0mL urine) Complete Partial Not filled

Enter ID from bar code label:

Portland Only: Did participant complete 24hr urine collection? Yes No
SC24UACT **SC24URIN**

A. Date of specimen collection: / /
 Month Day Year

B. Time participant started collection: : am pm
 Hours Minutes

C. Did collection last 24 hours? Yes No **SC24U24H** **SC24UALL**

D. Were all voids collected? Yes No

Date of Lab Processing: / /
 Month Day Year

Start time of lab processing: : am pm
 Hours Minutes

Vial #8:(Green/4.0mL urine, central storage) Complete Partial Not filled

Vial #9: (Green/4.0mL urine, central storage) Complete Partial Not filled

Vial #10: (4.0mL urine) Complete Partial Not filled

Vial #11: (4.0mL urine) Complete Partial Not filled

Vial #12: (4.0mL urine) Complete Partial Not filled

Vial #13: (4.0mL urine) Complete Partial Not filled

SC24UVOL **SC24UACT**

Draft

