[THIS FORM IS TO BE COMPLETED BY INTERVIEWERS, COORDINATORS AND OR OTHER RESEARCH PERSONNEL ONLY]

Height, Weight, Hip & Waist Measurements: (CDC Responder Readiness Medical Clearance/NIEHS GuLF Study Project)

Height Measurement	**Height (cm)**	**Obtained?**	**Refused?**	**Reason not obtained? [FREE TEXT FIELD]**
1. **Height Measurement 1**	|_|_|_|. |_|_|	☐Yes ☐No	☐Yes ☐No	

[PROGRAMMER NOTE: DISPLAY AVERAGE HEIGHT MEASUREMENT AND CONVERT TO INCHES FOR REPORTING.]

Weight Measurement	**Weight (kg)**	**Obtained?**	**Refused?**	**Reason not obtained? [FREE TEXT FIELD]**
2. **Weight Measurement 1**	|_|_|_|.|_|_|	☐Yes ☐No	☐Yes ☐No	

[PROGRAMMER NOTE: TAKE AVERAGE WEIGHT CALCULATION IN KG AND CONVERT TO LBS. TAKE HEIGHT AND WEIGHT FROM PREVIOUS MEASUREMENT AND CALCULATE BMI FOR REPORTING.]

Lbs. |___|___|___|. |___|___| % BMI: |___|___|___|. |___|___| Weight (kg) ÷ [height (m)] ²

Waist Measurement	**Waist Circumf. (cm)**	**Obtained?**	**Refused?**	**Reason not obtained? [FREE TEXT FIELD]**
3. **Waist Measurement 1**	|_|_|_|.|_|_|	☐Yes ☐No	☐Yes ☐No	

Hip Measurement	**Hip Circumf. (cm)**	**Obtained?**	**Refused?**	**Reason not obtained? [FREE TEXT FIELD]**
4. **Hip Measurement 1**	|_|_|_|.|_|_|	☐Yes ☐No	☐Yes ☐No	

Blood Pressure and Heart Rate Measurement(s):

Blood Pressure (BP) Measurement	**Blood Pressure- [Systolic/ Diastolic]**	**Obtained?**	**Refused?**	**Reason not obtained? [FREE TEXT FIELD]**
5. **BP Measurement 1**	|_|_|_|/|_|_|_|	☐Yes ☐No	☐Yes ☐No	

Heart Rate (HR) Measurement	**Heart Rate**	**Obtained?**	**Refused?**	**Reason not obtained? [FREE TEXT FIELD]**
6. **HR Measurement 1**	|_|_|_|	☐Yes ☐No	☐Yes ☐No	

Pulse Oximetry:

[INTERVIEWER NOTE: BE SURE TO WIPE THE AREA/BODY PART {EAR LOBE/FINGER} WHERE THE PULSE OXIMETER CLIP WILL BE PLACED. BODY LOCATION WHERE CLIP WILL BE PLACED SHOULD BE DRY. ALL NAIL POLISH OR OTHER NAIL PRODUCTS SHOULD BE REMOVED BEFORE PLACING CLIP ON PARTICIPANT'S FINGER. IF FINGER(S) CANNOT BE USED, PLACE CLIP ON AN EARLOBE OR OTHER ALTERNATIVE AND APPROPRIATE BODY LOCATION. AVOID SHINING LIGHT(S) {SUCH AS ADJUSTABLE LAMPS} DIRECTLY ON THE INSTRUMENT OR CLIP. IF EARLOBE IS USED, MAKE SURE PARTICIPANT REMOVES EARRINGS OR OTHER JEWELRY FROM EARS.]

[INTERVIEWER READ] You are about to take part in a procedure called pulse oximetry which is performed to assess the adequacy of oxygen levels (or oxygen saturation) in the blood. A clip-like device called a probe (which functions like a clothespin, but does not pinch) will be placed on your finger or earlobe. You will wear this clip for approximately 5 minutes. During this time, it is important that you try to be as still as possible. If a clip is placed on your finger, please place the hand with the clipped finger over your chest and leave it there until the procedure is over.

7. Was pulse oximetry completed?
☐Yes [GO TO QUESTION 9]
☐No [GO TO QUESTION 8]
☐Refused [GO TO QUESTION 8]

8.If no, provide a reason (check all that apply):
☐ Equipment Malfunction
☐ Medical Reason
☐ Missing or damaged finger(s)/earlobe(s)
☐ Other, specify [FREE TEXT]: _____
☐Refused

[PROGRAMMER NOTE: IF QUESTION 7 = “NO” HIDE/SUPRESS QUESTIONS 9-12]

9.Enter oxygen saturation reading for pulse oximetry: |___|___|___| SpO_2 %

10.Enter the date of pulse oximetry reading:
|___|___| - |___|___| - |___|___|___|___| [MM-DD-YYYY]
☐ Not applicable

11.Enter the start time of pulse oximetry reading:
|___|___|: |___|___| [HH: MM] |___|___| [AM/PM]
☐ Not applicable

12.Enter the stop time of pulse oximetry reading:
|___|___|: |___|___| [HH: MM] |___|___| [AM/PM]
☐ Not applicable

Urine Sample Collection:

13.Was a mid-stream urine sample collected during the RAPIDD Baseline visit?
☐Yes [GO TO QUESTION 15]
☐No [GO TO QUESTION 14]

[INTERVIEWER NOTE: IF THE PARTICIPANT IS UNABLE TO PROVIDE A URINE SPECIMEN, HAVE THEM DRINK A LARGE GLASS OF WATER, SKIP THIS QUESTION FOR NOW AND RETURN TO IT LATER IN THE VISIT WHEN THE PARTICIPANT IS ABLE TO PROVIDE A URINE SAMPLE.]

14.If no, provide a reason
☐Unable to collect
☐Medical Reason
☐Equipment Malfunction
☐Spilled/damaged
☐Other, specify [FREE TEXT] _____
☐Refused

[PROGRAMMER NOTE: SKIP OR SUPRESS ADDITIONAL URINE SAMPLE QUESTIONS 15-18 IF “NO” URINE WAS SELECTED IN QUESTION 13 AND IF ANY SELECTION WAS MADE FOR QUESTION 14.]

15.Volume of the random urine sample collected
|___|___|___| mL

15a. Number of aliquots from sample: |___|___|___|

16. Date of urine sample:
|___|___| - |___|___| - |___|___|___|___| [MM-DD-YYYY]

17.Time urine specimen was collected:
|___|___|: |___|___| [HH: MM] |___|___| [AM/PM]

18. Additional notes about urine sample collection [FREE TEXT] ☐ None/Not applicable
_____
_____
_____
_____

Attempted Blood Draw(s):

[INTERVIEWER NOTE: DO NOT ATTEMPT TO COLLECT BLOOD MORE THAN 3 TIMES; IF UNABLE TO SUCCESSFULLY COMPLETE DRAW BLOOD AFTER 3 ATTEMPTS, DISCONTINUE VENIPUNCTURE EFFORTS.]

19. Total number of blood draw attempts? |___|___|___|

19a. If no blood draw(s) attempted or if blood draw(s) failed, was a saliva sample collected instead?
☐Yes [GO TO QUESTION 24]
☐No [GO TO QUESTION 28]

[PROGRAMMER NOTE: IF QUESTION 19 = 0, GO TO QUESTION 19a, THEN PROCEED TO QUESTION 27. IF QUESTION 19 = 1, SHOW QUESTION 19b AND SUPRESS QUESTIONS 19c -19d. IF QUESTION 19 = 2, SHOW QUESTIONS 19b-19c, BUT SUPRESS QUESTION 19d. IF 19 = 3, SHOW ALL QUESTIONS 19b-19d.]

Blood Draw (BD) Attempt	Appendage used?	Vein used?	If "other" vein, which vein used? [FREE TEXT FIELD]	Blood Collected?
19b. **BD Attempt 1**	☐Right Arm ☐Right Hand ☐Left Arm ☐Left Hand ☐Not Applicable	☐Cephalic ☐Median Cubital ☐Basilic ☐Other ☐Not Applicable	[FREE TEXT FIELD]	☐Yes ☐No ☐Refused
19c. **BD Attempt 2**	☐Right Arm ☐Right Hand ☐Left Arm ☐Left Hand ☐Not Applicable	☐Cephalic ☐Median Cubital ☐Basilic ☐Other ☐Not Applicable	[FREE TEXT FIELD]	☐Yes ☐No ☐Refused
19d. **BD Attempt 3**	☐Right Arm ☐Right Hand ☐Left Arm ☐Left Hand ☐Not Applicable	☐Cephalic ☐Median Cubital ☐Basilic ☐Other ☐Not Applicable	[FREE TEXT FIELD]	☐Yes ☐No ☐Refused

Blood Sample Collection:

Tube	Aliquots?	Collected?	If no, why?	If "other" or "refused", specify [FREE TEXT]
20. **10 mL Lavender Top EDTA -1**	☐Yes ☐No ☐ N/A Number |_|_|_|	☐Yes ☐No ☐Refused	☐Unable to collect ☐Medical Reason ☐Equipment Malfunction ☐Spilled/damaged ☐Refused ☐Other	
21. **6 mL Yellow Top ACD -1**	☐Yes ☐No ☐ N/A Number |_|_|_|	☐Yes ☐No ☐Refused	☐Unable to collect ☐Medical Reason ☐Equipment Malfunction ☐Spilled/damaged ☐Refused ☐Other	
22. **6 mL Royal Blue Trace Metals -1**	☐Yes ☐No ☐ N/A Number |_|_|_|	☐Yes ☐No ☐Refused	☐Unable to collect ☐Medical Reason ☐Equipment Malfunction ☐Spilled/damaged ☐Refused ☐Other	
23. **8.5mL Paxgene DNA/ 2.5mL RNA - 1**	☐Yes ☐No ☐ N/A Number |_|_|_|	☐Yes ☐No ☐Refused	☐Unable to collect ☐Medical Reason ☐Equipment Malfunction ☐Spilled/damaged ☐Refused ☐Other	

Saliva Sample Collection:

24.Was a saliva sample obtained?
☐Yes [GO TO QUESTION 27b.]
☐No [GO TO QUESTION 27a.]

24a. If no, provide a reason:
☐Unable to collect
☐Medical Reason
☐Equipment Malfunction
☐Spilled/damaged
☐Other, specify [FREE TEXT] _____
☐Refused

24b. Number of aliquots? |___|___|___|
☐ sample stored in original container – no aliquots
☐Not applicable

25. Date of saliva sample collection:
|___|___| - |___|___| - |___|___|___|___| [MM-DD-YYYY]
☐Not applicable

26.Time of saliva sample collection
|___|___|: |___|___| [HH: MM] |___|___| [AM/PM]
☐Not applicable

27.Saliva sample kit ID: [IF DIFFERENT FROM PARTICIPANT ID]:
|___|___|___|___|___|___|
☐Not applicable

Medical Referrals and Recommendations:

28.Was a referral provided to participant?
☐Yes [GO TO QUESTION 29]
☐No [GO TO QUESTION 30]

29.If referral given, how many were provided?
|__|__| Number of referrals

30.Provide reason for referral(s) (check all that apply):
☐Mental health problem(s)
☐Medical problem(s)/Condition
☐Social problem(s) (homelessness, alcohol/drugs, abuse/negligence)
☐Other, specify [FREE TEXT FIELD] _____

Additional notes and comments about referrals and recommendations:
_____
_____

Check-Out, Review and Remuneration:

31.Did participant receive gift card/compensation?
☐Yes [GO TO QUESTION 33]
☐No [GO TO QUESTION 32]
☐Refused [GO TO QUESTION 32]

32. If participant did not receive compensation, provide reason [FREE TEXT]:
_____
_____

33.If participant received compensation, enter the amount of the check or gift card:
$|___|___|___|.|___|___|
☐ Not applicable

34.If participant received compensation, enter the check or gift card number:
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
☐ Not applicable

[INTERVIEWER NOTE: **END SAMPLE COLLECTION**. MAKE SURE PARTICIPANT HAS BEEN GIVEN ALL RELEVANT HAND-OUTS AND THAT ALL SAMPLES HAVE BEEN PROPERLY COLLECTED AND PREPARED FOR STORAGE AND SHIPMENT]