

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

Height and Weight Self-reported Values:

<u>Height Measurement</u>	Height (inches)	Refused?	Reason not obtained? [FREE TEXT FIELD]
1. Height	_ _ . _	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<u>Weight Measurement</u>	Weight (lb.)	Refused?	Reason not obtained? [FREE TEXT FIELD]
2. Weight	_ _ . _	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Urine Sample Collection:

3. Was a mid-stream urine sample collected during the RAPIDD Baseline visit?
 - Yes [GO TO QUESTION 5]
 - No [GO TO QUESTION 4]
4. If no, provide a reason
 - Unable to collect
 - Medical Reason
 - Equipment Malfunction
 - Spilled/damaged
 - Other, specify [FREE TEXT] _____
 - Refused

[PROGRAMMER NOTE: SKIP OR SUPPRESS ADDITIONAL URINE SAMPLE QUESTIONS 5-9 IF "NO" URINE WAS SELECTED IN QUESTION 3 AND IF ANY SELECTION WAS MADE FOR QUESTION 4.]

5. Volume of the random urine sample collected
|_|_|_| mL
6. Number of aliquots from sample: |_|_|_|
7. Date of urine sample:
|_|_| - |_|_| - |_|_|_|_| [MM-DD-YYYY]
8. Time urine specimen was collected:
|_|_| : |_|_| [HH: MM] |_|_| [AM/PM]
9. Additional notes about urine sample collection [FREE TEXT] None/Not applicable

Saliva Sample Collection:

10. Was a saliva sample obtained?
 Yes [GO TO QUESTION 12]
 No [GO TO QUESTION 11]
11. If no, provide a reason:
 Unable to collect
 Medical Reason
 Equipment Malfunction
 Spilled/damaged
 Other, specify [FREE TEXT] _____
 Refused

[PROGRAMMER NOTE: SKIP OR SUPPRESS ADDITIONAL SALIVA SAMPLE QUESTIONS 12-15 IF "NO" SALIVA WAS SELECTED IN QUESTION 10 AND IF ANY SELECTION WAS MADE FOR QUESTION 11.]

12. Number of aliquots? |_|_|_|_|_|
 Sample stored in original container – no aliquots
 Not applicable
13. Date of saliva sample collection:
|_|_| - |_|_| - |_|_|_|_|_| [MM-DD-YYYY]
14. Time of saliva sample collection
|_|_|:|_|_| [HH: MM] |_|_|_| [AM/PM]
15. Saliva sample kit ID: [IF DIFFERENT FROM PARTICIPANT ID]:
|_|_|_|_|_|_|_|_|_|_|_|

Buccal Cell Collection:

16. Were buccal cells obtained?
 Yes [GO TO QUESTION 18]
 No [GO TO QUESTION 17]
17. If no, provide a reason: (Check all that apply)
 Unable to collect
 Medical Reason
 Equipment Malfunction
 Spilled/damaged
 Other, specify [FREE TEXT] _____
 Refused

[PROGRAMMER NOTE: SKIP OR SUPPRESS ADDITIONAL BUCCAL CELL SAMPLE QUESTIONS 18-20 IF "NO" BUCCAL CELLS WAS SELECTED IN QUESTION 16 AND IF ANY SELECTION WAS MADE FOR QUESTION 17]

18. Date of buccal cell collection:
|_|_| - |_|_| - |_|_|_|_|_| [MM-DD-YYYY]
19. Time of buccal cell collection
|_|_|:|_|_| [HH: MM] |_|_|_| [AM/PM]
20. Enter buccal cell sample ID: [IF DIFFERENT FROM PARTICIPANT ID]:
|_|_|_|_|_|_|_|_|_|_|_|

