

[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)

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

[PROGRAMMER NOTE: DISPLAY HEIGHT MEASUREMENT AND CONVERT TO CM FOR BMI CALCULATION.]

<u>Weight Measurement</u>	Weight (lb)	Obtained?	Refused?	Reason not obtained? [FREE TEXT FIELD]
2. Weight Measurement 1	.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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.]

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

<u>Waist Measurement</u>	Waist Circumf. (cm)	Obtained?	Refused?	Reason not obtained? [FREE TEXT FIELD]
3. Waist Measurement 1	.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<u>Hip Measurement</u>	Hip Circumf. (cm)	Obtained?	Refused?	Reason not obtained? [FREE TEXT FIELD]
4. Hip Measurement 1	.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Blood Pressure and Heart Rate Measurement(s):

<u>Blood Pressure (BP) Measurement</u>	Blood Pressure- [Systolic/ Diastolic]	Obtained?	Refused?	Reason not obtained? [FREE TEXT FIELD]
5. BP Measurement 1	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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<u>Heart Rate (HR) Measurement</u>	Heart Rate	Obtained?	Refused?	Reason not obtained? [FREE TEXT FIELD]
6. HR Measurement 1	_ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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/SUPPRESS QUESTIONS 9-12]

9. Enter oxygen saturation reading for pulse oximetry: |_|_|_|_| SpO₂ %

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]

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[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 SUPPRESS 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 27]
- No [GO TO QUESTION 27]

[PROGRAMMER NOTE: IF QUESTION 19 = 0, GO TO QUESTION 19a, THEN PROCEED TO QUESTION 27. IF QUESTION 19 = 1, SHOW QUESTION 19b AND SUPPRESS QUESTIONS 19c -19d. IF QUESTION 19 = 2, SHOW QUESTIONS 19b-19c, BUT SUPPRESS 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	<input type="checkbox"/> Right Arm <input type="checkbox"/> Right Hand <input type="checkbox"/> Left Arm <input type="checkbox"/> Left Hand <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Cephalic <input type="checkbox"/> Median Cubital <input type="checkbox"/> Basilic <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	[FREE TEXT FIELD]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
19c. BD Attempt 2	<input type="checkbox"/> Right Arm <input type="checkbox"/> Right Hand <input type="checkbox"/> Left Arm <input type="checkbox"/> Left Hand <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Cephalic <input type="checkbox"/> Median Cubital <input type="checkbox"/> Basilic <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	[FREE TEXT FIELD]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

19d. BD Attempt 3	<input type="checkbox"/> Right Arm <input type="checkbox"/> Right Hand <input type="checkbox"/> Left Arm <input type="checkbox"/> Left Hand <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Cephalic <input type="checkbox"/> Median Cubital <input type="checkbox"/> Basilic <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	[FREE TEXT FIELD]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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Blood Sample Collection:

Tube	Aliquots?	Collected?	If no, why?	If "other" or "refused", specify [FREE TEXT]
20. 10 mL Red Top - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Number _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Unable to collect <input type="checkbox"/> Medical Reason <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Spilled/damaged <input type="checkbox"/> Refused <input type="checkbox"/> Other	
21. 10 mL Red Top - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Number _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Unable to collect <input type="checkbox"/> Medical Reason <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Spilled/damaged <input type="checkbox"/> Refused <input type="checkbox"/> Other	
22. 10 mL Lavender Top EDTA -1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Number _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Unable to collect <input type="checkbox"/> Medical Reason <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Spilled/damaged <input type="checkbox"/> Refused <input type="checkbox"/> Other	
23. 10 mL Lavender Top EDTA -2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Number _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Unable to collect <input type="checkbox"/> Medical Reason <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Spilled/damaged <input type="checkbox"/> Refused <input type="checkbox"/> Other	
24. 6 mL Yellow Top ACD -1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Number _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Unable to collect <input type="checkbox"/> Medical Reason <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Spilled/damaged <input type="checkbox"/> Refused <input type="checkbox"/> Other	
25. 6 mL Royal Blue Trace Metals -1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Number _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Unable to collect <input type="checkbox"/> Medical Reason <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Spilled/damaged <input type="checkbox"/> Refused <input type="checkbox"/> Other	
26. 8.5 mL Paxgene DNA/2.5mL RNA - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Number _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Unable to collect <input type="checkbox"/> Medical Reason <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Spilled/damaged <input type="checkbox"/> Refused <input type="checkbox"/> Other	

Saliva Sample Collection:

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27. Was a saliva sample obtained?

- Yes [GO TO QUESTION 27b.]
- No [GO TO QUESTION 27a.]

27a. If no, provide a reason:

- Unable to collect
- Medical Reason
- Equipment Malfunction
- Spilled/damaged
- Other, specify [FREE TEXT] _____
- Refused

27b. Number of aliquots? |__|__|__|

- sample stored in original container – no aliquots
- Not applicable

28. Date of saliva sample collection:

|__|__| - |__|__| - |__|__|__|__| [MM-DD-YYYY]

- Not applicable

29. Time of saliva sample collection

|__|__|: |__|__| [HH: MM] |__|__| [AM/PM]

- Not applicable

30. Saliva sample kit ID: [IF DIFFERENT FROM PARTICIPANT ID]:

|__|__|__|__|__|

- Not applicable

Spirometry/Pulmonary Function Testing (PFT):

[PROGRAMMER NOTE: IF THE AVERAGE SYSTOLIC BP \geq 180 OR DIASTOLIC BP \geq 110 OR HEART RATE \leq 40 OR \geq 120, OR SCREENER QUESTIONS INDICATE THAT PARTICIPANT IS FEMALE AND PREGNANT, SKIP PULMONARY FUNCTION TEST/SUPPRESS DATA ENTRY FOR THIS SECTION AND SHOW MESSAGE = "PARTICIPANT IS NOT ELIGIBLE FOR THIS ACTIVITY."]

[PROGRAMMER NOTE: THE FOLLOWING QUESTIONS ARE EXCLUSION CRITERIA FOR PULMONARY FUNCTION TESTING. IF "YES", "DON'T KNOW" OR "REFUSED" TO ANY OF THE FOLLOWING QUESTIONS (31-36) SHOW QUESTIONS 37 AND 38, BUT SUPPRESS DATA ENTRY FOR QUESTIONS 39-447 AND SKIP ADMINISTRATION OF PULMONARY FUNCTION TEST.]

[INTERVIEWER NOTE: IF PARTICIPANT'S AVERAGE SYSTOLIC BP \geq 180 OR DIASTOLIC BP \geq 110 OR HEART RATE \leq 40 OR \geq 120, OR SCREENER QUESTIONS INDICATED THAT PARTICIPANT IS FEMALE AND PREGNANT, SKIP PULMONARY FUNCTION TEST AND END DATA ENTRY FOR THIS SECTION. PARTICIPANT IS NOT ELIGIBLE FOR THIS ACTIVITY]

31. **During the past 24 hours**, have you used a short-term or long-acting bronchodilator?

- Yes [GO TO QUESTION 37]
- No [GO TO QUESTION 32]
- Don't know [GO TO QUESTION 37]
- Refused [GO TO QUESTION 37]

32. **In the past three months**, have you had any surgery to your chest or abdomen?

- Yes [GO TO QUESTION 37]
- No [GO TO QUESTION 33]
- Don't know [GO TO QUESTION 37]
- Refused [GO TO QUESTION 37]

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33. **In the past three months**, have you had a heart attack or stroke?

- Yes [GO TO QUESTION 37]
- No [GO TO QUESTION 34]
- Don't know [GO TO QUESTION 37]
- Refused [GO TO QUESTION 37]

34. **In the past three months**, have you had a detached retina or eye surgery?

- Yes [GO TO QUESTION 37]
- No [GO TO QUESTION 35]
- Don't know [GO TO QUESTION 37]
- Refused [GO TO QUESTION 37]

35. **In the past three months**, have you been hospitalized for any other heart problem(s)?

- Yes [GO TO QUESTION 37]
- No [GO TO QUESTION 36]
- Don't know [GO TO QUESTION 37]
- Refused [GO TO QUESTION 37]

36. Are you **currently** taking medication for tuberculosis?

- Yes
- No
- Don't know
- Refused

[PROGRAMMER NOTE: AUTO-TIME STAMP]

Spirometry and PFT Results:

[INTERVIEWER READ] The purpose of the lung function test is to determine how your lung function compares to normal lung function for someone of your age, gender, race, and height. Your results are compared to predicted values for a healthy, non-smoking person of the same age, height, gender and race.

37. Did participant complete pulmonary function testing (spirometry)?

- Yes [GO TO QUESTION 39]
- No [GO TO QUESTION 38]

[PROGRAMMER NOTE: IF QUESTION 37 = "NO", HIDE OR SUPPRESS QUESTIONS 38-50.]

38. If no, provide a reason: (Check all that apply) [GO TO QUESTION 51]

- Medical Reason
- Equipment Malfunction
- Met exclusion criteria
- Other, specify [FREE TEXT] _____
- Refused

Enter results and applicable values for lung function testing:

	Your Best Value	Predicted Value	Lower Limits of Normal
Forced Vital Capacity (FVC) The maximal or total amount of air you can forcefully breathe out after taking a deep breath.	39.	40.	41.
Forced Expiratory Volume, 1st sec (FEV₁) The amount of air that you can breathe out in the first second of exhaling	42.	43.	44.

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FEV₁/FVC Ratio (%) The calculation of the ratio of FEV ₁ to FVC	45.	46.	47.
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48. Enter date of PFT procedure:
 |__|__| - |__|__| - |__|__|__|__| [MM-DD-YYYY]
 Not applicable

49. Enter start time of PFT procedure:
 |__|__: |__|__| [HH: MM] |__|__| [AM/PM]
 Not applicable

50. Enter end time of PFT procedure:
 |__|__: |__|__| [HH: MM] |__|__| [AM/PM]
 Not applicable

Toenail/Fingernail Collection:

51. Have you ever been told by a doctor or other healthcare professional that you have diabetes?
 Yes [GO TO QUESTION 55]
 No [GO TO QUESTION 52]
 Don't know [GO TO QUESTION 55]
 Refused [GO TO QUESTION 55]

INTERVIEWER NOTE: IF QUESTION 51 = "YES", "DON'T KNOW" OR "REFUSED", GO TO QUESTION 51. DO NOT ATTEMPT TO COLLECT TOENAIL SAMPLE IF PARTICIPANT HAS BEEN DIAGNOSED WITH DIABETES.]

52. Are you currently wearing false nails, nail tips, acrylic and or gel on your fingernails/toenails?
 Yes [GO TO QUESTION 55]
 No [GO TO QUESTION 53]
 Refused [GO TO QUESTION 55]

[INTERVIEWER NOTE: IF QUESTION 52 = "YES", DO NOT ATTEMPT TOENAIL/FINGERNAIL COLLECTION; COMPLETE QUESTION 55]

53. Are you currently wearing nail polish, nail hardener or any other nail/foot product or medication on your fingernails/toenails?
 Yes [GO TO QUESTION 54]
 No [GO TO QUESTION 55]
 Refused [GO TO QUESTION 55]

[INTERVIEWER NOTE: IF QUESTION 53 = "YES", "DON'T KNOW" OR "REFUSED", ASK PARTICIPANT IF THEY ARE WILLING TO REMOVE NAIL PRODUCT(S) FROM FINGERNAILS/TOENAILS. BE SURE TO PROVIDE NAIL POLISH REMOVER AND COTTON WIPE]

54. Did participant remove nail polish, nail hardener or any other nail product using nail polish remover or acetone?
 Yes
 No
 Refused

55. Were toenail samples collected?
 Yes [GO TO QUESTION 57]
 No [GO TO QUESTION 56]

56. If no, provide a reason (check all that apply):
 Nails not long enough
 Missing toenails/toes/foot

