



Recruitment Survey

🔗 Recruitment survey date (date survey/form opened)

03-15-2024 | M-D-Y

🔗 Interviewer Code

🔗 No participant response

Recruitment survey not done

About Our Research Program

Did you know that an estimated 33 million people are living with diabetes in the United States? Type 2 diabetes accounts for 90-95% of all cases of diabetes, and while it typically develops in adults over the age of 45, there are increasing numbers of children, teenagers, and young adults diagnosed each year.

Roughly 38% of the adult population (96 million) in the United States have prediabetes. Having type 2 diabetes places one at risk for serious health issues and due to its overwhelming prevalence, we are all impacted by this disease.

Our team, funded by the National Institutes of Health (NIH), is undertaking an innovative and exciting research program on persons with type 2 diabetes. We are developing a thoughtfully designed, ethically collected, and comprehensive dataset for researchers to use with the ultimate goal of identifying the root causes of type 2 diabetes so that treatments and prevention strategies can be successfully developed. Most importantly, we are focused on collecting data from a diverse group of people from three geographic locations in the US - Alabama, California, and Washington. This research program will be inclusive and diverse so that it might lead to important break-throughs in type 2 diabetes that will help everyone. We are also inviting people who do not have type 2 diabetes to participate in the research program.



What can you do to help?

We have contacted you because we hope that you will help us in our endeavor to better understand type 2 diabetes!

- To find answers to frequently asked questions on eligibility, what would be expected of you as a participant, compensation, and more, OR if you would a team member to call you to answer any questions you have, please click on "I still have questions" and click the "Next page" button below.
- If you would like to participate in this important research, select "Yes, I'm interested" and click the "Next page" button below to learn if you are eligible.



We hope to hear from you!

Are you interested to learn if you're eligible for our research program?

* must provide value

- Yes, I'm interested
- I have questions
- No I'm not interested at this time

🕒 REDCap Survey Timestamps

🔗 Recruitment Survey Started Timestamp (from REDCap)

🔗 Recruitment Survey Completed Timestamp (from REDCap)

Form Status

Complete?

Incomplete ▼



FAQ Survey

 FAQ survey date (date survey/form opened)

03-15-2024 | M-D-Y

 Interviewer Code

 No participant response

FAQ survey not done

[Who can participate in AI-READi?](#)

[How will the AI-READi research program help people?](#)

[Where does the research program take place?](#)

[What does my participation involve?](#)

[How long will the visit last?](#)

[What will you do with the data you obtain from my participation?](#)

[Will I be compensated for participating in AI-READi?](#)

[Who will use the information you collect?](#)

[What is Machine Learning and Artificial Intelligence and what do they have to do with this research program?](#)

[Will personal identifying information be shared publicly?](#)

[What will happen to my blood and urine samples?](#)

[Will I be able to withdraw from the research program?](#)

[Why am I asked to place an environmental sensor in my residence?](#)

[Will my doctor be notified about my participation?](#)

[Will I receive my results from the research program?](#)

[Can I skip some tests or questions in the surveys?](#)

[I have more questions, who can answer them?](#)

Are you interested in learning if you're eligible for our research program?

* must provide value

- Yes, I'm interested
- I still have questions and I would like to have a staff member call me
- No I'm not interested at this time

🕒 REDCap Survey Timestamps

🕒 FAQ Survey Started Timestamp (from REDCap)

🕒 FAQ Survey Completed Timestamp (from REDCap)

Form Status

Complete?

Incomplete 



Screening Survey

Screening survey date (date survey/form opened)

03-15-2024 M-D-Y

Interviewer Code

No participant response

Screening survey not done

Are you currently pregnant?

* must provide value

Yes
 No

Instructions

Has your doctor or other health care provider ever told you that you have any of the following:

Type I Diabetes

* must provide value

Yes
 No

Elevated A1C levels (elevated blood sugars)

* must provide value

Yes
 No

Type II Diabetes

* must provide value

Yes
 No

if "yes", then -->

If yes, at what age were you first diagnosed?
* must provide value

Pre-diabetes

* must provide value

Yes
 No

Instructions

Please answer the following questions about managing your A1C and blood glucose levels.

Do you take pills to control your A1C and blood glucose levels?

Examples: Metformin (Glucophage, Glumetza, Fortamet, Riomet), Glucotrol, Amaryl, DiaBeta, Blynase PresTab, Micronase, Actos, Avandia, Precose, Glyset, Prandin, Starlix, Januvia, Onglyza, Tradjenta, Nesina, Invokana, Farxiga, Jardiance, Welchol, and Cycloset

* must provide value

Yes
 No

Do you inject insulin to control your blood glucose levels?

* must provide value

Yes
 No

Do you use other injections to control your blood glucose levels?

Examples: Victoza, Ozempic, Symlin, Tanzeum, and Trulicity

* must provide value

Yes
 No

Do you use lifestyle changes to control your A1C and blood glucose levels?

Examples: regular exercise, avoiding sugary foods and beverages, eating a balanced diet with lots of vegetables, sticking to a consistent eating schedule

* must provide value

Yes
 No



🔗 Screening Survey Started Timestamp (from REDCap)

🔗 Screening Survey Completed Timestamp (from REDCap)

🔗 Race raw value (checkbox & radio)

Form Status

Complete?

Incomplete ▼



Pre-Consent Survey



🔗 Pre-consent survey/form date (date survey/form opened)

03-15-2024 | M-D-Y

🔗 Interviewer Code

🔗 No participant response

Pre-consent survey not done

What is Consent

Informed consent is the process of explaining the key elements of a research study to potential participants. An important part of the consent process is making sure that you, as a volunteer, understand what is expected of you should you choose to participate, as well as any potential risks and benefits that are associated with the research and how your data will be used. Participating in any human research project is voluntary. Please read the summary of key elements of our program below.

Key Elements of the Research Program

The [AI-READi research program](#) is aimed at generating an inclusive database that will help scientists better understand how type 2 diabetes impacts us all. Our goal is to collect data from a diverse group of people, with and without type 2 diabetes. Your data will be de-identified, meaning there will be no identifying information associated with it.

The data we are collecting is also diverse, which with the help of artificial intelligence, may uncover trends in the progression of the disease that have been missed by scientists in the past.

Your participation will include three elements:

- Completion of short questionnaires from home, on your own time
- An in-person visit to our Clinical Research Unit, where we will perform routine examination procedures that you would have done in a physician's office
- An at-home component, during which you will use small devices to monitor your physical activity, air quality in your home, and continuous blood glucose levels for 10 days. These devices do not have the ability to capture sound or video.

You will receive a \$200.00 honorarium as a thank you after your full participation in AI-READi.

Preview the Consent Form

📄 Download a PDF of the consent form.

Attachment: [AI-READi Consent Form UAB v2.0 11012023.pdf](#) (207.3 kB)

You have the option to continue to our informed consent document, which contains more details on the data to be collected, as well as your rights as a volunteer. You also have the option to request that a research team member call you to answer any questions you have, or choose not to participate and exit this website.

* must provide value

- Yes, I'd like to enroll in the AI-READi research program and complete the consent form
- I have questions and would like to receive a call from research staff
- No, I do not want to enroll in the program

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IRB Approved: 10-17-2023



UNIVERSITY OF ALABAMA AT BIRMINGHAM CONSENT FORM

AI READY AND EQUITABLE ATLAS FOR DIABETES INSIGHTS (AI-READI)

RESEARCHERS (UAB SITE):

Cynthia Owsley, PhD, MSPH, Nathan E. Miles Endowed Chair of Ophthalmology, Professor and Director, Clinical Research Unit

Gerald McGwin, PhD, MPH, Professor, Associate Director, Clinical Research Unit

The researchers can be reached at 205-325-8616

UAB IRB-300010565

We are asking you to participate in a research program called AI-READi. This form gives you information to help you decide whether or not to participate in the program. Being in the program is voluntary. Please read this document carefully. You may ask any questions about the research program by calling the phone number above.

PURPOSE OF THE RESEARCH PROGRAM:

The purpose of this research program is to collect health and other personal information from individuals for future studies on type 2 diabetes. Information will be collected from people with and without diabetes and from diverse racial and ethnic backgrounds. The type of data collected from you has been specifically designed to answer research questions about type 2 diabetes, but may also be used by scientists to study other aspects of health, disease, and behavior. After removing the information that may reveal your identity, we will place the data we collect from you, along with that from thousands of other volunteers, into a database for the purpose of scientific discovery. The database will be publicly accessible to anyone who is interested in studying type 2 diabetes. However, a portion of the database will be under controlled access. By controlled access we mean that a researcher who wants access to this portion of data will submit a request to be reviewed by a committee of AI-READi investigators. If the AI-READi committee approves the request, this will require legal and privacy protection agreements between the researcher and/or institution requesting the data and the AI-READi research program. The table below explains which information will be publicly accessible and which will be held under controlled access.

List of publicly accessible data

- Survey data (e.g., questionnaires on medications, mental health data, social determinants of health)
- Clinical measurements (vitals, such as height and weight, visual acuity, monofilament test, and cognitive function testing results)
- Retinal Images
- Blood and urine lab results
- Electrocardiogram (ECG)
- Physical activity levels and heart rate
- Blood sugar levels
- Home air quality, temperature, and humidity

List of data held under controlled access

- 5-digit ZIP code
- Genetic sequence
- Race/ethnicity
- Sex
- Past health records
- Motor vehicle accident reports

Before your information is made publicly available, a de-identified copy of your data will be provided to the companies (Carl Zeiss Meditec, Inc., DexCom, Inc., and iCare USA, Inc.) that supported this research program through their sharing of equipment used for data collection. If companies wish to access any information that is under controlled access, they will be required to follow the same procedures as other researchers.

The data collected in this research program may be used for future research to learn about type 2 diabetes, health, disease, and behavior, but may also be used for other purposes, such as product development. The data stored in the AI-READi database will be analyzed in the future using artificial intelligence/machine learning (AI/ML). Other analysis techniques may also be used. AI/ML looks for patterns using very large datasets and can help with new discoveries in understanding of health and disease.

RESEARCH PROGRAM PROCEDURES:

Your participation in our research program will consist of one in-person visit lasting about 3-4 hours. We will encourage you to fill out survey questions at home, prior to your in-person visit to decrease your visit duration. However, if you prefer, you can

complete the questionnaires during your in-person visit, which will make your visit longer. After your in-person visit, there is approximately ten days of at-home participation, as described below. Your total active participation is expected to be approximately 11 days. At the end of the at-home participation period, you will be expected to return several monitoring devices. A payment of \$200 will be provided for your participation in this research program and is contingent upon the successful return of all devices.

IN-PERSON PARTICIPATION:

Blood and Urine Sample Collection

We will collect a urine sample and about 3-4 spoonfuls of blood (50-60mL). You will not need to be fasting. We will use these samples to aid in assessing your general health.

Surveys

We will ask you about your racial and ethnic background and other basic demographic information, and to complete several questionnaires related to general health, diabetes, mental health, and social factors associated with health and disease. You do not need to answer any question you are uncomfortable with.

Additional Testing

We will test your memory and other thinking processes, measure your vital signs such as blood pressure, height, and weight, and perform an ECG (electrocardiogram) to see how your heart works. We will also use thin bendable wires to evaluate how well you can feel the sense of touch on the bare soles of your feet. This is called a monofilament test and it is important for people who have diabetes because this disease often changes the ability to sense touch in some areas of the body.

Eye Testing

We will test your vision and take pictures of your eyes. A part of this process may be similar to tests you may have undergone when visiting your optometrist or ophthalmologist. We will test your glasses prescription (if you have one) and your vision by asking you to read letters under normal and reduced light. We will also take images of the back of your eyes using several different cameras. We will need to apply eye drops to enlarge your pupils and get better pictures of your eyes. If you are sensitive to the drops, we may choose to use only one type of eye drop or take the pictures without using the drops.

Glucose Monitoring

It will be important for our research program to understand how your glucose levels change during your daily activities. During your in-person visit, we will attach a continuous glucose monitoring device, also known as CGM, to the skin of your stomach. The CGM has a sticker that keeps it in place and a small sensor that will go under your skin to monitor your blood glucose. To get the sensor under your skin, a button on the CGM will be pushed and you will feel a slight pinch when the sensor goes into your skin.

AT HOME PARTICIPATION:

Glucose Monitoring

You will wear the continuous glucose monitor (CGM) device for 10 days. The CGM sensor will need to be returned at the end of your participation, as described below. If you are already wearing a CGM device that is identical to the one used in this study, you will be given an option not to put an additional CGM. If you agree to this, you will be given an option to allow us to collect glucose measurements up to 90 days prior to your in-person visit, in addition to the study data collection (10 days) for a total of up to 100 days. This additional data collection through Dexcom Clarity (a glucose monitoring application or "app") is optional and limited to those who are already using the application at the time of the in-person visit and who agree to the optional data collection. The CGM data will be returned to you by email as a password-protected PDF or, if you choose, printed copies may be provided to you by mail or in-person.

Physical Activity Tracking

We will provide you with a physical activity tracker to wear for 10 days on your wrist that will monitor your heart rate, number of steps you take, oxygen level in your blood, and the time you spend sleeping. The fitness tracker will not record any location (GPS) data. It will be your responsibility to charge the device every few days and make sure that is fully charged before you return the watch to us. The physical activity tracker must be returned at the end of your participation, as described below. If you are already wearing an activity tracker. You may continue to wear it in addition to wearing the device we provide, or you may choose to wear only the device we provide. We will not collect data from your existing activity tracker and will only collect data from our activity tracker device.

Air Quality Monitoring

We want to explore the connection between air quality and diabetes. We will provide you with a small sensor to keep in your house for 10 days. This sensor is for us to collect information on the air, light, temperature, and particles at home. You will not need to do anything besides place this device somewhere in your home. This sensor does not have a camera or microphone. It cannot collect any video, photographs, or sound from your home.

Returning the Devices

After 10 days, you will peel off the glucose monitoring device (CGM) using instructions on the sheet provided to you during your in-person visit. The instructions sheet also contains our contact information in case you need help from us while at home. You may notice a small dot on your skin where the sensor was placed for 10 days. The CGM sensor that you removed, the physical activity tracker, and the environmental sensor will be mailed back to the research team in the prepaid FedEx mailing boxes provided to you during your in-person visit.

CONTINUING PARTICIPATION:

Accessing Your Records

During this research program, we will look into your medical records and collect information related to your general health, eye health, medical history, diabetes, medications, laboratory records, and any previous medical imaging including eye imaging. We will collect your medical records information also after the initial visit for the duration of the research program. We will also collect information about any motor vehicle collisions you may have had in the 3 years prior to your in-person research visit and then for the duration of our research program.

Future Participation

Some participants may be asked to come back for an additional research visit in the future. We do this to understand how your health may or may not have changed over time. This visit will be identical to the first visit, meaning that you will have all the same information collected again. If you are invited to participate in a future visit, we will ask for your consent before collecting any additional information from you. You do not need to decide if you want to participate in a follow-up at this time.

RISKS, STRESS, OR DISCOMFORT:

Some of the research procedures may feel uncomfortable to you.

Eye Testing

One or more of the eye drops can cause mild and brief irritation to your eyes. The eye drops used for imaging will make your vision blurry and you will be sensitive to light for several hours. It is recommended that you do not drive until your vision is back to normal, or that you have someone accompany you to your visit to drive you home. We will provide you with tinted shields to

reduce the effect of light on your eyes during this period. Eye imaging can occasionally take a long time, or the light source used during imaging may cause slight discomfort or a headache. To make you feel more comfortable, you can take breaks during testing.

Extremely rarely, the eye drops may cause serious reactions, including but not limited to sudden increase in eye pressure (which you may feel as eye pain, redness, sudden change in vision), increased blood pressure, fainting, allergic reactions, or dilated pupils that last for more than several hours. These reactions will be rare despite the fact that dilation drops are used routinely in eye exams. However, if you do experience any of these rare events as a result of the visit, we will seek out emergency medical attention for you.

Blood Samples

During collection of the blood sample, you may experience mild discomfort or pain. Some people may develop bruising where the needle goes into your skin, feel dizzy or faint. Extremely rarely, the site where the needle goes into your skin may become infected, which could lead to hospitalization or death.

Continuous Glucose Monitoring

Insertion of the CGM may cause bruising, pain, or infection at the insertion point. If the CGM is uncomfortable, you may remove it early and return it to the research team when you return the other home monitoring devices (after 10 days of use).

Confidentiality Breach

Although we make every effort to protect your information, a confidentiality breach is possible, but rare. You will be notified if there is a data breach. Your participation ID that is linked to your health record will be kept by the research program investigators for the duration of the project.

Sensitive Information Collection

We will collect information about your use of alcohol, smoking and vaping. You can refuse to provide this information if you feel uncomfortable about sharing it or if sharing would put you in legal jeopardy.

Risks of a Publicly Accessible Database and a Controlled Access Database

Future technologies may make it possible to link the personal health information stored in the publicly accessible database or the controlled access database to your identity. This personal health information includes your ECG, heart rate, retinal imaging, environmental sensor data, physical activity data, genetic sequence, 5-digit ZIP code, race/ethnicity, past health records, sex, and motor vehicle accident data. The likelihood of you being identified is low, but possible. Anyone accessing the publicly accessible database or the controlled access database where your information is stored will agree to not identify you or use the data in ways that could be harmful to you.

BENEFITS OF PARTICIPATING IN THE RESEARCH PROGRAM:

The main benefit of contributing to a multi-racial, multi-ethnic database is that it will enable medical research to lead to a better understanding of type 2 diabetes, health, disease, and behavior. It may also uncover new associations in type 2 diabetes that can lead to healing and be broadly applicable to many communities. While there may not be a direct benefit to you, there may be benefits to many people similar to you in the future.

At the end of your in-person visit, you will receive a card that includes your vital signs and eyesight measurements. We will let you know if any of these measurements are outside of expected ranges and discuss follow-up care, if necessary. You will also receive a detailed report of your continuous glucose measurements after you return the glucose monitor to us. You may choose to share this report with your primary health care provider.

Results of your blood and urine tests will be available for you to look up with your personal ID code in approximately 1 year. Please note that a doctor will not be reviewing the results of any test performed as part of this research program. The results of blood and urine tests change over time, so results received after 1 year may not be reflective of your health status at that time. The results returned to you are not meant to replace any medical care you currently have planned or should receive in the future.

The following will NOT be provided to you: genetic testing data, ECG, environmental sensor data, physical activity data, retinal imaging, questionnaires and cognitive testing results, results derived from samples left in a biorepository (such as DNA and whole genome sequencing), or data obtained in future research projects.

VOLUNTARY PARTICIPATION:

If you are a UAB student or employee, taking part in this research is not a part of your UAB class work or duties. You can refuse to enroll, or withdraw after enrolling at any time before the research program is over, with no effect on your class standing, grades, or job at UAB. You will not be offered or receive any special consideration if you take part in this research.

SOURCE OF FUNDING:

The research team and the University of Alabama at Birmingham is receiving funding for this research program from the University of Washington gift funding of the Department of Ophthalmology, and the National Institutes of Health, grant number NIH OT2OD032644.

CONFIDENTIALITY OF RESEARCH INFORMATION:

All of the information you provide will be confidential. However, if we learn that you intend to harm yourself or others, we must report that to the authorities.

Government or university staff sometimes review research programs such as this one to make sure they are being done safely and legally. If a review of this research program takes place, your records may be examined. The reviewers will protect your privacy. The research records will not be used to put you at legal risk of harm. Information obtained about you for this research program will be kept confidential to the extent allowed by law. However, research information that identifies you may be shared with people or organizations for quality assurance or data analysis, or with those responsible for ensuring compliance with laws and regulations related to research. They include:

- the University of Washington Institutional Review Board
- the UAB Institutional Review Board (IRB). An IRB is a group that reviews the study to protect the rights and welfare of research participants.
- the Office for Human Research Protections (OHRP)

Your participation in this study may be noted in your medical record.

We have a Certificate of Confidentiality from the National Institutes of Health. This helps us protect your privacy. The Certificate means that we do not have to give out information, documents, or samples that could identify you even if we are asked to by a court of law. We will use the Certificate to resist any demands for identifying information. We cannot use the Certificate to withhold your research information if you give your written consent to give it to an insurer, employer, or other person. Also, you or a member of your family can share information about yourself or your part in this research if you wish. There are some limits to this protection. We will voluntarily provide the information to:

- a member of the federal government who needs it in order to audit or evaluate the research;
- individuals at the institution(s) conducting the research, the funding agency, and other groups involved in the research, if they need the information to make sure the research is being done correctly;
- the federal Food and Drug Administration (FDA), if required by the FDA;
- individuals who want to conduct additional research if allowed by federal regulations and according to your consent for future research use as described in this form;
- local and state authorities, if we learn of child abuse, elder abuse, or the intent to harm yourself or others.

The Certificate expires when the NIH funding for this research program ends. Currently this is August 31, 2027. Any data collected after expiration is not protected as described above. Data collected prior to expiration will continue to be protected.

USE OF INFORMATION AND SPECIMENS:

Genetic Sequencing

Blood samples collected from you will be used to test your genetic information. We will perform whole genome sequencing on your blood sample. Whole genome sequencing is a laboratory procedure that determines a precise DNA fingerprint. The precise DNA fingerprints from all the research program participants can then be used to learn how genetics impact type 2 diabetes, health, disease, and behavior. The results of the whole genome sequencing will be released in the protected data set (under controlled access) along with other protected health information for use in future research studies.

Returning Results to You

We will provide you with your physical measurements on the same day they are collected. You will receive a report of results from the CGM after the 10-day wear period is complete and the sensor is returned to us. Within 12 months from your in-person visit, you will receive a link to a unique identifier that will let you review your blood and urine results. There will be no interpretations provided for the test results, but you are able to download the results whenever you wish and discuss this with your medical provider.

In the future, it may be possible for researchers to provide you with more study data. We will contact you in the future if we are able to share additional data with you. Just like the physical measurements and glucose monitoring data that we give you, you can choose to share any future additional data we give to you with your medical provider. Although you will not receive copies of the pictures taken of your eyes, if we detect a retinal detachment, optic nerve swelling, or any findings suggesting the presence of a tumor in your eye, then we will inform you and advise you on follow-up care.

Using Your Data and Specimens in Future Research

The information and specimens that we obtain from you for this research program might be used for future studies. We may remove anything that might identify you from the information and specimens. If we do so, that information and specimens may then be used for future research studies or given to another investigator without getting additional permission from you.

The publicly available dataset and samples collected from you (such as blood products) for this research program, and/or information obtained from your biospecimens may be used in this research or other research, and shared with other organizations. You will not share in any commercial value or profit derived from the use of your samples and/or information obtained from them.

It is also possible that in the future we may want to use or share information and specimens obtained from you during this research program that might identify you. If we do, a review board will decide whether or not we need to get additional permission from you.

By participating in this research program, you are providing us the permission to contact you again regarding future studies.

GENOMIC DATA SHARING:

This research program will involve whole genome sequencing. The National Institutes of Health (NIH) has developed data (information) banks that collect research data. The NIH will store your de-identified information in these data banks for other researchers to use in future studies on any topic. The researchers could be from government, academic, or commercial institutions. You will not receive any results related to your data to be placed in the NIH data banks. We do not know what future research could be conducted using data from this bank. You will not receive any information about studies that are conducted using data that you have contributed. The results of these studies may be published in scientific journals, and/or written about in newspapers or magazines.

You will not be able to withdraw your information after it has been submitted to the NIH data banks. This is because it is not possible to know who has downloaded the data from the bank or where it may be stored once released to the public.

There is a small risk that others will be able to trace this information back to you or close biological relatives. The current risk of this happening is very small, but may grow in the future as new technologies are developed. If this should happen, someone might use this information to learn something about your health or genetic heritage. If linked to a medical condition and inappropriately shared with someone, it could affect your ability to get or keep some kinds of insurance. There is a possibility that this information could affect family members because certain conditions and traits run in families and are inherited through genes. This could hurt family or other relationships. There is a risk that your information could become known to the public, employers, or law enforcement agencies. The information may be used to enforce negative stereotypes. It is possible that your information could be used to identify you when combined with information from other public sources.

There may also be other risks that are not yet known.

A federal law, called the Genetic Information Nondiscrimination Act (GINA), generally makes it illegal for health insurance companies, group health plans, and some employers to discriminate against you based on your genetic information. This law generally will protect you in the following ways:

- Health insurance companies and group health plans may not request your genetic information that we get from this research.
- Health insurance companies and group health plans may not use your genetic information when making decisions regarding your eligibility or premiums.
- Employers with 15 or more employees may not use your genetic information that we get from this research when making a decision to hire, promote, or fire you or when setting the terms of your employment.

Be aware that this federal law does not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance, nor does it protect you against genetic discrimination by some employers.

OTHER INFORMATION:

You may refuse to participate, and you are free to withdraw from this research program at any time without penalty or loss of benefits to which you are otherwise entitled. If you wish to withdraw, please contact either researcher listed on page 1 of this form.

Once we receive the information, we will stop accessing any of the data or your medical records per research protocol as written in this consent but we will not be able to retrieve any data that has already been shared.

Participation in this research program will not incur any charges to you or your insurance. We will cover reasonable costs for your transportation or parking related to the in-person visit(s). Upon the successful completion of the In Person Visit, the At Home Participation and returning of all devices (the physical activity tracker, environmental sensor and the continuous glucose monitor) via FedEx or in person, you will be paid \$200 for your participation. It may take 2 weeks (or more) for you to receive your payment after you return the devices.

RESEARCH-RELATED INJURY:

It is important that you promptly tell the researchers if you believe that you have been injured because of taking part in this research program. UAB has not provided for any payment if you are harmed as a result of taking part in this research program. If such harm occurs, treatment will be provided. However, this treatment will not be provided free of charge.

CONSENT

SUBJECT STATEMENT:

This research program has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, or if I have been harmed by participating in this research program, I can contact one of the researchers listed on the first page of this consent form. If I have questions about my rights as a research subject, I can call the Human Subjects Division at (206) 543-0098. I give permission to the researchers to use my medical records as described in this consent form. I give permission to be contacted again for any future studies. I will receive a copy of this consent form.

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday. You may also call this number in the event the research staff cannot be reached or you wish to talk to someone else.

I have read this entire form and I agree to be in this research program.

* must provide value

- Yes, I agree to participate
- No, I do not agree to participate

Document Date & Version
08/30/2023

Researcher Date & Version
08/30/2023
Version 6.0

 REDCap Survey Timestamps

 Consent Survey Start Timestamp

 Consent Survey Completed Timestamp

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Demographics Survey

Demographic survey date (date survey/form opened)

03-15-2024 | M-D-Y

Interviewer code

No participant response

Recruitment survey not done

Date of Birth

Enter Year (4 digit)

Age (in years)

* must provide value

Marital Status

* must provide value

- Married
- Single
- Divorced
- Widowed
- Domestic Partner
- Living separately but not divorced
- Other
- Prefer not to say

Demographics Survey Started Timestamp (from REDCap)

Demographics Survey Completed Timestamp (from REDCap)

Form Status

Complete?

Incomplete



Health Survey

Health survey date

03-15-2024 | M-D-Y

Interviewer code

No participant response

Recruitment survey not done

Health History/Current Conditions

Instructions: Has a doctor or other healthcare professional ever told you that you have/had any of the following conditions

Heart attack

* must provide value

- Yes
- No
- Prefer not to say

Other heart issues

(Examples: pacemaker, heart valve disease, open heart surgery)

* must provide value

- Yes
- No
- Prefer not to say

Stroke

* must provide value

- Yes
- No
- Prefer not to say

Circulation problems

(Examples: arteriosclerosis, atherosclerosis, blood clots in lungs or leg veins)

* must provide value

- Yes
- No
- Prefer not to say

High blood cholesterol

* must provide value

- Yes
- No
- Prefer not to say

High blood pressure

* must provide value

- Yes
- No
- Prefer not to say

Low blood pressure

* must provide value

- Yes
- No
- Prefer not to say

Parkinson's disease

* must provide value

- Yes
- No
- Prefer not to say

Dementia

(Examples: Alzheimer's Disease, vascular dementia, etc)

* must provide value

- Yes
- No
- Prefer not to say

Mild cognitive impairment

(known as "MCI"; mild but noticeable cognitive changes, may slow or interfere with daily activities but does not stop them)

* must provide value

- Yes
- No
- Prefer not to say

Multiple sclerosis

* must provide value

- Yes
- No
- Prefer not to say

Other neurological conditions

* must provide value

- Yes
- No
- Prefer not to say

If yes, please specify:

Arthritis (joint pain)

* must provide value

- Yes
- No
- Prefer not to say

Osteoporosis (loss of bone density)

* must provide value

- Yes
- No
- Prefer not to say

Cancer (any type)

* must provide value

- Yes
- No
- Prefer not to say

Chronic pulmonary (lung) problems

(Examples: emphysema, asthma, tuberculosis, asbestosis)

* must provide value

- Yes
- No
- Prefer not to say

Digestive problems

(Examples: stomach ulcer, gastrointestinal problems, hiatal hernia)

* must provide value

- Yes
- No
- Prefer not to say

Urinary problems

(Examples: urinary tract infections, incontinence, prostate problems)

* must provide value

- Yes
- No
- Prefer not to say

Kidney problems

* must provide value

- Yes
- No
- Prefer not to say

Hearing impairment

* must provide value

- Yes
- No
- Prefer not to say

Obesity

* must provide value

- Yes
- No
- Prefer not to say

Type II Diabetes - Additional Information

Were either of your parents diagnosed with Type II Diabetes?

* must provide value

- Yes
- No
- Unknown
- Prefer not to say

If yes, which parent?

- Mother
- Father

Has a sibling been diagnosed with Type II Diabetes?

* must provide value

- Yes
- No
- Unknown
- Prefer not to say

If yes, please check all that apply:

- Sister
- Brother
- Half-Sister
- Half-Brother

Eye-Related Health Conditions

Glaucoma (in one or both eyes)

* must provide value

- Yes
- No
- Prefer not to say

Age-related macular degeneration (AMD) (in one or both eyes)

* must provide value

- Yes
- No
- Prefer not to say

Cataracts (in one or both eyes)

* must provide value

- Yes
- No
- Prefer not to say

Diabetic retinopathy (in one or both eyes)

* must provide value

- Yes
- No
- Prefer not to say

Retinal vascular occlusion ("stroke in the eye or eye vessels" - in one or both eyes)

* must provide value

- Yes
- No
- Prefer not to say

Dry eye (in one or both eyes)

* must provide value

- Yes
- No
- Prefer not to say

Have you been diagnosed with any conditions not listed above? (any condition, not just eyes)

* must provide value

- Yes
- No
- Prefer not to say

If yes, please specify:

Have you fallen in the last 12 months?

(a fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level)

* must provide value

- Yes
- No
- Prefer not to say

If so, how many times in the last 12 months?

 **REDCap Survey Timestamps**

 **Health Survey Started Timestamp** (from REDCap)

 **Heath Survey Completed Timestamp** (from REDCap)

Form Status

Complete?

Incomplete 



Substance Use Survey

Substance use survey date

03-15-2024 | M-D-Y

Interviewer code

No participant response

Substance Use survey not done

Tobacco

Have you smoked at least 100 cigarettes or more in your lifetime?

(100 cigarettes = 5 packs)

* must provide value

- Yes
- No
- Prefer not to say

At what age did you start smoking?

(Age started - years old)

* must provide value

Do you smoke now?

* must provide value

- Yes
- No
- Prefer not to say

How many total years have you smoked?

* must provide value

On average how many cigarettes do/did you usually smoke in a day?

(Number of cigarettes | 20 cigarettes = 1 pack)

* must provide value

Alcohol

Have you ever consumed alcohol?

* must provide value

- Yes
- No
- Prefer not to say

At what age did you start drinking alcohol?

(Age started - years old)

* must provide value

How many total years have you consumed alcohol?

* must provide value

Have you had any beer or ale in the past year?

* must provide value

- Yes
- No
- Prefer not to say

During the average week, how many 12 oz. bottles or cans of beer do you usually drink?

(Number of bottles or cans per week)

* must provide value

Have you had any wine in the past year?

* must provide value

- Yes
- No
- Prefer not to say

During the average week, how many 5 oz. glasses of wine do you usually drink? The average wine bottle has 5 servings.

(Number of glasses per week)

* must provide value

Have you had any liquor in the past year, such as brandy, whiskey, vodka, gin, schnapps, cocktails, or liqueurs?

* must provide value

- Yes
- No
- Prefer not to say

During the average week, how many 1.5 oz. of liquor do you usually drink, either as shots or in mixed cocktails?

(Number of drinks per week)

* must provide value

Do you drive after having a drink, even if it is only one drink?

* must provide value

- Never
- Rarely
- Sometimes
- Often
- Always
- Prefer not to say

Vaping and e-Cigarettes

Have you ever vaped or used e-cigarettes?

* must provide value

- Yes
- No
- Prefer not to say

If yes and THC is used, please address in the marijuana section below

At what age did you start vaping or using e-cigarettes?

(Age started - years old)

* must provide value

Do you vape or use e-cigarettes now?

* must provide value

- Yes
- No
- Prefer not to say

How many total years have you vaped or used e-cigarettes?

* must provide value

When you vaped or used e-cigarettes, approximately how many days in a typical week would you use it?

* must provide value

Marijuana

Have you ever used marijuana (cannabis)?

(This includes smoking marijuana, using cannabis concentrates, and edibles.)

* must provide value

- Yes
- No
- Prefer not to say

At what age did you start using marijuana?

(Age started - years old)

* must provide value

Do you use marijuana now?

* must provide value

- Yes
- No
- Prefer not to say

In what form do you usually use marijuana?

(check all that apply)

* must provide value

- Inhaled/Smoked (for example: joints, blunts, bongs, vaping, dabs,)
- Oral/Edibles (for example: oils, tinctures, beverages, capsules, sprays)
- Topical (for example: sprays or oils)
- Prefer not to say

How many total years have you used marijuana?

* must provide value

When you used marijuana, approximately how many days in a typical week would you use it?

* must provide value

🕒 REDCap Survey Timestamps

🗑 Substance Use Survey Started Timestamp (from REDCap)

🗑 Substance Use Survey Completed Timestamp (from REDCap)

Form Status

Complete?



CESD-10 Survey

 CES-D-10 survey date

03-15-2024 M-D-Y

 Interviewer code

 No participant response

Recruitment survey not done

INSTRUCTIONS

- Below is a list of some of the ways you may have felt or behaved.
- Please read each question and select the answer that best describes how often you have felt this way during the past week.

I was bothered by things that usually don't bother me

- Rarely or none of the time (< 1 day)
 Some or a little of the time (1-2 days)
 Occasionally or a moderate amount of time (3-4 days)
 All of the time (5-7 days)

I had trouble keeping my mind on what I was doing

- Rarely or none of the time (< 1 day)
 Some or a little of the time (1-2 days)
 Occasionally or a moderate amount of time (3-4 days)
 All of the time (5-7 days)

I felt depressed

- Rarely or none of the time (< 1 day)
 Some or a little of the time (1-2 days)
 Occasionally or a moderate amount of time (3-4 days)
 All of the time (5-7 days)

I felt that everything I did was an effort

- Rarely or none of the time (< 1 day)
 Some or a little of the time (1-2 days)
 Occasionally or a moderate amount of time (3-4 days)
 All of the time (5-7 days)

I felt hopeful about the future

- Rarely or none of the time (< 1 day)
 Some or a little of the time (1-2 days)
 Occasionally or a moderate amount of time (3-4 days)
 All of the time (5-7 days)

I felt fearful

- Rarely or none of the time (< 1 day)
 Some or a little of the time (1-2 days)
 Occasionally or a moderate amount of time (3-4 days)
 All of the time (5-7 days)

My sleep was restless

- Rarely or none of the time (< 1 day)
 Some or a little of the time (1-2 days)
 Occasionally or a moderate amount of time (3-4 days)
 All of the time (5-7 days)

I was happy

- Rarely or none of the time (< 1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of time (3-4 days)
- All of the time (5-7 days)

I felt lonely

- Rarely or none of the time (< 1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of time (3-4 days)
- All of the time (5-7 days)

I could not "get going"

- Rarely or none of the time (< 1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of time (3-4 days)
- All of the time (5-7 days)

One or more responses are missing to the above questions. Please review before continuing.

 **CESD-10 Score**

 **REDCap Survey Timestamps**

 **CES-D-10 Survey Started Timestamp** (from REDCap)

 **CES-D-10 Survey Completed Timestamp** (from REDCap)

Form Status

Complete?

Incomplete 



Save & Exit Form

Save & Stay

- Cancel -

PAID-5 Dm Survey

PAID-5 DM survey date

03-15-2024 M-D-Y

Interviewer code

No participant response

Recruitment survey not done

INSTRUCTIONS

Which of the following diabetes issues are currently a problem for you? Please select the option that gives the best answer for you.

Feeling scared when you think about living with diabetes

- Not a problem
- Minor problem
- Moderate problem
- Somewhat serious problem
- Serious problem

Feeling depressed when you think about living with diabetes

- Not a problem
- Minor problem
- Moderate problem
- Somewhat serious problem
- Serious problem

Worrying about the future and the possibility of serious complications

- Not a problem
- Minor problem
- Moderate problem
- Somewhat serious problem
- Serious problem

Feeling that diabetes is taking up too much of your mental and physical energy every day

- Not a problem
- Minor problem
- Moderate problem
- Somewhat serious problem
- Serious problem

Coping with complications of diabetes

- Not a problem
- Minor problem
- Moderate problem
- Somewhat serious problem
- Serious problem

One or more responses are missing to the above questions. Please review before continuing.

PAID score

REDCap Survey Timestamps

PAID-5 DM Survey Start Timestamp (from REDCap)

PAID-5 DM Survey Completed Timestamp (from REDCap)

Form Status

Complete?

Incomplete



Diabetes Survey

Diabetes survey date

03-15-2024 | M-D-Y

Interviewer code

No participant response

Recruitment survey not done

INSTRUCTIONS

Which of the following diabetes issues are currently a problem for you? Please select the option that gives the best answer for you.

In a typical week, how often do you engage in vigorous exercise?

(Examples: hiking, jogging at 6 mph, shoveling, carrying heavy loads, bicycling fast (14-16 mph), playing basketball, playing soccer, playing tennis, or any activity during which you cannot say more than a few words without taking a breath)

* must provide value

- At least 30 minutes daily 3 or more days a week
- Less than 30 minutes daily less than 3 days a week
- Rarely or none
- Prefer not to say

What would you consider your typical activity level to be?

* must provide value

- Active (stairs, walks, housework)
- Somewhat active
- Not Active (TV, computer, phone, use lifts)
- Prefer not to say

How often would you say that you engage in daily home exercise?

(Examples: stretching, calisthenics, or yoga)

* must provide value

- Doing daily or almost daily
- Irregular; once or twice a week
- Rarely or none
- Prefer not to say

When reflecting on your typical eating habits, which of the following options best describes how often you consume simple sugars?

* must provide value

- Rarely eat sweets
- Occasionally eat sweets
- Frequently eat sweets
- Prefer not to say

In a typical day, how often do you consume whole grains?

(Examples: include whole wheat, brown bread, or brown rice).

* must provide value

- Usually eat whole grain
- Rarely eat whole grain
- Usually eat white bread or white rice
- Prefer not to say

When reflecting on your typical eating habits, which of the following best describes your approach to portion control?

* must provide value

- Eat small portions and avoid second servings
- Occasionally limit portions
- Rarely or none; eat at buffets and restaurants with large portions
- Prefer not to say

In a typical day, how many servings of fruits and vegetables do you consume?

* must provide value

- 4-5 servings or pieces of fruits and raw vegetables per day
- 1-3 servings or pieces per day
- Rarely or none
- Prefer not to say

How often would you say that you engage in diabetes health education?

(Examples: consulting with a dietician, attending support groups, reading books on diabetes, using diabetes-focused websites, watching TV shows on health, or using health-focused apps on your phone or tablet)

* must provide value

- Regularly; at least monthly (dietician, support groups, books, websites, apps)
- Occasionally; every 2-3 months
- Rarely or none
- Prefer not to say

How often do you inspect your feet?

* must provide value

- Daily or weekly
- Monthly
- Rarely or none
- Prefer not to say

Which of the following options best describes you with respect to physician care and medications?

* must provide value

- 3 or more visits a year to the same doctor. Regular with medicines.
- 1-2 visits a year. Forgetting medicines frequently.
- Rarely or none. Not taking 1 or more recommended medicines
- Prefer not to say

🕒 REDCap Survey Timestamps

🕒 Diabetes Survey Started Timestamp (from REDCap)

🕒 Diabetes Survey Completed Timestamp (from REDCap)

Form Status

Complete?

Incomplete ▼



Dietary Survey

Dietary survey date

03-15-2024 | M-D-Y

Interviewer code

No participant response

Diet survey not done

INSTRUCTIONS

Please select the option that represents the best answer for each question.

Over the last few months:

How many times a week did you eat fast food meals or snacks?

* must provide value

- Less than 1 time
- 1 - 3 times
- 4 or more times
- Prefer not to say

How many servings of fruit did you eat each day?

- 5 or more
- 3 - 4
- 2 or less
- Prefer not to say

How many servings of vegetables did you eat each day?

* must provide value

- 5 or more
- 3 - 4
- 2 or less
- Prefer not to say

How many regular sodas or glasses of sweet tea did you drink each day?

* must provide value

- Less than 1
- 1 - 2
- 3 or more
- Prefer not to say

How many times a week did you eat beans (like pinto or black beans), chicken, or fish?

* must provide value

- 3 or more times
- 1 - 2 times
- Less than 1 time
- Prefer not to say

How many times a week did you eat regular snack chips or crackers (not low-fat)?

* must provide value

- 1 time or less
- 2 - 3 times
- 4 or more times
- Prefer not to say

How many times a week did you eat desserts and other sweets (not the low-fat kind)?

* must provide value

- 1 time or less
- 2 - 3 times
- 4 or more times
- Prefer not to say

How much margarine, butter, or meat fat do you use to season vegetables or put on potatoes, bread or corn?

* must provide value


- Very little
- Some
- A lot
- Prefer not to say

How many servings of fruit juice did you drink each day?

* must provide value

- Less than 1
- 1 - 2
- 3 or more
- Prefer not to say

 Diet score

 **REDCap Survey Timestamps**

 Dietary Survey Start Timestamp (from REDCap)

 Dietary Survey Completed Timestamp (from REDCap)

Form Status

Complete?

Incomplete 



Ophthalmic Survey

Ophthalmic survey date

03-15-2024 | M-D-Y

Interviewer code

No participant response

Recruitment survey not done

SURVEY QUESTIONS START HERE

How much difficulty, if any, do you have in recognizing a friend across the street?

Would you say:

* must provide value

- No difficulty
- A little difficulty
- Moderate difficulty
- Extreme difficulty
- Unable to do because of eyesight
- Prefer not to say

How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone?

Would you say:

* must provide value

- No difficulty
- A little difficulty
- Moderate difficulty
- Extreme difficulty
- Unable to do because of eyesight
- Prefer not to say

Because of your eyesight, how much difficulty do you have noticing objects off to the side while you are walking along?

Would you say:

* must provide value

- No difficulty
- A little difficulty
- Moderate difficulty
- Extreme difficulty
- Unable to do because of eyesight
- Prefer not to say

When was the last time you had your eyes examined by an eye care provider (ophthalmologist or optometrist)?

* must provide value

- Within the past month (anytime less than 1 month ago)
- Within the past year (1 month but less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- 2 or more years ago
- Prefer not to say

You have indicated that you have not seen an eye care professional in the past 12 months.

What is the main reason you have not visited an eye care professional in the past 12 months?

* must provide value

- Cost/Insurance
- Do not have/know an eye doctor
- Cannot get to the office/clinic (too far away, no transportation)
- Could not get an appointment
- No reason to go (no problem)
- Have not thought of it
- Other
- Prefer not to say

When was the last time you had an eye exam in which the pupils were dilated?

(This would have made you temporarily sensitive to bright light)

* must provide value

- Within the past month (anytime less than 1 month ago)
- Within the past year (1 month but less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- 2 or more years ago
- Never
- Prefer not to say

REDCap Survey Timestamps

 **Ophthalmic Survey Started Timestamp** (from REDCap)

 **Ophthalmic Survey Completed Timestamp** (from REDCap)

Form Status

Complete?

Incomplete 



Save & Forr

Save & St

- Cancel -

PX SDOH Combined Survey

PhenX SDOH survey date

03-15-2024 M-D-Y

No participant response

Recruitment survey not done

Interviewer code

Is English your first language?

* must provide value

- Yes
- No
- Prefer not to say

Do you speak another language at home?

* must provide value

- Yes
- No
- Prefer not to say

Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English. Would you say you speak English...?

* must provide value

- Very well,
- Well,
- Not well
- Not at all
- Prefer not to say
- Don't know

Please answer the following question about your education.

What is the highest grade or level of school you have completed or the highest degree you have received?

* must provide value

The following two questions ask you about your employment. Please answer to the best of your ability by choosing from the options provided.

Thinking about the next 12 months, how likely do you think it is that you will lose your job or be laid off?

* must provide value

- Very likely
- Fairly likely
- Not too likely
- Not at all likely
- Will be leaving labor force voluntarily
- Don't know
- Prefer not to say
- Not applicable

About how easy would it be for you to find a job with another employer with approximately the same income and fringe benefits you now have? Would you say very easy, somewhat easy, or not easy at all?

* must provide value

- Very easy
- Somewhat easy
- Not easy at all
- Don't know
- Prefer not to say
- Not applicable

The next 2 questions ask you about your housing situation. Please choose the best answer from the options provided.

What is your living situation today?

* must provide value

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- Prefer not to say

Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY

* must provide value

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above
- Prefer not to say

The following 4 questions will ask about the affordability of the **medications** you use. Please choose from the available answer options.

In the last 12 months, have you delayed getting prescription medicines because of worry about the cost?

* must provide value

- Yes
- No
- Prefer not to say
- Don't know

Did any other person in your household delay getting prescription medicines because of worry about the cost?

* must provide value

- Yes
- No
- Prefer not to say
- Don't know

In the last 12 months, was there any time when you needed prescription medicines, but did not get them because you couldn't afford it?

* must provide value

- Yes
- No
- Prefer not to say
- Don't know

In the last 12 months, was there any time when anyone else in your household needed prescription medicines, but did not get them because you/they couldn't afford it?

* must provide value

- Yes
- No
- Prefer not to say
- Don't know

The next question asks about your **health insurance or health coverage plans**. In answering this question, please exclude plans that pay for only one type of service (such as nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.

Are you currently covered by any of the following types of health insurance or health coverage plans?

Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage.

* must provide value

- Covered
- Not Covered
- Not Sure
- Prefer not to say

Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as HealthCare.gov

* must provide value

- Covered
- Not Covered
- Not Sure
- Prefer not to say

Medicare, for people 65 and older, or people with certain disabilities.

* must provide value

- Covered
- Not Covered
- Not Sure
- Prefer not to say

Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance. plan based on income or a disability.

* must provide value

- Covered
- Not Covered
- Not Sure
- Prefer not to say

TRICARE or other military health care, including VA health care.

* must provide value

- Covered
 Not Covered
 Not Sure
 Prefer not to say

Indian Health Service.

* must provide value

- Covered
 Not Covered
 Not Sure
 Prefer not to say

Any other type of health insurance coverage or health coverage plan

* must provide value

- Covered
 Not Covered
 Not Sure
 Prefer not to say

Does this mean you currently have no health insurance or health coverage plan? In answering this question, please exclude plans that pay for only one type of service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized).

* must provide value

- I do NOT have health insurance
 I HAVE some kind of health insurance
 Prefer not to say

The following questions ask you about your **access to healthcare services**. Please answer to the best of your ability by choosing the best answer from the options provided.

About how long has it been since you last saw a doctor or other health care professional about your health?

* must provide value

- Never
 Within the past year (anytime less than 12 months ago)
 Within the last 2 years (1 year but less than 2 years ago)
 Within the last 3 years (2 years but less than 3 years ago)
 Within the last 5 years (3 years but less than 5 years ago)
 Within the last 10 years (5 years but less than 10 years ago)
 10 years ago or more
 Prefer not to say
 Don't know

Was this a wellness visit, physical, or general purpose check-up?

* must provide value

- Yes
 No
 Don't know
 Prefer not to say

About how long has it been since you last saw a doctor or other health professional for a wellness visit, physical, or general purpose check-up?

* must provide value

- Never
 Within the past year (anytime less than 12 months ago)
 Within the last 2 years (1 year but less than 2 years ago)
 Within the last 3 years (2 years but less than 3 years ago)
 Within the last 5 years (3 years but less than 5 years ago)
 Within the last 10 years (5 years but less than 10 years ago)
 10 years ago or more
 Prefer not to say
 Don't know

What kind of place is it/do you go to most often?

A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.

Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

* must provide value

- A doctor's office or health center
 Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store
 Emergency room
 A VA Medical Center or VA outpatient clinic
 Some other place
 Does not go to one place most often
 Prefer not to say
 Don't know

During the past 12 months, how many times have you gone to a hospital emergency room about your health?

*This includes emergency room visits that resulted in a hospital admission.

* must provide value

None

During the past 12 months, have you been hospitalized overnight? (Do not include an overnight stay in the emergency room)

* must provide value

- Yes
 No
 Prefer not to say
 Don't know

During the past 12 months, have you DELAYED getting medical care because of the cost?

* must provide value

- Yes
 No
 Prefer not to say
 Don't know

During the past 12 months, was there any time when you needed medical care, but DID NOT GET IT because of the cost?

* must provide value

- Yes
 No
 Prefer not to say
 Don't know

The following questions ask about your **treatment in medical settings**. Think of your prior experiences while getting health care when answering these questions.

You are treated with less courtesy than other people.

* must provide value

- Never
 Rarely
 Sometimes
 Most of the time
 Always
 Prefer not to say

You are treated with less respect than other people.

* must provide value

- Never
 Rarely
 Sometimes
 Most of the time
 Always
 Prefer not to say

You receive poorer service than others.

* must provide value

- Never
 Rarely
 Sometimes
 Most of the time
 Always
 Prefer not to say

A doctor or nurse acts as if he or she thinks you are not smart.

* must provide value

- Never
 Rarely
 Sometimes
 Most of the time
 Always
 Prefer not to say

A doctor or nurse acts as if he or she is afraid of you.

* must provide value

- Never
 Rarely
 Sometimes
 Most of the time
 Always
 Prefer not to say

A doctor or nurse acts as if he or she is better than you.

* must provide value

- Never
 Rarely
 Sometimes
 Most of the time
 Always

Prefer not to say

You feel like a doctor or nurse is not listening to what you were saying

** must provide value*

Never

Rarely


Sometimes

Most of the time

Always

Prefer not to say

Discrimination in healthcare - Summary Score

 **REDCap Survey Timestamps**

 **PhenX SDOH Survey Started Timestamp** (from REDCap)

 **PhenX SDOH Survey Completed Timestamp** (from REDCap)

Form Status

Complete?

Incomplete 



Save & Exit Form

Save & Stay

- Cancel -

PX Food Insecurity Survey

PhenX Food Insecurity survey date

03-15-2024 M-D-Y

Interviewer code

No participant response

Recruitment survey not done

INSTRUCTIONS

Please read the following two statements that people have made about their food situation. Then, indicate whether the statement was OFTEN, SOMETIMES, or NEVER true for you or you and the other members of your household in the last 12 months.

The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

* must provide value

- Often true
- Sometimes true
- Never true
- Don't know
- Prefer not to say

"(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

* must provide value

- Often true
- Sometimes true
- Never true
- Don't know
- Prefer not to say

In the last year, did you and/or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

* must provide value

- Yes
- No
- Don't know
- Prefer not to say

How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?

* must provide value

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know
- Prefer not to say

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

* must provide value

- Yes
- No
- Don't know
- Prefer not to say

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

* must provide value

- Yes
- No
- Don't know
- Prefer not to say

REDCap Survey Timestamps

PhenX Food Insecurity Survey Started Timestamp (from REDCap)

PhenX Food Insecurity Survey Completed Timestamp (from REDCap)

Form Status

Complete?

Incomplete



Save & Exit Form

Save & Stay

- Cancel -

PX Neighborhood Environment Survey

PhenX Neighborhood Environment survey date

03-15-2024 M-D-Y

Interviewer code

No participant response

Recruitment survey not done

INSTRUCTIONS

Think about the different facilities in and around your neighborhood. By this we mean the area ALL around your home that you could walk to in 10-15 minutes.

What is the main type of housing in your neighborhood?

* must provide value

- Detached single-family housing
- Townhouses, row houses, apartments, or condos of 2-3 stories
- Mix of single-family residences and townhouses, row houses, apartments or condos
- Apartments or condos of 4-12 stories
- Apartments or condos of more than 12 stories
- Don't know/Not sure
- Prefer not to say

Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home.

Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say

It is within a 10-15 minute walk to a transit stop (such as bus, train, trolley, or tram) from my home. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say

There are sidewalks on most of the streets in my neighborhood. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply to my neighborhood
- Don't know/Not sure
- Prefer not to say

There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for cycles and pedestrians. Would you say that you...

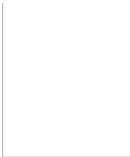
* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply to my neighborhood
- Don't know/Not sure
- Prefer not to say

My neighborhood has several free or low cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say



The crime rate in my neighborhood makes it unsafe to go on walks at night. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say

There is so much traffic on the streets that it makes it difficult or unpleasant to walk in my neighborhood. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- There are no streets or roads in my neighborhood
- Don't know/Not sure
- Prefer not to say

I see many people being physically active in my neighborhood doing things like walking, jogging, cycling, or playing sports and active games. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say

There are many interesting things to look at while walking in my neighborhood. Would you say you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say

How many motor vehicles in working order (e.g., cars, trucks, motorcycles) are there at your household?

* must provide value

There are many four-way intersections in my neighborhood. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- There are no streets or roads in my neighborhood
- Don't know/Not sure
- Prefer not to say

The sidewalks in my neighborhood are well maintained (paved, with few cracks) and not obstructed. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say

Places for bicycling (such as bike paths) in and around my neighborhood are well maintained and not obstructed. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say

There is so much traffic on the streets that it makes it difficult or unpleasant to ride a bicycle in my neighborhood. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say

The crime rate in my neighborhood makes it unsafe to go on walks during the day. Would you say that you...

* must provide value

- Strongly disagree

- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say

There are many places to go within easy walking distance of my home. Would you say that you...

* must provide value

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure
- Prefer not to say

🕒 REDCap Survey Timestamps

🕒 PhenX Neighborhood Environment Survey Started Timestamp (from REDCap)

🕒 PhenX Neighborhood Environment Survey Completed Timestamp (from REDCap)

Form Status

Complete?

Incomplete ▼



Save & Exit Form

Save & Stay

- Cancel -

PX Racial Ethnic Discrimination Survey

PhenX Racial/Ethnic Discrimination survey date

03-15-2024 M-D-Y

Interviewer code

No participant response

Recruitment survey not done

How often have you been treated unfairly by **teachers and professors** because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been treated unfairly by **employers, bosses and supervisors** because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say



How often have you been treated unfairly by **your co-workers, fellow students, and colleagues** because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been treated unfairly by **people in service jobs** (by store clerks, waiters, bartenders, bank tellers and others) because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been treated **unfairly by strangers** because of your race/ethnic group?

How often in the past year?

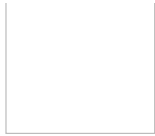
* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never



- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been treated unfairly by **people in helping jobs** (by **doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers and others**) because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been treated unfairly by **neighbors** because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful

Prefer not to say

How often have you been treated unfairly by **institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment Office and others)** because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been treated unfairly by **people that you thought were your friends** because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

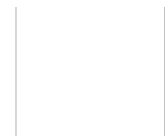
- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been **accused or suspected of doing something wrong** (such as **stealing, cheating, not doing your share of the work, or breaking the law**) because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say



How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have people **misunderstood your intentions and motives** because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often did you **want to tell someone off for being racist towards you but didn't say anything?**

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4

- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been **really angry about something racist that was done to you?**

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been **forced to take drastic steps** (such as **filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions**) to deal with some racist thing that was done towards you?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been **called a racist name?**

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say



How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you gotten into an argument or a fight about something racist that was done to you or done to another member of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

How often have you been made fun of, picked on, pushed, shoved, hit or threatened with harm because of your race/ethnic group?

How often in the past year?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

How often in your entire life?

* must provide value

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all the time
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2

- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say



How **different** would your life be now if you **HAD NOT BEEN** treated in a racist and unfair way?

In the Past Year?

* must provide value

- The Same as it is now
- A little different
- Different in a few ways
- Different in a lot of ways
- Different in most ways
- Totally different
- Prefer not to say

In your entire life?

* must provide value

- The Same as it is now
- A little different
- Different in a few ways
- Different in a lot of ways
- Different in most ways
- Totally different
- Prefer not to say

On a scale of 1-6, how stressful was this for you?

1 = Not at all stressful; 6 = Extremely stressful

* must provide value

- 1 - Not at all stressful
- 2
- 3
- 4
- 5
- 6 - Extremely stressful
- Prefer not to say

 **REDCap Survey Timestamps**

 PhenX Racial/Ethnic Discrimination Survey Completed Timestamp (from REDCap)

 PhenX Racial/Ethnic Discrimination Survey Started Timestamp (from REDCap)

Form Status

Complete?

Incomplete 



Save & Exit Form

Save & Stay

- Cancel -

Study Enrollment

Planned date & time of in-person visit

 M-D-Y H:M

Participant Study ID

Assigned when participant visit occurs, not before.

Was the participant reconsented?

- Yes
- No

If yes, please specify the version of consent (located in the bottom right corner of the paper ICF).

Form Status

Complete?

Unverified ▼



Save & Exit Form

Save & Stay

- Cancel -

Driving Record

Date driving record assessment conducted

Driving assessment NOT done

Interviewer code

Instructions for Interviewer

"I'm now going to ask you some questions about your driving habits"

In an average week, how many days per week do you normally drive?

(number of days)

About how many miles did you personally drive during the past 12 months in all motorized vehicles?

- 5000 miles or less
- 5001 to 10,000 miles
- 10,001 to 15,000 miles
- 15,001 to 20,000 miles
- More than 20,000 miles
- Don't know

Drivers license number

Issuing state

Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?



Save & Exit Form

Save & Stay

- Cancel -

Device Distribution

Physical Activity Monitor

Was the activity monitor/watch sent home with the participant?

* must provide value

- Yes
- No

Did you provide printed instructions to the participant for this device?

* must provide value

- Yes
- No

Date device given to participant

Interviewer code

Serial Number

* must provide value

Continuous Glucose Monitor - Dexcom G6

Was the sensor inserted?

* must provide value

- Yes
- No

Did you provide printed instructions to the participant for this device?

* must provide value

- Yes
- No

Date sensor inserted

Interviewer code (insertion and initializing)

Serial Number

* must provide value

Did you verify that the Dexcom sensor was initialized and recording?

- Yes
- No

Environmental Sensor

Was the environmental sensor sent home with the participant?

* must provide value

- Yes
- No

Did you provide printed instructions to the participant for this device?

* must provide value

- Yes
- No

Date device given to participant

Interviewer code (for installation)

Serial Number

* must provide value

Environmental Sensor

- Demonstration of use performed
- Demonstration of use NOT performed

Shipping for Device Return

Planned method of device return

- Direct to clinic
- Ship

Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?



Save & Exit Form

Save & Stay

- Cancel -

Meds Assessment

Date medications assessment conducted

 M-D-Y

Medications assessment not done

Interviewer code

Instructions for Interviewer

"I am going to ask you some questions regarding your current medications"

Are you currently taking any medications, including prescription, over-the-counter, and supplements?

* must provide value

- Yes
- No

Instructions for Interviewer

I'm now going to ask you a few questions about your use of over-the-counter medications. Please answer to the best of your ability".

Mark the best answers for each question.

Prescription Medications, Vitamins, Herbal Supplements, and Over-the-Counter Medications

Have you taken aspirin in the past 2 weeks?

- No
- Every day
- A few days (<1 day/week)
- Some days (1-2 days/week)
- Most days (3-4 days/week)
- Don't know/not sure
- Decline to answer

Have you taken acetaminophen medicines, such as Tylenol, in the past 2 weeks?

- No
- Every day
- A few days (<1 day/week)
- Some days (1-2 days/week)
- Most days (3-4 days/week)
- Don't know/not sure
- Decline to answer

Have you taken ibuprofen or ibuprofen-containing medicines such as Advil or Motrin in the past 2 weeks?

- No
- Every day
- A few days (<1 day/week)
- Some days (1-2 days/week)
- Most days (3-4 days/week)
- Don't know/not sure
- Decline to answer

Have you taken antihistamines, such as cold pills or allergy pills, in the past 2 weeks?

- No
- Every day
- A few days (<1 day/week)
- Some days (1-2 days/week)
- Most days (3-4 days/week)
- Don't know/not sure
- Decline to answer

Have you taken decongestants, such as cold pills or allergy pills, in the past 2 weeks?

- No
- Every day
- A few days (<1 day/week)
- Some days (1-2 days/week)
- Most days (3-4 days/week)
- Don't know/not sure
- Decline to answer


Have you taken sleeping pills in the past 2 weeks?

- No
- Every day
- A few days (<1 day/week)
- Some days (1-2 days/week)
- Most days (3-4 days/week)
- Don't know/not sure
- Decline to answer

Are there any other medications that you are currently taking that are not included here? This includes prescription or over-the-counter medications, vitamins and herbal supplements.

- Yes
- No



 Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Incomplete 



Save & Exit Form

Save & Stay

- Cancel -

Current Medications

Date current medication collected

Interviewer code

Instructions for Interviewer

Please list any medications that have been prescribed to you by a healthcare provider, as well as any over-the-counter medications, vitamins, and herbal supplements you take on a regular basis. We need to include pills, dermal patches, eye drops, creams, salves, and injections." Repeat completing the form for each medication the participant reports.

Medication Name

How is it taken? (ex. oral, cream, injection, etc.)

Amount taken (Dose)

Unit (Record the dose unit of the dose of concomitant medication/treatment/therapy taken (e.g., mg.)).

Frequency taken or applied:

RxNorm (assign after visit)

Form Status

Complete?



Save & Exit Form

Save & Stay

- Cancel -

Physical Assessment

Date physical assessment performed

Physical assessment was not done

Interviewer code

Instructions for Interviewer

"I will now gather some basic health information about you, including physical measurements and blood pressure,"

How many hours since you last ate?

(number of hours)

Body Measurements

Height (cm)

Weight (kilograms)

BMI

Waist Circumference (cm)

Hip Circumference (cm)

Waist to Hip Ratio (WHR)

Sitting Blood Pressure, Read #1

Systolic (mmHg)

Diastolic (mmHg)

Heart Rate (bpm)

Sitting Blood Pressure, Read #2

Systolic (mmHg)

Diastolic (mmHg)

Heart Rate (bpm)

Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Incomplete



Save & Exit Form

Save & Stay

- Cancel -

BCVA

Screening ID

Date BCVA performed

BCVA was not done

Interviewer code

Instructions for Interviewer

"Now I am going to test your vision under different light conditions"
 (Note: If EVA is not working, use the ETDRS chart instead)

Method used to complete form

- EVA
- ETDRS

Autorefractor

OD			OS		
Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Photopic VA

Snellen fraction 20/___ (enter denominator)		VA Letter Score	
OD	<input type="text"/>	OD	<input type="text"/>
OS	<input type="text"/>	OS	<input type="text"/>

Photopic LogMAR OD Score

Photopic LogMAR OS Score

Mesopic VA

Snellen fraction 20/___ (enter denominator)		LLVA Letter Score	
OD	<input type="text"/>	OD	<input type="text"/>
OS	<input type="text"/>	OS	<input type="text"/>

Mesopic LogMAR OD Score

Mesopic LogMAR OS Score

i Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?



Save & Exit Form

Save & Stay

- Cancel -

Photopic Mars

RCT Notes

- Any requirements for the 3 form log CS fields at the end of the form

Date photopic mars performed

Photopic mars not done

Interviewer code

FORM 1

Row	<input type="radio"/> Right eye
1	<input type="checkbox"/> C (0.04) <input type="checkbox"/> H (0.08) <input type="checkbox"/> V (0.12) <input type="checkbox"/> O (0.16) <input type="checkbox"/> S (0.20) <input type="checkbox"/> N (0.24)
2	<input type="checkbox"/> D (0.28) <input type="checkbox"/> S (0.32) <input type="checkbox"/> Z (0.36) <input type="checkbox"/> N (0.40) <input type="checkbox"/> R (0.44) <input type="checkbox"/> K (0.48)
3	<input type="checkbox"/> N (0.52) <input type="checkbox"/> D (0.56) <input type="checkbox"/> R (0.60) <input type="checkbox"/> H (0.64) <input type="checkbox"/> V (0.68) <input type="checkbox"/> Z (0.72)
4	<input type="checkbox"/> C (0.76) <input type="checkbox"/> S (0.80) <input type="checkbox"/> O (0.84) <input type="checkbox"/> N (0.88) <input type="checkbox"/> K (0.92) <input type="checkbox"/> H (0.96)
5	<input type="checkbox"/> K (1.00) <input type="checkbox"/> N (1.04) <input type="checkbox"/> V (1.08) <input type="checkbox"/> D (1.12) <input type="checkbox"/> S (1.16) <input type="checkbox"/> R (1.20)
6	<input type="checkbox"/> Z (1.24) <input type="checkbox"/> R (1.28) <input type="checkbox"/> D (1.32) <input type="checkbox"/> K (1.36) <input type="checkbox"/> H (1.40) <input type="checkbox"/> O (1.44)
7	<input type="checkbox"/> H (1.48) <input type="checkbox"/> Z (1.52) <input type="checkbox"/> C (1.56) <input type="checkbox"/> V (1.60) <input type="checkbox"/> R (1.64) <input type="checkbox"/> K (1.68)
8	<input type="checkbox"/> S (1.72) <input type="checkbox"/> C (1.76) <input type="checkbox"/> Z (1.80) <input type="checkbox"/> D (1.84) <input type="checkbox"/> V (1.88) <input type="checkbox"/> O (1.92)

OD: Value of final correct letter

OD: Number of misses prior to stopping

OD: Log Contrast Sensitivity

FORM 2

Row	<input type="radio"/> Left eye
1	<input type="checkbox"/> K (0.04) <input type="checkbox"/> S (0.08) <input type="checkbox"/> H (0.12) <input type="checkbox"/> O (0.16) <input type="checkbox"/> N (0.20) <input type="checkbox"/> C (0.24)
2	<input type="checkbox"/> Z (0.28) <input type="checkbox"/> D (0.32) <input type="checkbox"/> C (0.36) <input type="checkbox"/> R (0.40) <input type="checkbox"/> V (0.44) <input type="checkbox"/> O (0.48)
3	<input type="checkbox"/> C (0.52) <input type="checkbox"/> K (0.56) <input type="checkbox"/> O (0.60) <input type="checkbox"/> N (0.64) <input type="checkbox"/> R (0.68) <input type="checkbox"/> S (0.72)
4	<input type="checkbox"/> N (0.76) <input type="checkbox"/> S (0.80) <input type="checkbox"/> Z (0.84) <input type="checkbox"/> K (0.88) <input type="checkbox"/> H (0.92) <input type="checkbox"/> D (0.96)
5	<input type="checkbox"/> H (1.00) <input type="checkbox"/> N (1.04) <input type="checkbox"/> C (1.08) <input type="checkbox"/> O (1.12) <input type="checkbox"/> R (1.16) <input type="checkbox"/> Z (1.20)
6	<input type="checkbox"/> V (1.24) <input type="checkbox"/> K (1.28) <input type="checkbox"/> S (1.32) <input type="checkbox"/> N (1.36) <input type="checkbox"/> D (1.40) <input type="checkbox"/> R (1.44)
7	<input type="checkbox"/> K (1.48) <input type="checkbox"/> R (1.52) <input type="checkbox"/> V (1.56) <input type="checkbox"/> Z (1.60) <input type="checkbox"/> O (1.64) <input type="checkbox"/> S (1.68)
8	<input type="checkbox"/> V (1.72) <input type="checkbox"/> Z (1.76) <input type="checkbox"/> C (1.80) <input type="checkbox"/> D (1.84) <input type="checkbox"/> V (1.88) <input type="checkbox"/> H (1.92)

OS: Value of final correct letter

OS: Number of misses prior to stopping

OS: Log Contrast Sensitivity

Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Incomplete



Save & Exit Form

Save & Stay

- Cancel -

Mesopic Mars

Date Mesopic Mars performed

Mesopic Mars not done

Interviewer code

FORM 3

Row	<input type="radio"/> Right eye
1	<input type="checkbox"/> H (0.04) <input type="checkbox"/> R (0.08) <input type="checkbox"/> Z (0.12) <input type="checkbox"/> V (0.16) <input type="checkbox"/> C (0.20) <input type="checkbox"/> N (0.24)
2	<input type="checkbox"/> S (0.28) <input type="checkbox"/> O (0.32) <input type="checkbox"/> K (0.36) <input type="checkbox"/> D (0.40) <input type="checkbox"/> R (0.44) <input type="checkbox"/> S (0.48)
3	<input type="checkbox"/> K (0.52) <input type="checkbox"/> D (0.56) <input type="checkbox"/> C (0.60) <input type="checkbox"/> V (0.64) <input type="checkbox"/> O (0.68) <input type="checkbox"/> H (0.72)
4	<input type="checkbox"/> N (0.76) <input type="checkbox"/> S (0.80) <input type="checkbox"/> O (0.84) <input type="checkbox"/> Z (0.88) <input type="checkbox"/> C (0.92) <input type="checkbox"/> D (0.96)
5	<input type="checkbox"/> R (1.00) <input type="checkbox"/> H (1.04) <input type="checkbox"/> N (1.08) <input type="checkbox"/> K (1.12) <input type="checkbox"/> Z (1.16) <input type="checkbox"/> O (1.20)
6	<input type="checkbox"/> C (1.24) <input type="checkbox"/> R (1.28) <input type="checkbox"/> S (1.32) <input type="checkbox"/> V (1.36) <input type="checkbox"/> K (1.40) <input type="checkbox"/> N (1.44)
7	<input type="checkbox"/> S (1.48) <input type="checkbox"/> K (1.52) <input type="checkbox"/> R (1.56) <input type="checkbox"/> N (1.60) <input type="checkbox"/> H (1.64) <input type="checkbox"/> D (1.68)
8	<input type="checkbox"/> C (1.72) <input type="checkbox"/> V (1.76) <input type="checkbox"/> H (1.80) <input type="checkbox"/> D (1.84) <input type="checkbox"/> O (1.88) <input type="checkbox"/> Z (1.92)

OD: Value of final correct letter

OD: Number of misses prior to stopping

OD: Log Contrast Sensitivity

FORM 1

Row	<input type="radio"/> Left eye
1	<input type="checkbox"/> C (0.04) <input type="checkbox"/> H (0.08) <input type="checkbox"/> V (0.12) <input type="checkbox"/> O (0.16) <input type="checkbox"/> S (0.20) <input type="checkbox"/> N (0.24)
2	<input type="checkbox"/> D (0.28) <input type="checkbox"/> S (0.32) <input type="checkbox"/> Z (0.36) <input type="checkbox"/> N (0.40) <input type="checkbox"/> R (0.44) <input type="checkbox"/> K (0.48)
3	<input type="checkbox"/> N (0.52) <input type="checkbox"/> D (0.56) <input type="checkbox"/> R (0.60) <input type="checkbox"/> H (0.64) <input type="checkbox"/> V (0.68) <input type="checkbox"/> Z (0.72)
4	<input type="checkbox"/> C (0.76) <input type="checkbox"/> S (0.80) <input type="checkbox"/> O (0.84) <input type="checkbox"/> N (0.88) <input type="checkbox"/> K (0.92) <input type="checkbox"/> H (0.96)
5	<input type="checkbox"/> K (1.00) <input type="checkbox"/> N (1.04) <input type="checkbox"/> V (1.08) <input type="checkbox"/> D (1.12) <input type="checkbox"/> S (1.16) <input type="checkbox"/> R (1.20)
6	<input type="checkbox"/> Z (1.24) <input type="checkbox"/> R (1.28) <input type="checkbox"/> D (1.32) <input type="checkbox"/> K (1.36) <input type="checkbox"/> H (1.40) <input type="checkbox"/> O (1.44)
7	<input type="checkbox"/> H (1.48) <input type="checkbox"/> Z (1.52) <input type="checkbox"/> C (1.56) <input type="checkbox"/> V (1.60) <input type="checkbox"/> R (1.64) <input type="checkbox"/> K (1.68)
8	<input type="checkbox"/> S (1.72) <input type="checkbox"/> C (1.76) <input type="checkbox"/> Z (1.80) <input type="checkbox"/> D (1.84) <input type="checkbox"/> V (1.88) <input type="checkbox"/> O (1.92)

OS: Value of final correct letter

OS: Number of misses prior to stopping

OS: Log Contrast Sensitivity

Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Incomplete



Monofilament

Date monofilament performed

 M-D-Y

Monofilament not done

Interviewer code

Instructions

Choose sites A, B, or C in an unpredictable manner. Repeat one site 4 times and the other sites 3 times.



Right Foot

	Yes	No	Not applicable
Site 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Right Foot - Felt:

Sum of all yes responses

Right Foot - Tested:

10 minus sum of sum of not applicable responses

Left Foot

	Yes	No	Not applicable
Site 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Left Foot - Felt:

Sum of all yes responses

Left Foot - Tested:

10 minus sum of sum of not applicable responses

ⓘ Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Incomplete



MoCA

Date & time MoCA performed

 M-D-Y H:M

MoCA not done

Interviewer code

ⓘ Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Incomplete ▼



ECG

Date & time Cardiology - EKG - Pagewriter TC30 Cardiograp performed

M-D-Y H:M

Cardiology - EKG - Pagewriter TC30 Cardiograp not done

Technician ID

ⓘ Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Incomplete ▼



Save
Save
- Can

Retinal Imaging V2

Assessment Date

 M-D-Y

Examiner Initials

YOB

OptoMed-Disc centered-CFP

- Yes
- No

OptoMed-Mac centered-CFP

- Yes
- No

Eidon-UWF Central-IR

- Yes
- No

Eidon-UWF Central-FAF

- Yes
- No

Eidon-UWF Central-CFP

- Yes
- No

Eidon-UWF Nasal-CFP

- Yes
- No

Eidon-UWF Temporal-CFP

- Yes
- No

Eidon-Create Mosaic Image-CFP

- Yes
- No

Spec-ONH-RC-HR-OCT

- Yes
- No

Spec-PPole Mac-HR-61 lines-OCT

- Yes
- No

Spec-Mac-20x20-HS-512 lines-OCTA

- Yes
- No

Cirrus-Mac Cube-512x128-OCT

- Yes
- No

Cirrus-Disc Cube-200x200-OCT

- Yes
- No

Cirrus-Macula 6x6-OCTA

- Yes
- No

Cirrus-Disc 6x6-OCTA

- Yes
- No

M2-3D Wide(H) 12x9-OCT

- Yes
- No

M2-3D Macula 6x6-OCT

- Yes
- No

M2-Mac 6x6-360x360-(rep3)-OCTA

- Yes
- No

Triton-3D(H)+Radial 12x9-OCT

- Yes
- No

Triton-Macula 6x6-OCTA

- Yes
- No

Triton-Macula 12x12-OCTA

- Yes
- No

FLIO-Mac-HS

- Yes
- No

OS

OptoMed-Disc centered-CFP

- Yes
- No

OptoMed-Mac centered-CFP

- Yes
- No

Eidon-UWF Central-IR

- Yes
- No

Eidon-UWF Central-FAF

- Yes
- No

Eidon-UWF Central-CFP

- Yes
- No

Eidon-UWF Nasal-CFP

- Yes
- No

Eidon-UWF temporal-CFP

- Yes
- No

Eidon- Create Mosaic Image-CFP

- Yes
- No

Spec-ONH-RC-HR-OCT

- Yes
- No

Spec-PPole Mac-HR-61 lines-OCT

- Yes
- No

Spec-Mac-20x20-HS-512 lines-OCTA

- Yes
- No

Cirrus-Mac Cube-512x128-OCT

- Yes
- No

Cirrus-Disc Cube-200x200-OCT

- Yes
- No

Cirrus-Macula 6x6-OCTA

- Yes
- No

Cirrus-Disc 6x6-OCTA

- Yes
- No

M2-3D Wide(H) 12x9-OCT

- Yes
- No

M2-3D Macula 6x6-OCT

- Yes
- No

M2-Mac 6x6-360x360-(rep3)-OCTA

- Yes
- No

Triton-3D(H)+Radial 12x9-OCT

- Yes
- No

Triton-Macula 6x6-OCTA

- Yes
- No

Triton-Macula 12x12-OCTA

- Yes
- No

FLIO-Mac-HS

- Yes
- No

Retinal Imaging Comments

Comments

Form Status

Complete?

Incomplete ▼



CBC Lab Results

Date & time clinical labs performed

Clinical labs not done

Interviewer code

Complete Blood Count (no differential)

White Blood Cells (WBC) - x10E3/ μ L

Red Blood Cells (RBC) - x10E6/ μ L

Hemoglobin - g/dL

Hematocrit - %

MCV - fL

MCH - pg

MCHC - g/dL

RDW - %

Platelets - x10E3/ μ L

ⓘ Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Incomplete



Specimen Management

Blood

Date & time blood draw performed

 M-D-Y H:M

Blood draw not done

One 3ml EDTA tube collected

- Yes
- No

If not, please explain (in detail):

Two 6ml EDTA tubes collected

- Yes
- No

If not, please explain (in detail):

Two 5.0 ml Serum SST/Gold Top tubes collected

- Yes
- No

If not, please explain (in detail):

One PAXgene RNA tube collected

- Yes
- No

If not, please explain (in detail):

Two CPT tubes collected

- Yes
- No

If not, please explain (in detail):

Were all blood samples processed according to protocol?



- Yes
- No

If not, please explain (in detail):

Urine

Was urine collected as per protocol?

- Yes
- No

If not, please explain (in detail):

NORC Clinical Lab Samples

Were all samples processed, labeled, scanned, and added to the inventory spreadsheet as per protocol?

- Yes
- No

If not, please explain (in detail):

Were serum, plasma, blood, and urine samples placed in -80C storage?

- Yes
- No

If not, please explain (in detail):

Biorepository Shipments for UAB

Were all biorepository samples processed as per protocol?

- Yes
- No

If not, please explain (in detail):

i Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Incomplete 



Device Return

Physical Activity Monitor

Activity monitor returned?

- Yes
- No

Date device received back from participant

 M-D-Y

Interviewer code (acknowledges receipt of returned device)

Was data downloaded from the physical activity monitor?

- Yes
- No

Physical Activity Monitor was worn on which wrist?

- Right
- Left
- Not Provided

Participant's dominant hand

- Right hand
- Left hand
- Neither (ambidextrous)
- Not Provided

Continuous Glucose Monitor - Dexcom G6

Dexcom G6 transmitter returned?

- Yes
- No

Date device received back from participant

 M-D-Y

Data downloaded from transmitter?

- Yes
- No

Was participant data downloaded from Clarity? (.csv file format)

- Yes
- No

Interviewer code (acknowledges receipt of returned device)

Environmental Sensor

Environmental sensor returned?

- Yes
- No

Date device received back from participant

 M-D-Y

Interviewer code (acknowledges receipt of returned device)

Location of the environmental sensor in the home:

Data downloaded from device?

- Yes
- No

ⓘ Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Incomplete 



Disposition

Answer the following after the participant has exited the study

Was there any Unanticipated Problems, Protocol Deviations or Adverse Event's that occurred or were associated with this participant?

- Yes
- No

If this was an adverse event, was your site PI notified?

- Yes
- No
- Not an Adverse Event

If yes, please give a brief description along with the type(s) of events and refer to the MOP for further instructions.

Did the subject complete the study?

- Yes
- No

What was the primary reason the subject discontinued?

- Did not meet Inclusion/Exclusion criteria
- Lost to Follow-up
- Withdrawal by Subject
- Geographic Inaccessibility
- Investigator deemed not appropriate for study
- Currently enrolled in a conflicting study
- Death
- Adverse Event
- Protocol Deviation
- Other

What was the study discontinuation or completion date?

M-D-Y

Provide the last study visit/stage completed:

- Signed Consent
- Pre-Visit
- In Person (Baseline)
- Devices Returned

If a stage was started but NOT completed then indicate the prior stage that was completed.

Zip Code for Export

i Please change form status from 'Incomplete' to 'Unverified' when all possible data is entered.

Form Status

Complete?

Complete