

## Pilot Participant Information Sheet

<b>Exam Date:</b>		<b>Pilot ID:</b>			
<b>Name:</b>		<b>Email:</b>			
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone:</b>		<b>Phone:</b>			
<b>Health Care Provider:</b>		<b>Phone:</b>			
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	

### Demographics

<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male	<b>Age:</b>	<b>Race/Ethnicity:</b>
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### Clinic Visit Procedure Times:

Procedure	Start Time	Stop Time	Comments
Clinic Reception	:	:	
Consent	:	:	
Anthropometry	:	:	
Seated BP/Oximetry	:	:	
Biosample Collection	:	:	
Environmental Exposures Questionnaire	:	:	
Medical History Questionnaire	:	:	
Medications	:	:	

**Pilot Participant Information Sheet**

<b>Procedure</b>	<b>Start Time</b>	<b>Stop Time</b>	<b>Comments</b>
Personal History	:	:	
Neighborhood Questionnaire	:	:	
Health and Life	:	:	
Sleep Questionnaire	:	:	
Family History	:	:	
Cognitive Testing	:	:	
Arterial Stiffness	:	:	
Spirometry	:	:	
Short Physical Performance Battery	:	:	
UDS Physical Exam	:	:	
Continuous Glucose Monitoring Instructions & Application	:	:	
Hip Activity Monitor Instructions & Application	:	:	
Wrist Activity Monitor Instructions & Application	:	:	
Heart Monitor Instructions & Application	:	:	
24H ABPM Instructions & Application	:	:	
Participant Diary Instructions	:	:	
Exit Report	:	:	

**Home Visit Procedure Times:**

**Exam Date:** \_\_\_\_\_

	<b>Start Time</b>	<b>Stop Time</b>	<b>Comments</b>
Sleep Study PSG Questionnaire	:	:	
Sleep PSG Instructions & Application	:	:	