MESA Stress Reactivity Certification / Supervisor / Site Visit Checklist

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  |  |  | |  | |  | **Field Center:** |  | | | | |
|  | **mo** |  | **day** | |  | | **year** |  |  | | | | |
|  |  |  |  | |  | |  | **Technician: Name/ID** |  | | | | |
|  |  |  |  | |  | |  |  |  | | | | |
|  |  |  |  | |  | |  | **Supervisor:** |  | | | | |
|  |  |  |  | |  | |  |  |  | | | | |
| **Purpose of Evaluation:** | | | | | | | | | | | | | |
| **Certification** | | | |  | | **Supervisor QC Check** | | | |  | **Site Visit** |  |  |
|  | | | |  | |  | | | |  |  |  |  |

Please check the appropriate box if technician performance is satisfactory for each line item. Please note any comments or remedial action taken in ‘Comments’ section if performance was not satisfactory.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **S** | **U** |  | | | |
| 1. |  |  | Thoroughly explains the procedure to the participant and follows script in MOP. | | | |
| 2. |  |  | If participant has hair on upper left chest, shaves the proper area. | | | |
| 3. |  |  | Performs skin prep steps in correct order: application template, alcohol wipe, marks placement area with pen, abrades over each of the 2 X’s, and wipes placement area with gauze. | | | |
| 4. |  |  | Preps and applies Cardea SOLO sensor to participant’s ***upper left chest*** (two fingers below clavicle and slightly angled down towards armpit) | | | |
| 5. |  |  | Avoids placing sensor in armpit, on sternum, or on breast tissue. | | | |
| 6. |  |  | Firmly presses and smooths out sensor against skin. | | | |
| 7. |  |  | Correctly activates sensor (correct sequence of flashing green lights observed after start button is pushed). | | | |
| 8. |  |  | Start date and time recorded accurately on Cardea SOLO pouch and in REDCap. | | | |
| 9. |  |  | Explains how to care for sensor, button press (stressful situations), daily phone survey and return and removal by following the script in the MOP. | | | |
| 10. |  |  | Asks participant the best time for the phone survey (after 4pm) and what the best phone number is. Records in REDCap. | | | |
| 11. |  |  | Correctly fills in all variables in the Stress Reactivity Study completion form in REDCap. | | | |
| 12. |  |  | Participant take home materials: USPS envelope w/ Cardea SOLO pouch inside, Brochure with removal date properly filled in, and phone survey reminder card with date/time of first phone survey properly filled in. | | | |
| **Comments:** | | | |  | | |
|  | | | | | | |
|  | | | | | | |
| **Corrective Action Taken:** | | | | |  | |
|  | | | | | | |
|  | | | | | | |
| ***Supervisor / Site Visitor Signature*** | | | | | |  |
| when certifying new Technician - SEND COPY TO CC | | | | | | |