TODAY2 Form VISIT, Clinical Visit Inventory

☐☐_☐☐☐☐☐ RELEASEID ☐☐☐☐ Release Visit Number PVISIT

Release Participant ID

Release Visit Number

1. Days since randomization	☐☐☐☐	DAYS

Instructions: This form is completed for all participants at scheduled data collection visits.

Menstrual and Fertility Status   (FEMALES ONLY)

2. How many menstrual periods has the participant had since the last visit? ☐☐ Periods **MENSQTY**

   (a) Has the participant had a period within the past month? ☐₁ Yes ☐₀ No **PERIODMNTH**

3. Is the participant using a method of birth control? ☐₁ Yes ☐₀ No **BIRTHCON**

   If YES What method(s)? *(check all that apply)*

   ☐₁ Pill PILL ☐₁ IUD IUD ☐₁ Implant IMP ☐₁ Injection INJ

   ☐₁ Barrier or condom CONDOM ☐₁ Other BCOTH

4. Is this visit during pregnancy or lactation? ☐₁ Yes ☐₀ No **PREGLACT**

Physical Exam Measurements

5. Seated arm blood pressure

   a. Systolic Blood Pressure ☐☐☐ mmHg **SBP**

   b. Diastolic Blood Pressure ☐☐☐ mmHg **DBP**

   c. Was TODAY2 BP monitor used? ☐₁ Yes ☐₀ No **BPCUFF**

6. BMI (skip if pregnant) ☐₁ ≤28.0000 ☐☐.☐☐☐☐ ☐₃ >46.0000 **BMI**

Concomitant Medications

7. Has the participant had any of the following medications, treatments, or procedures since the last visit? ☐₁ Yes ☐₀ No **MEDS**

   If YES, continue. If NO, skip to question 8

   a. Antihypertensives? ☐₁ Yes ☐₀ No **ANTIHYP**

   b. Lipid lowering medications? ☐₁ Yes ☐₀ No **LIPLOW**

   c. Diabetes medication? ☐₁ Yes ☐₀ No **DIABMED**

   d. Steroids? ☐₁ Yes ☐₀ No **STER**

   e. Weight loss treatments? ☐₁ Yes ☐₀ No **WHTSUP**

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f. Other prescription medications?   □₁ Yes   □₀ No   OTHERRX

Interval History

8. In the past year, for routine medical care other than what may have been provided by TODAY2, how many times did the participant…

a. call a healthcare provider for a specific medical issue or concern?   □₁ 0 □₂ 1 □₃ 2-3 □₄ ≥4   CALLHCPC

b. have a regularly scheduled outpatient or clinic visit?   □₁ 0 □₂ 1 □₃ 2-3 □₄ ≥4   SCHEDOV

c. have an urgent care visit to an office or clinic?   □₁ 0 □₂ 1 □₃ 2-3 □₄ ≥4   UCARE

d. have an urgent care visit to an emergency room?   □₁ 0 □₂ 1 □₃ 2-3 □₄ ≥4   ERVISIT

e. have an overnight hospital stay?   □₁ 0 □₂ 1 □₃ 2-3 □₄ ≥4   INPATNT

9. Is the participant in school?   □₁ Yes   □₀ No   JSTUDENT

10. What is the highest level of education the participant has reached?   EDUC

□₁ No high school diploma

□₂ High school graduate (diploma) or equivalent (GED), business, technical, trade, or vocational school graduate

□₃ Two-year Associate's Degree

□₄ Bachelor's degree or higher

11. What is the participant's current employment status?   EMPLOY

□₁ Employed full time

□₂ Employed part time

□₃ Unemployed seeking work

□₄ Unemployed not seeking work

□₅ Student not seeking work

12. What was the participant's total income last year?   INCOME

□₁ Less than $5,000   □₂ $5,000-$34,999   □₃ $35,000 or greater

13. What is the total number of people currently living in the household in which the participant lives?   HOUSETOT

□₁ ≤ 3 people   □₂ 4 people   □₃ ≥ 5 people

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a. Number of people currently living in the household who are under 18?

□₁ 0 people   □₂ 1 person   □₃ ≥ 2 people | HOUSE18

14. Has a parent or sibling been diagnosed with the following since last year's visit? *(clarify that this refers to a biological or blood relationship, including half siblings; check all that apply)*

	Mother	Father	Sibling	
(a) Diabetes	□₁ MDIAB	□₁ FDIAB	□₁	SDIAB
(b) Elevated cholesterol	□₁ MCHOL	□₁ FCHOL	□₁	SCHOL
(c) Stroke	□₁ MSTRK	□₁ FSTRK	□₁	SSTRK
(d) Heart attack	□₁ MHEART	□₁ FHEART	□₁	SHEART
(e) Renal or kidney disease or failure	□₁ MRENAL	□₁ FRENAL	□₁	SRENAL
(f) Eye disease	□₁ MEYE	□₁ FEYE	□₁	SEYE
(g) Death	□₁ MDECSD	□₁ FDECSD	□₁	SDECSD

15. Has the participant ever tried cigarette smoking, even one or two puffs?   □₁ Yes □₀ No | RRSMOKE

a. During the past month, on how many days did the participant smoke cigarettes?

□₁ Never (0 days)   □₃ Often (10-20 days) | RRDAYSM

□₂ Sometimes (less than 10 days)   □₄ Almost daily (more than 20 days)

b. During the past month, on the days the participant smoked, how many cigarettes did they smoke per day? | RRNCIG

□₁ < 1 per day   □₂ 1 per day   □₃ 2-20 per day   □₄ > 20 per day

16. Has the participant used any other kind of tobacco during the past month, including cigars, cigarillos, little cigars, chewing tobacco, snuff, or dip such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?   □₁ Yes □₀ No | RROTHTOB

Healthcare Source

17. Does the participant receive healthcare services from the TODAY2 study team?   □₁ Yes □₀ No | STUDYCARE