Interviewer #1 Code: ____ ____ ____

If needed,

Interviewer #2 Code: ____ ____ ____

Interviewer #3 Code: ____ ____ ____

Interviewer #4 Code: ____ ____ ____

Circle Field Center Location:

BU

CU

DK

UP

Circle Visit: [6]**Visit 3** [7]**Visit 3 (New Participant)**

Form Version Date: **30/10/2019**

Visit 3 Length Tracking

LLFS participants included in visit: __________ # LLFS Staff performing visit: ________

Please enter each participant's data into REDCap separately

	Participant #1	Participant #2	Participant #3	Participant #4	Participant #5	Participant #6
Participant LLFS ID						
Visit 3 Date (DD/MM /YYYY)	__ __/__ __ /__ __ __ __	__ __/__ __ /__ __ __ __	__ __/__ __ /__ __ __ __	__ __/__ __ /__ __ __ __	__ __/__ __ /__ __ __ __	__ __/__ __ /__ __ __ __
In-Person Visit Start Time	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Cognitive Battery						
Time Start	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Time End	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Cognitive Neuromotor Exam						
Time Start	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Time End	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm

Carotid Ultrasound						
Time Start	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm
Time End	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm
Ankle Arm Index						
Time Start	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm
Time End	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm
In-Person Visit End Time	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm	__ __ : __ __ ☐A am ☐P pm
Multiple Days to Complete V3?	☐1 Yes ☐0 No	☐1 Yes ☐0 No	☐1 Yes ☐0 No	☐1 Yes ☐0 No	☐1 Yes ☐0 No	☐1 Yes ☐0 No

If Yes to multiple days for V3, complete page 3 for additional days

Interviewer #1 Code: ____ ____ ____

If needed,

Interviewer #2 Code: ____ ____ ____

Interviewer #3 Code: ____ ____ ____

Interviewer #4 Code: ____ ____ ____

Circle Field Center Location:

BU

CU

DK

UP

Circle Visit: [6]**Visit 3** [7]**Visit 3 (New Participant)**

Form Version Date: __**30/10/2019**__

Return Day(s)

LLFS participants included in visit: __________ # LLFS Staff performing visit: ________

Please enter each participant's data into REDCap separately

	Participant #1	Participant #2	Participant #3	Participant #4	Participant #5	Participant #6
Participant LLFS ID						
Visit 3 Date (DD/MM /YYYY)	__ __/__ __ /__ __ __ __	__ __/__ __ /__ __ __ __	__ __/__ __ /__ __ __ __	__ __/__ __ /__ __ __ __	__ __/__ __ /__ __ __ __	__ __/__ __ /__ __ __ __
In-Person Visit Start Time	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Cognitive Battery						
Time Start	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Time End	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Cognitive Neuromotor Exam						
Time Start	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Time End	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Carotid Ultrasound						
Time Start	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Time End	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm	__ __ : __ __ ☐Aam ☐ Ppm
Ankle Arm Index						

Time Start	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm
Time End	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm
In-Person Visit End Time	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm	__ __ : __ __ ☐A am ☐ P pm
Multiple Days to Complete V3?	☐1 Yes ☐0 No	☐1 Yes ☐0 No	☐1 Yes ☐0 No	☐1 Yes ☐0 No	☐1 Yes ☐0 No	☐1 Yes ☐0 No