



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

d d M M M y y y y
(e.g., 10JUN2005)

Interviewer Code:

Circle Field Center Location:

BU CU DK UP

Visit:

⁶Visit 3
 ⁷Visit 3 (New Participant)

Form Version Date:

18/12/2019

Alert Tracking (Visit 3)

	a. Type of Alert?				b. Date Field Center Addressed Alert (dd/mm/yyyy)
	(0) None	(1) Immediate	(2) Urgent	(3) Elective	
1. Blood Pressure					
2. Heart Rate				N/A	
3. CES-D			N/A	N/A	
4. Living Condition			N/A	N/A	
5. White Blood Cells (WBC)			N/A	N/A	
6. Glucose				N/A	
7. Hemoglobin				N/A	
8. Cholesterol		N/A		N/A	
9. LDL		N/A		N/A	
10. TG		N/A		N/A	
11. Creatinine		N/A		N/A	
12. Platelets		N/A		N/A	

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