

VACS STUDY

Baseline Participant Checklist

Study ID:

Date Enrolled: / /

Main Consent:	<input type="radio"/>	Receipt:	<input type="radio"/>
Participant Questionnaire:	<input type="radio"/>		
Provider Questionnaire:	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Eligible for Telephone Interview:	<input type="radio"/>	Refused to give telephone number:	<input type="radio"/>
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Randomized for Blood Sample:	<input type="radio"/>	Refused Blood Sample:	<input type="radio"/>
If yes to blood, then date collected:	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Consent:	<input type="radio"/>	Receipt:	<input type="radio"/>

Randomized for Neurocognitive Testing:	<input type="radio"/>	Refused Neurocog Testing:	<input type="radio"/>
If yes to neuro, then date tested:	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Consent:	<input type="radio"/>	Receipt:	<input type="radio"/>

Participant Follow-Up: / /

Provider Follow-Up: / /