[THIS FORM IS TO BE COMPLETED BY INTERVIEWERS, COORDINATORS AND OR OTHER RESEARCH PERSONNEL ONLY]

Height and Weight Self-reported Values:

Height Measurement	**Height (inches)**	**Refused?**	**Reason not obtained? [FREE TEXT FIELD]**
1. **Height**	|_|_|_|. |_|_|	◯ Yes ◯ No	

Weight Measurement	**Weight (lb.)**	**Refused?**	**Reason not obtained? [FREE TEXT FIELD]**
2. **Weight**	|_|_|_|.|_|_|	◯ Yes ◯ No	

[PROGRAMMER NOTE: TAKE WEIGHT CALCULATION IN LBS. AND CONVERT TO KG. TAKE HEIGHT AND WEIGHT FROM PREVIOUS MEASUREMENT AND CALCULATE BMI FOR REPORTING.]

Lbs. |___|___|___|. |___|___| % BMI: |___|___|___|. |___|___| Weight (kg) ÷ [height (m)] ^{2}

Urine Sample Collection:

3. Was a mid-stream urine sample collected during the RAPIDD Baseline visit?
   - ◯ Yes [GO TO QUESTION 5]
   - ◯ No [GO TO QUESTION 4]
4. If no, provide a reason
   - ◯ Unable to collect
   - ◯ Medical Reason
   - ◯ Equipment Malfunction
   - ◯ Spilled/damaged
   - ◯ Other, specify [FREE TEXT] _____
   - ◯ Refused

[PROGRAMMER NOTE: SKIP OR SUPRESS ADDITIONAL URINE SAMPLE QUESTIONS 5-9 IF “NO” URINE WAS SELECTED IN QUESTION 3 AND IF ANY SELECTION WAS MADE FOR QUESTION 4.]

5. Volume of the random urine sample collected
   |___|___|___| mL
6. Number of aliquots from sample: |___|___|___|
7. Date of urine sample:
8. Time urine specimen was collected:
   |___|___|: |___|___| [HH: MM] |___|___| [AM/PM]
9. Additional notes about urine sample collection [FREE TEXT] ☐ None/Not applicable

Saliva Sample Collection:

10. Was a saliva sample obtained?
    - ◯ Yes [GO TO QUESTION 12]
    - ◯ No [GO TO QUESTION 11]
11. If no, provide a reason:
    - ◯ Unable to collect
    - ◯ Medical Reason
    - ◯ Equipment Malfunction
    - ◯ Spilled/damaged
    - ◯ Other, specify [FREE TEXT] _____
    - ◯ Refused

[PROGRAMMER NOTE: SKIP OR SUPRESS ADDITIONAL SALIVA SAMPLE QUESTIONS 12-15 IF “NO” SALIVA WAS SELECTED IN QUESTION 10 AND IF ANY SELECTION WAS MADE FOR QUESTION 11.]

12. Number of aliquots? |___|___|___|
    - ◯ Sample stored in original container – no
    - ◯ aliquots Not applicable
13. Date of saliva sample collection:

14. Time of saliva sample collection
    |___|___|: |___|___| [HH: MM] |___|___| [AM/PM]
15. Saliva sample kit ID: [IF DIFFERENT FROM PARTICIPANT ID]:
    |___|___|___|___|___|___|

Buccal Cell Collection:

16. Were buccal cells obtained?
    - ◯ Yes [GO TO QUESTION 18]
    - ◯ No [GO TO QUESTION 17]
17. If no, provide a reason: (Check all that apply)
    - ◯ Unable to collect
    - ◯ Medical Reason
    - ◯ Equipment Malfunction
    - ◯ Spilled/damaged
    - ◯ Other, specify [FREE TEXT] _____
    - ◯ Refused

[PROGRAMMER NOTE: SKIP OR SUPRESS ADDITIONAL BUCCAL CELL SAMPLE QUESTIONS 18-20 IF “NO” BUCCAL CELLS WAS SELECTED IN QUESTION 16 AND IF ANY SELECTION WAS MADE FOR QUESTION 17]

18. Date of buccal cell collection:

19. Time of buccal cell collection
    |___|___|: |___|___| [HH: MM] |___|___| [AM/PM]
20. Enter buccal cell sample ID: [IF DIFFERENT FROM PARTICIPANT ID]:
    |___|___|___|___|___|___|

Medical Referrals and Recommendations:

21. Was a referral provided to participant?
    - ◯ Yes [GO TO QUESTION 22]
    - ◯ No [GO TO QUESTION 24]
22. If referral given, how many were provided?
    |__|__| Number of referrals
23. Provide reason for referral(s) (check all that apply):
    - ☐ Mental health problem(s)
    - ☐ Medical problem(s)/Condition
    - ☐ Social problem(s) (homelessness, alcohol/drugs, abuse/negligence)
    - ☐ Other, specify [FREE TEXT FIELD] _____

Additional notes and comments about referrals and recommendations:

Check-Out, Review and Remuneration:

24. Did participant receive gift card/compensation?
    - ◯ Yes [GO TO QUESTION 26]
    - ◯ No [GO TO QUESTION 25]
    - ◯ Refused [GO TO QUESTION 25]
25. If participant did not receive compensation, provide reason [FREE TEXT]:
26. If participant received compensation, enter the amount of the check or gift card:
    $|___|___|___|.|___|___|
27. If participant received compensation, enter the check or gift card number:
    |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

[INTERVIEWER NOTE: **END SAMPLE COLLECTION**. MAKE SURE PARTICIPANT HAS BEEN GIVEN ALL RELEVANT HAND-OUTS AND THAT ALL SAMPLES HAVE BEEN PROPERLY COLLECTED AND PREPARED FOR STORAGE AND SHIPMENT]