



Field Site ID: CLINIC  
 Participant ID#: PPTID  
 Alpha Code: SHHS \_ \_ \_  
 Date form initiated: FORMDATE - 2 / 0 / 0  
 Visit ID Code: F / 0 / 2 VISIT  
 Form & revision: A / E / 2 FORMREV  
 Form sequence #: FORMSEQ

### Complete this form for every participant who has a home visit.

If "Yes" to any item below, complete the "Alerts and Adverse Event Action Form"(AA)

#### A. Alerts

#### B. Adverse Events

**1. Were any of the following immediate medical alerts noted:**

Yes No

**ae201a** a.  1  0 Systolic Blood Pressure ≥ 180

**ae201b** b.  1  0 Diastolic Blood Pressure ≥ 110

**ae201c** c.  1  0 Oxygen saturation < 80% for longer than 2 minutes at rest

**ae201d** d.  1  0 Heart rate > 150 for longer than 2 minutes at rest

**ae201e** e.  1  0 Heart rate < 30 for longer than 2 minutes at rest

**3. Were any other problems noted?**

Yes No

a.  1  0 Skin reaction **ae203a**

b.  1  0 Tripping, falling **ae203b**

c.  1  0 Other problem, specify: **ae203c**

ae203cs

ae203ct

ae203ce

**2. Were any of the following urgent medical alerts noted?**

Yes No

**ae202a** a.  1  0 Systolic Blood Pressure 171 through 179

**ae202b** b.  1  0 Diastolic Blood Pressure 101 through 109

**ae202c** c.  1  0 Oxygen saturation between 80% and 85% for longer than 2 minutes at rest

#### C. Administrative information

**Field Site Use Only**

4. Technician or Reviewer: ae204 \_ \_ \_

5. Date: ae205 / \_ / - 2 / 0 / 0 / \_  
 month day year