

FASTING / TRACKING FORM (FTRA screen 7 of 8)

F. NOTIFICATION OF TEST RESULTS

42. {Show and explain Results Reporting Sheet.}

"Our usual procedure is to send results to you and your physician as shown on this sheet."

{Circle "U" unless participant volunteers that this procedure is not satisfactory or has no personal physician. If no personal physician, circle "T". If participant requests another procedure, offer those given below.}

Usual procedure (detailed results to physician, summary to participant) U

Detailed results to participant, but not to physician T

Detailed results to both participant and physician B

FASTING / TRACKING FORM (FTRA screen 8 of 8)

43. Are you currently participating in any other medical research projects? Yes Y

No N

{If "Yes", record details below}

Project Name: _____

Sponsor: _____

Purpose: _____

G. ADMINISTRATIVE INFORMATION

44. Method of Data Collection: Computer C

Paper Form P

45. Code number of person completing this form:

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FASTING / TRACKING FORM INSTRUCTIONS

I. GENERAL INSTRUCTIONS

The Fasting / Tracking Form should be completed at the beginning of the participant's clinic visit. The interviewer should be familiar with and understand the document titled "General Instructions For Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

Some of the items in this form involve addresses and phone numbers which the participant may not recall immediately. Therefore, the interviewer should have access to a local telephone book to assist the participant in obtaining the necessary information. In addition, it may be necessary to ask the participant to phone the field center with the information after he/she returns home.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

A. Fasting Information

1. a. Date of Visit: Enter the date on which the subject was seen in the clinic. Code in numbers using leading zeroes where necessary to fill all boxes. For example, May 3, 1986 would be entered as:

0	5	-	0	3	-	8	6
Month			Day			Year	

b-c. Time: Enter the time of the reception, i.e., time now. For example, 8:10 a.m. would be coded as:

b. Time:	0	8	:	1	0		c. AM or PM:	AM	<input checked="" type="radio"/> A
								PM	<input type="radio"/> P

2. Ask the question verbatim. Record the appropriate day in item (a), time in item (b), and AM or PM in item (c). Use midnight (12:00 AM) as the strict cutoff between days. Note: If "Before Yesterday" is chosen in (a), skip to item 4.

Example 1. The participant states that he/she last consumed something yesterday at 7:00 PM. Record as follows:

2. When was the last time you ate or drank anything except water?

a. Day last consumed:	Today	<input type="radio"/> T	
	Yesterday	<input checked="" type="radio"/> Y	
	Before Yesterday	<input type="radio"/> B	

Go to Item 4, Screen 2

b. Time last consumed:	0	7	:	0	0		c. AM or PM:	AM	<input type="radio"/> A
								PM	<input checked="" type="radio"/> P

Example 2. The participant states that he/she last consumed something last night at 1:30 AM. Record as follows:

2. When was the last time you ate or drank anything except water?

a. Day last consumed:	Today	<input checked="" type="radio"/> T	
	Yesterday	<input type="radio"/> Y	
	Before Yesterday	<input type="radio"/> B	

Go to Item 4, Screen 2

b. Time last consumed:	0	1	:	3	0		c. AM or PM:	AM	<input checked="" type="radio"/> A
								PM	<input type="radio"/> P

3. Computed fasting time: This item is calculated automatically when the Fasting/Tracking form is entered directly on the computer. (As a way of denoting this on the paper form, lines are provided rather than boxes for recording the result.) To calculate the fasting time when using the paper version of the form, use the "Fasting Time Computation Table", which can be found on the last page of these instructions, to determine the time. To use the table, look up the Time Last Consumed on the left hand column, and the current time (Time of Visit) along the top. The value in the body of the table corresponding to those two times is the number of hours fasted. Note that the "Time Last Consumed" is separated into "Yesterday" and "Today", and that all times are separated by "AM" and "PM". In addition, times are given in one-hour intervals. The top line in the table may be used whenever the Time Last Consumed is earlier than 7:00 PM. This is acceptable because, although the fasting time may not be accurate, it will not be less than the critical time of 12 hours.

Note: Computing fasting time using the table does not always provide the same result as the computer (due to a reduction in accuracy). However, any effect arising from this fact is believed to be negligible because (1) only a small number of cases would cross over the 12-hour critical time, and (2) even in such cases, ARIC procedures call for the completion of the visit regardless of fasting time.

For example, if the Time Last Consumed is 7:30 PM yesterday (in 7-7:59 PM interval) and the Time of Visit is 8:15 AM (in 8-8:59 AM interval), the fasting time is 13 hours.

3. Computed fasting time: 13 hours

B & C. Contact Person 1, Contact Person 2

4-21. The following paragraph should be read to the participant:

"Since we will be contacting you for several years, we would like to obtain some information now which will help us locate you in the future. Remember that all information is confidential and that anyone we might contact will be told only that we are trying to locate you for a health study... Please give me the name, address, and telephone number of two close friends or relatives who you are likely to keep in touch with but who do not live with you, and who are not planning to move anytime soon."

If the participant has trouble identifying a contact, suggest someone he/she works with, a neighbor, or a landlord who would be given a forwarding address in the event of a move. While it is preferable to identify someone locally, it would be acceptable to name someone who lives elsewhere (e.g., an out-of-town relative) as a contact person. A family physician is not an acceptable contact person (physician information is collected elsewhere). If the participant knows of an acceptable contact but cannot recall the address and/or phone number, offer to look it up in the phone book at this time. If the contact is not in the phone book, make a note of this and ask the participant to call back with the information (or if he/she is willing to be telephoned by someone at the field center) after returning home.

4-6,13-15. Title and Name: Record title and name information beginning in the leftmost box. Special characters (e.g., apostrophes, hyphens) may be used.

7,16. Mailing Address: Enter the contact's mailing address in the boxes on the three lines provided, exactly as one would address an envelope. Use standard abbreviations such as "S" for South, "W" for West, "ST" for Street, "AVE" for Avenue, etc. where necessary to conserve space. Include house number, apartment number, lot or box number, street name, apartment complex, mobile court name, or rural route. Use punctuation where necessary.

8,17. City: Enter the name of the city in which the contact receives his mail. See examples given below.

9,18. State: Enter appropriate abbreviation for the state where the contact resides. Abbreviations are given in the table following these instructions.

10,19. Zip Code: Enter the five digit zip code for the mailing address.

11,20. Telephone: Enter the contact's home telephone number, including area code.

Example 1. The first contact person is Mrs. Patricia Tabler, the participant's sister-in-law. Her address is:

712A South Brown Street
Minneapolis, Minnesota 12321

Her phone number is 612-555-1234.

This should be entered as follows:

B. CONTACT PERSON 1

4. Title:

M	R	S
---	---	---

 5. First Name:

P	A	T	R	I	C	I	A
---	---	---	---	---	---	---	---

6. Last Name:

T	A	B	L	E	R
---	---	---	---	---	---

7. Mailing Address:

7	1	2	A	S	B	R	O	W	N	S	T

8. City:

M	I	N	N	E	A	P	O	L	I	S
---	---	---	---	---	---	---	---	---	---	---

9. State:

M	N
---	---

 10. Zip Code:

1	2	3	2	1
---	---	---	---	---

11. Telephone:

6	1	2
---	---	---

 -

5	5	5
---	---	---

 -

1	2	3	4
---	---	---	---

12. Relationship:

S	I	S	T	E	R	-	I	N	-	L	A	W
---	---	---	---	---	---	---	---	---	---	---	---	---

Example 2. The second contact person is Miss Francis White, the participant's friend. His address is:

Pine Grove Mobile Court
Lot C-1
Route 2
Jackson, Mississippi 34567

His phone number is 601-555-1234.

This should be entered as follows:

C. CONTACT PERSON 2

13. Title:

M	I	S	S
---	---	---	---

 14. First Name:

F	R	A	N	C	I	S
---	---	---	---	---	---	---

15. Last Name:

W	H	I	T	E
---	---	---	---	---

16. Mailing Address:

P	I	N	E	G	R	O	V	E	M	O	B	I	L	E	C	O	U	R	T	
L	O	T	C	-	1															
R	O	U	T	E	2															

17. City: J A C K S O N

18. State: **MS** 19. Zip Code: **34567**

20. Telephone: **601** - **555** - **1234**

21. Relationship: F R I E N D

D. Participant Information

- 22. Sex: Record "M" (male) or "F" (female) for the participant's sex.
- 23. Race: Record the participant's race as White, Black, American Indian or Alaskan Indian, or Asian or Pacific Islander. This may require asking the question verbally if it is not obvious.
- 24. Number of people in household: This refers only to those people residing in the same household as the participant on a permanent basis. If the participant lives alone, record "1".
- 25. Number of people aged 45-64 in household: This is a subset of the previous response.
- 26. State of Birth: Enter the appropriate abbreviation for the state in which the participant was born. Abbreviations are given in the table following these instructions.
- 27. Father's last name (maiden name): This item should only be asked of female participants.
- 28. Nickname: Any nickname or familiar version of a name (e.g., Bob for Robert) is sought.
- 29. Social Security Number: The interviewer must first hand the disclosure statement (located following these instructions) to the participant, reading it aloud if necessary. The interviewer then states: "We would like your Social Security number. This statement explains that it is voluntary, and the reasons we are requesting it." Enter the Social Security number in the boxes provided, and go to item 31. If the participant does not report a Social Security number, mark through the boxes with two horizontal lines and complete item 30.
- 30. Reason Social Security Number not given: Indicate the reason the participant did not report a Social Security number. If it is not already clear, probe to determine which response is most appropriate, "Refused", "SSN not known", or "Has no SSN".
- 31. Driver's license number: If the participant has his/her license available, it is preferable to ask for it and copy the number directly. If no driver's license, skip items 31 and 32 (use "Next Field" or "Next Screen" key on computer.)
- 32. State driver's license is registered in: Enter the appropriate abbreviation for the state in which the license is registered. Again, it is preferable to get this information directly from the license itself. Abbreviations are given in the table following these instructions.

E. Physician Information

33. "Do you have a personal physician or clinic?": If the participant isn't sure, ask about a physician he may have seen recently for general purposes (check-ups, etc.).

34-36. Name of Physician: Record information beginning in the leftmost box. Special characters (e.g., apostrophes, hyphens) may be used.

37. Clinic/Building: Probe to determine whether this is applicable by indicating that we need the physician's address, and offer to help the participant look it up.

38. Mailing Address: Enter the physician's mailing address in the boxes on the three lines provided, exactly as one would address an envelope. Use standard abbreviations such as "S" for South, "W" for West, "ST" for Street, "AVE" for Avenue, etc. where necessary to conserve space. Include house number, apartment number, lot or box number, street name, apartment complex, mobile court name, or rural route. Use punctuation where necessary.

39 City: Enter the name of the city. See examples given below.

40. State: Enter appropriate abbreviation for the state. Abbreviations are given in the table following these instructions.

41. Zip Code: Enter the five digit zip code for the mailing address.

Example: The physician's name and address are: Kenneth R. Schrom, M.D.
Clinic A-106
Memorial Hospital
1100 Oak Street
Cleveland, Ohio 98765

It would be entered as:

34. First Name:

K	E	N	N	E	T	H													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

 35. Middle Initial:

R

36. Last Name:

S	C	H	R	O	M														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

37. Clinic/Building:

C	L	I	N	I	C	A	-	1	0	6									
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

38. Mailing Address:

M	E	M	O	R	I	A	L	H	O	S	P	I	T	A	L				
1	1	0	0	O	A	K	S	T											

39. City:

C	L	E	V	E	L	A	N	D											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

40. State:

O	H
---	---

 41. Zip Code:

9	8	7	6	5
---	---	---	---	---

F. Notification of Test Results

42. Recipient of test results: Show the participant the Results Reporting Sheet (shown following these instructions), and briefly explain what it means. Make the statement as written (see below). Note that it is not to be phrased as a question. Unless the participant voices an objection, record "U" (if he/she has a personal physician) or "T" (if no personal physician). If the participant objects, offer any of the three alternatives given.

Example: The participant requests that results be sent to himself and his physician. Complete as shown:

42. {Show and explain Results Reporting Sheet.}

"Our usual procedure is to send results to you and your physician as shown on this sheet."

{Circle "U" unless participant volunteers that this procedure is not satisfactory or has no personal physician. If no personal physician, circle "T". If participant requests another procedure, offer those given below.}

- | | |
|----------------------------------------------------------------------------|-----|
| Usual procedure (detailed results to
physician, summary to participant) | U |
| Detailed results to participant, but not to physician | T |
| Detailed results to both participant and physician | (B) |

43. Participation in other medical research projects: If the participant is also taking part in another project, answer "Yes" and write down the project name, sponsor (if known), and purpose (if known) in the space provided. When completing this form on the computer, use a note log to record this information.

G. Administrative Information

44. Method of data collection: Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used.

45. The person at the clinic who has completed this form must enter his/her code number in the boxes provided.

ABBREVIATIONS FOR STATES

<u>State</u>	<u>Abbrev.</u>	<u>State</u>	<u>Abbrev.</u>	<u>State</u>	<u>Abbrev.</u>
Alabama	AL	Maryland	MD	South Carolina	SC
Alaska	AK	Massachusetts	MA	South Dakota	SD
Arizona	AZ	Michigan	MI	Tennessee	TN
Arkansas	AR	Minnesota	MN	Texas	TX
California	CA	Mississippi	MS	Utah	UT
Colorado	CO	Missouri	MO	Vermont	VT
Connecticut	CT	Montana	MT	Virginia	VA
Delaware	DE	Nebraska	NB	Washington	WA
District of Columbia	DC	Nevada	NV	West Virginia	WV
Florida	FL	New Hampshire	NH	Wisconsin	WI
Georgia	GA	New Jersey	NJ	Wyoming	WY
Hawaii	HI	New Mexico	NM		
Idaho	ID	New York	NY	<u>Others</u>	
Illinois	IL	North Carolina	NC	Puerto Rico	PR
Indiana	IN	North Dakota	ND	Virgin Islands	VI
Iowa	IA	Ohio	OH	Guam	GU
Kansas	KS	Oklahoma	OK	Canada	CN
Kentucky	KY	Oregon	OR	Cuba	CU
Louisiana	LA	Pennsylvania	PA	Mexico	MX
Maine	ME	Rhode Island	RI	Remainder of World	RW

DISCLOSURE STATEMENT FOR SOCIAL SECURITY NUMBER

Provision of the social security number is voluntary and failure to do so will not have any effect upon the receipt of any benefits or programs of the United States Government. The information we receive will be used only for statistical purposes. Data from this study will be linked with data supplied by the National Center for Health Statistics. This information is collected under the authority of Section 287 of the Public Health Service Act.

ARIC RESULTS REPORTING

THE FOLLOWING RESULTS WILL BE REPORTED TO YOU:

Summarized today:

Height, weight
Blood pressure
Lung function test (preliminary report)

Reported by mail in about six weeks:

Ultrasound findings of arteries in the neck

Blood tests: hematocrit, white blood cell count,
glucose, potassium, triglycerides,
total cholesterol, high density
lipoprotein (HDL) cholesterol

Electrocardiogram

THE FOLLOWING RESULTS WILL BE REPORTED TO YOUR PHYSICIAN:

Height, weight
Blood pressure
Electrocardiogram (copy)
Lung function test (copy)
Ultrasound findings on carotid arteries
Reports of important symptoms you may have
Blood tests: the tests reported to you, protein,
albumin, calcium, creatinine,
magnesium, phosphorous, insulin,
sodium, urea nitrogen, uric acid,
platelet count, low density lipoprotein
(LDL) cholesterol

THE FOLLOWING RESULTS WILL NOT BE REPORTED UNLESS AN ABNORMALITY
IS DETECTED:

Blood tests of research value only
Ultrasound measurements of research value only
Skinfold measurements