

INSTRUCTIONS FOR THE FASTING/TRACKING FORM
 FTR, VERSION D, 01/12/95
 PREPARED 05/08/95

The Fasting/Tracking Form is completely filled out at the beginning of the participant's visit. Portions of this form may be updated (in the CHANGE mode of the data entry system) if the participant arrived at the field center having consumed anything other than water or black, unsweetened coffee or tea in the 8 hours prior to the beginning of the Visit 4 exam and agreed to return on another day for blood drawing in the fasting state.

The interviewer needs to be familiar with and understand the document entitled "General Instructions for Completing Paper Forms" prior to administering this form. ID Number, Contact Year, and Name are completed as described in that document.

1. Date of Clinic Visit 3. This is the official date of Visit 4. Enter the date on which the participant signs the Visit 4 Informed Consent Form. If the participant returns at a later date for venipuncture, this date is not changed. The information below on his/her fasting status, however, will be updated. To record the Visit 4 date, code in the numbers using leading zeroes where necessary to fill all spaces. For example, May 3, 1993 would be entered as:

0	5	/	0	3	/	9	3
Month			Day		Year		

2. Date of Fasting Determination. This is the date on which the participant's fasting is documented. This date may be updated if it were necessary for the participant to return to have fasting blood drawn. Enter the date using the standard date format, as described for Item 1.
3. Time. Enter the time of the reception.
4. When was the last time you ate or drank anything except water? 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 6.
5. 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.

6. Have you given blood within the last 7 days. Read the question. If the response is YES, determine whether the participant gave or donated a pint of blood/plasma in contrast to had blood samples drawn. Record YES only if "given blood" refers to the donation of a pint (or more) or whole blood or plasma, not a blood sample for diagnostic evaluation. Otherwise, record NO.
7. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used. If the form was completed partially on paper and partially on the computer, code as "Paper Form."
8. The person at the clinic who has completed this form must enter his/her code number in the boxes provided.

FASTING TIME COMPUTATION TABLE

Time Last Consumed	AM					PM						
	7-7:59	8-8:59	9-9:59	10-10:59	11-11:59	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5-5:59	6-6:59
Yesterday...												
Earlier	13	14	15	16	17	18	19	20	21	22	23	24
7-7:59	12	13	14	15	16	17	18	19	20	21	22	23
8-8:59	11	12	13	14	15	16	17	18	19	20	21	22
9-9:59	10	11	12	13	14	15	16	17	18	19	20	21
10-10:59	9	10	11	12	13	14	15	16	17	18	19	20
11-11:59	8	9	10	11	12	13	14	15	16	17	18	19
Today...												
12-12:59	7	8	9	10	11	12	13	14	15	16	17	18
1-1:59	6	7	8	9	10	11	12	13	14	15	16	17
2-2:59	5	6	7	8	9	10	11	12	13	14	15	16
3-3:59	4	5	6	7	8	9	10	11	12	13	14	15
4-4:59	3	4	5	6	7	8	9	10	11	12	13	14
5-5:59	2	3	4	5	6	7	8	9	10	11	12	13
6-6:59	1	2	3	4	5	6	7	8	9	10	11	12
7-7:59	0	1	2	3	4	5	6	7	8	9	10	11
8-8:59		0	1	2	3	4	5	6	7	8	9	10
9-9:59			0	1	2	3	4	5	6	7	8	9
10-10:59				0	1	2	3	4	5	6	7	8
11-11:59					0	1	2	3	4	5	6	7
12-12:59						0	1	2	3	4	5	6
1-1:59							0	1	2	3	4	5
2-2:59								0	1	2	3	4
3-3:59									0	1	2	3
4-4:59										0	1	2
5-5:59											0	1

