

Cohort, Exam 4**Family History Form: FORM CODE=FTR VERSION=D**

Instructions: This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

<i>FTRD1</i>		<i>Date Of Clinic Visit</i> <i>Q1</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	Range	02/01/1996 - 01/30/1999

<i>FTRD2</i>		<i>Date Of Fasting Determination</i> <i>Q2</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	Range	02/01/1996 - 01/30/1999

<i>FTRD3AHM</i>		<i>Time Of Fasting Determination</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	Range	0:22 - 21:30

<i>FTRD4A</i>		<i>Day Last Consumed</i> <i>Q4a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
507	T	Today
11148	Y	Yesterday
1		Missing

<i>FTRD4BHM</i>		<i>Time Last Consumed Anything Besides Water</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11653	Range	0:00 - 23:59
3		Missing

<i>FTRD5</i>		<i>Computed Fasting Time</i> <i>Q5</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11650	Range	0 - 27 (median=13 mean=12.9 std=2.7)
6		Missing

<i>FTRD6</i>		<i>Blood Given In Last 7 Days?</i> <i>Q6</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11628	N	No
27	Y	Yes
1		Missing

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<i>FTRD7</i>		<i>Method Of Data Collection</i> <i>Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11534	C	Computer
121	P	Paper
1		Missing

<i>FTRD8</i>		<i>Code Number Of Person Coding</i> <i>Q8</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	Present	Text suppressed

<i>FTRDCY</i>		<i>Contact Year</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	10	

<i>FTRDFLAG</i>		<i>Indicator For Presence Of Form</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	1	

<i>ID</i>		<i>Aric Participant ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	Present	Text suppressed