FASTING/TRACKING FORM

ID NUMBER: CONTACT	YEAR: FORM CODE: FTR VERSION: B 01-19-90
LAST NAME:	INITIALS:
including time for reviewing instructions, searchineeded, and completing and reviewing the collection or any other aspect of this collection of informat Reports Clearance Officer, PHS, 721-H Hubert H. Hu	formation is estimated to average 1 minute per response, and existing data sources, gathering and maintaining the data on of information. Send comments regarding the burden estimate ion including suggestions for reducing this burden to umphrey Bldg., 200 Independence Ave. SW, Washington, D.C. and Budget, Paperwork Reduction Project (OMB 0925-0281),
must be entered above. Whenever num the last digit appears in the rightm all boxes. On the paper form, if a entry with an "X". Code the correct choice" questions, circle the letter	articipant's visit. ID Number, Contact Year and Name derical responses are required, enter the number so that dost box. Enter leading zeroes where necessary to fill number is entered incorrectly, mark through the incorrect entry clearly above the incorrect entry. For "multiple corresponding to the most appropriate response. If a through it with an "X" and circle the correct response.
FASTING/TRA	ACKING FORM (FTRB screen 1 of 1)
1. Date of clinic visit 2:	4. When was the last time you ate or drank anything except water? a. Day last consumed:Today T Yesterday Y Go to Item 6 Before Yesterday B b. Time last consumed: :
ъ. AM A РМ Р	5. Computed fasting time: 6. Have you given blood within the last 7 days?
	No N 7. Method of data collectionComputer C
	Paper P 8. Code number of person completing this form:

INSTRUCTIONS FOR THE FASTING/TRACKING FORM FTR, VERSION B, 01/19/90 PREPARED 01/19/90

The Fasting/Tracking Form is completely filled out at the beginning of the participant's visit. This form may be updated (in the CHANGE mode of the data entry system) if the participant has broken the fast before Visit 2 and agrees to return 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 2. This is the official date of Visit 2. Enter the date on which the participant signs the Visit 2 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 2 date, code in the numbers using leading zeroes where necessary to fill all spaces. For example, May 3, 1990 would be entered as:

	0	5	/	0	3	1	9	0	
Month				Da	ıy	Year			

- 2. <u>Date of Fasting Determination</u>. 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. <u>Time</u>. Enter the time of the reception, i.e., time now. For example, 8:10 a.m. would be coded as:

a.	Time:	0	8	:	1	0	
ъ.	AM			• • • •	• • • •	• • • •	(A)
•	PM						P

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.

Example 1.	The partio	cipant	states	that	he/she	last	consumed
something :	yesterday at	t 7:00	PM. Re	cord	as fol	lows:	

a.	Day last consumed:Today										
			Y								
	Go to Item 6	- Bef	ore 1	est)	erday	, B					
ъ.	Time last consumed:	0	7	:	0	0					
		h	h	:	m	m					
c.	AM		A								
	This		6	`							

4. When was the last time you ate or drank anything

except water?

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

4.	When was the last time you ate or drank anyth: except water?									
•	a. Day last consumed:Today									
	Yesterday Yesterday	?								
•	Go to Item 6 Before Yesterday	В								
	b. Time last consumed: O : 3 O h h : m m]								
	c. AM									
	PM P									

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 a pint of blood/plasma or had blood samples drawn. Record YES only if "given blood" refers to a pint (or more) or whole blood or plasma, not a blood sample for diagnostic evaluation. Otherwise, record NO.
- 7. Method of data collection. Record "C" if the form was completed on the computerized data entry screen, or "P" if the paper form was used.
- 8. The person at the clinic who has performed the interview and completed the form must enter his/her code number in the boxes provided.

Time Last Consumed Yesterday		<u>Time of Visit</u> AM PM											
		7-7:59	8-8:59			11-11:59	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5-5:59	<u>6</u>
!	Earlier	13	14	15	16	17	18	19	20	21	22	23	
	7-7:59	12	13	14	15	16	17	18	19	20	21	22	
PM-	8-8:59	11	12	13	14	15	16	17	18	19	20	21	
	9-9:59	10	11	12	13	14	15	16	17	18	19	20	
	10-10:59	9	10	11	12	13	14	15	16	17	18	19	
	11-11:59	8	9	10	11	12	13	14	15	16	17	18	
Tod	ay												
	12-12:59	7	8	9	10	11	12	13	14	15	16	17	
	1~1:59	6	7	8	9	10	11	12	13	14	15	16	
	2-2:59	5	6	7	8	9	10	11	12	13	14	15	
	3-3:59	4	5	6	7	8	9	10	11	12	13	14	
	4-4:59	3	4	5	6	7	8	9	10	11	12	13	
AM-	5-5:59	2	3	4	5	6	7	8	9	10	11	12	
•	6-6:59	. 1	2	3	4	5	6	7	8	9	10	11	
	7-7:59	0	1	2	3	4	5	6	7	8	9	10	
	8-8:59		0	1	2	3	4	5	6	7	8	9	
	9-9:59			0	1	2	3	4	5	6	7	8	
	10-10:59				0	1	2	3	4	5	6	7	
	11-11:59	,				0	1	2	3	4	5	6	
	12-12:59						o	1	2	3	4	5	
	1-1:59	•						0	1	2	3	Ļ	
	2-2:59								0	1	2	3	
P14	3-3:59			,						0	1	2	
	4-4:59										0	1	
	5-5:59									٠		0	