

FASTING/TRACKING FORM

ID NUMBER: CONTACT YEAR:	0 7 FORM CODE: F T R VERSION: C 09/10/92
LAST NAME:	INITIALS:
Public reporting burden for this collection of information is estimated to average 1 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Attention: PRA Reports Clearance Officer, PHS, 721-B Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D.C. 20201, and to the Paperwork Reduction Project (0925-0281), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.	
INSTRUCTIONS: This form is completed during the participant's visit. ID Number, Contact Year and Name must be entered above. 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. On the paper form, if a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.	
FASTING/TRACKING FORM (FTRC screen 1 of 1)	
1. Date of clinic visit 3:	4.b. Time last consumed:
	h h m m
month day year	c. AM A
2. Date of fasting determination:	PM P
	5. Computed fasting time: hours
month day year	6. Have you given blood within
3.a. Time:	the last 7 days? Yes Y
hh:mm	
b. AM A	7. Method of data collection Computer C
PM P	Paper P
When was the last time you ate or drank anything except water?	8. Code number of person completing this form:
a. Day last consumed: Today	
Yesterday Y	
Go to Item 6 Before Yesterday B	