PPL Post-Clinic Interview Form

ID NUMBER:  
CONTACT YEAR: 0 4 
LAST NAME:  
INITIALS:  
FORM CODE: FLP 
VERSION: A 10/05/90

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Bldg., 200 Independence Ave. SW, Washington, D.C. 20201, Attn. PRA; and to the Office of Management and Budget, Paperwork Reduction Project (OMB 0925-0281), Washington, D.C. 20503

INSTRUCTIONS: Two to three days after the post-prandial test, during a telephone interview, read questions 1-3 to the participant. Do not read questions 5-6 aloud; these are completed by the interviewer. Thank the participant.

PPL Post Clinic Interview Form (PLPA) Screen 1 of 3

A. INTERVIEW

1. I am calling you about your visit to the ARIC clinic on  
   __/__/___. We gave you a milkshake to drink. Did you have 
   any problems digesting it? ........................................YES  Y  
   NO  N

   Go to Item 4
2. Now I want to ask you some specific questions about the day you drank the milkshake and the day after. (CIRCLE ALL THAT APPLY.)
   a. Did you have an upset stomach during that time? .................YES Y
      NO N
   b. Did you feel nauseated? .........................................YES Y
      NO N
   c. Did you vomit? ......................................................YES Y
      NO N
   d. Was there any change in your bowel habits, such as a change in the consistency of stool? ...................YES Y
      NO N
   e. Did you have diarrhea? ............................................YES Y
      NO N

3. When did these symptoms occur? On the (READ RESPONSES) ..................DAY OF THE TEST MEAL D
   DAY AFTER THE TEST MEAL, OR DAY A
   BOTH DAYS B

4. Did you have a headache on the day of the test meal? .......................YES Y
   NO N

5. Did you have any other problems or discomfort that you think were related to the test meal? ..................YES Y
   NO N

5a. Please describe the problems or discomfort: __________________________
    __________________________
    __________________________

"Thank you very much for your participation."

B. ADMINISTRATIVE INFORMATION

6. Date of data collection: [ ] / [ ] / [ ]
   month / day / year

7. Code number of person completing this form: [ ] [ ] [ ]
PPL Screening Form

INSTRUCTIONS: Read Questions 1-19 to the participant. Questions 1-18 are used to determine eligibility for the postprandial test. Circle Y, N or U for each response. If the directions indicate that a response meets an exclusion criterion, circle the X, and continue reading the questions. After completing item 19, review whether any X has been circled and complete items 20-24. Do not read questions 20-24 aloud; these are completed by the interviewer. If an exclusion X has been circled, explain to the participant that s/he is not eligible for the postprandial test.

A. INTERVIEW

1. Do you have diabetes (high blood sugar)? .........................YES Y
   NO N
   UNKNOWN U
   Go to Item 3

2a. Do you inject insulin or take any medicine by mouth to control your blood sugar? ..................YES Y X
   NO N
   UNKNOWN U

   Exclude from study. Continue questions.

3a. Are you taking a medicine prescribed by a physician to treat thyroid disease? ..................YES Y X
   NO N
   UNKNOWN U

   Exclude from study. Continue questions.
4a. (Ask only of women under age 50.) Are you taking birth control pills for family planning? 

- YES: Y - X
- NO: N
- UNKNOWN: U

Exclude from study. Continue questions.

5a. Has a physician ever told you that you have very high blood levels of triglycerides? 

- YES: Y - X
- NO: N
- UNKNOWN: U

Exclude from study. Continue questions.

6a. Are you taking a medicine prescribed by a physician to lower cholesterol or fats in your blood? 

- YES: Y - X
- NO: N
- UNKNOWN: U

Exclude from study. Continue questions.

7. Are you taking a medicine prescribed by a physician to lower your blood pressure, relieve angina, or to treat any other heart disease?

- YES: Y
- NO: N
- UNKNOWN: U

Go to Item 9.

8. Please tell me the name of the medication(s) you're taking to lower your blood pressure, to relieve angina, or to treat any other heart disease.

a. 

b. 

c. 

d. 

e. 

f. 

g. 

h. 

i. 

j. 

k. 

l. 

If drug is a Beta Blocker, exclude from study. Continue questions.
9a. (Ask only of women under age 50) Are you pregnant?

- YES: Y
- NO: N
- UNKNOWN: U

Exclude from study. Continue questions.

10. Has a physician ever told you that you have migraine headaches?

- YES: Y
- NO: N
- UNKNOWN: U

11a. Have you had surgery to remove parts of your stomach or small intestine?

- YES: Y
- NO: N
- UNKNOWN: U

Exclude from study. Continue questions.

FPL Screening Form (FLSA) Screen 5 of 7

In the past five years has a physician told you that you have...

12a. pancreatitis (inflamed pancreas)?

- YES: Y
- NO: N
- UNKNOWN: U

Exclude from study. Continue questions.

13a. gallstones?

- YES: Y
- NO: N
- UNKNOWN: U

Exclude from study. Continue questions.

14a. malabsorption?

- YES: Y
- NO: N
- UNKNOWN: U

Exclude from study. Continue questions.

15a. Chronic kidney disease?

- YES: Y
- NO: N
- UNKNOWN: U

Exclude from study. Continue questions.

16a. Chronic liver disease?

- YES: Y
- NO: N
- UNKNOWN: U

Exclude from study. Continue questions.
17. Are you a vegetarian? .............................................YES Y

    Go to Item 19

    NO N

    UNKNOWN U

18a. Do you eat dairy products? ..............................YES Y

    Exclude from study. Continue questions.

    NO N

    UNKNOWN U

19. Do you avoid chocolate? .................................YES Y

    Read the following statement.

    NO N

    UNKNOWN U

"We usually flavor the milkshake with chocolate, but in your case, we will use strawberry."

---

20. Were any exclusion criteria met during the interview? ..............YES Y

    NO N

21. Appointment status:

00 appointment made
01 ineligible to participate
02 refused to participate in PPL; scheduled for ARIC
03 refused to participate in either PPL or ARIC
04 physically unable to attend clinic
05 participant has moved and cannot return for exam
06 other

22. Date of data collection:  

   [ ] / [ ] / [ ]

   month / day / year

23. Method of data collection: ................................HOME INTERVIEW H

    TELEPHONE T

24. Code number of person completing this form:  