INSTRUCTIONS: This form should be 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. 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" and "Yes/No" type 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.

A. VISIT 3 CLINIC EXAMINATION
1. Summary of VISIT 3 Referrals/Alerts
   a. Referral/alert made at this time? ........ Yes Y  No N  
      Go to Item 2  
      Was a referral made for:
      b. Blood pressure Y  N  
      c. Glucose Y  N  
      d. Lipids Y  N  
      e. Other Chemistries Y  N  
      f. Retina Y  N  
      g. MRI* Y  N  
      h. Echocardiogram* Y  N  
      i. Ultrasound Y  N  
      j. ECG Y  N  
      k. Other conditions Y  N  
* Field center specific procedure

B. PREVIOUS CLINIC EXAMINATIONS
2. Summary of VISIT 2 Referrals/Alerts
   a. Referral/alert made at this time? ........ Yes Y  No N  
      Go to Item 3  
      Was a referral made for:
      b. Blood pressure Y  N  
      c. Hematology Y  N  
      d. Glucose Y  N  
      e. Lipids Y  N  
      f. Other Chemistries Y  N  
      g. Ultrasound Y  N  
      h. ECG Y  N  
      i. Pulmonary function Y  N  
      j. Other conditions Y  N

C. ADMINISTRATIVE INFORMATION
4. Date of data collection: ..........  
   month  day  year  

5. Method of data collection: ..........  
   Computer C  Paper form P

6. Code number of person completing this form: ..........  

## ARIC ALERT/REFERRAL LOG

### Atherosclerosis Risk in Communities

**ID NUMBER:**

**CONTACT YEAR:**

**FORM CODE:** ALT

**VERSION:** B 11/17/92

### LAST NAME: INITIALS:

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<tr>
<th>Date Received</th>
<th>Alert Value</th>
<th>Referral/Action</th>
<th>Date of Action</th>
<th>Notes</th>
<th>Initials</th>
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<td>mm/dd/yy</td>
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<td>Value: ______</td>
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### Participant called on __/__/__ Call taken by ___ __ Notes

### Participant called on __/__/__ Call taken by ___ __ Notes

### Ppt's MD called on __/__/__ Call taken by ___ __ Notes

### ARIC called Ppt. on __/__/__ Call made by ___ __ Notes

### ARIC called Ppt's MD __/__/__ Call made by ___ __ Notes