FASTING/TRACKING FORM

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 1 MINUTES PER RESPONSE, INCLUDING THE 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 THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO: PWS REPORTS CLEARANCE OFFICER, RM. 737-F, HUMPHREY BUILDING, 200 INDEPENDENCE AVE., NW, WASHINGTON, D.C. 20201, ATTN: PRA (0925-0281). DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS.

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 ZEROS 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 IT THROUGH WITH AN "X" AND CIRCLE THE CORRECT RESPONSE.

1. Date of clinic visit:
   [ ] / [ ] / [ ]
   month day year

2. Date of fasting determination:
   [ ] / [ ] / [ ]
   month day year

3. a. Time: [ ] : [ ]
   h h : m m
   b. AM [ ]
   PM [ ]

4. When was the last time you ate or drank anything except water?
   a. Day last consumed: [ ] Today
   [ ] Yesterday
   [ ] Before Yesterday
   Go to Item 6

4. b. Time last consumed: [ ] : [ ]
   h h : m m
   c. AM [ ]
   PM [ ]

5. Computed fasting time: [ ]__ [ ]__ hours

6. Have you given blood within the last 7 days? [ ] Yes
   [ ] No

7. Method of data collection [ ] Computer
   [ ] Paper Form

8. Code number of person completing this form: [ ] [ ] [ ]