Clinic Appointment Form

[IF RESPONDENT IS NOT PLANNING TO COME TO THE CLINIC, GO TO ITEM 14]

“There are several points we would like to cover to make your clinic visits easier.

For your visit we ask that you fast, that is not eating or drinking anything by mouth but water and medication for 12 hours before your appointment. This means take all routine medication during this time with water only - no coke, no tea, no coffee - just water. It also means not to chew any gum, eat mints or other foods. You will be given a snack shortly after your arrival, after we have drawn your blood sample.”

1. Some medicines, such as insulin for diabetes, cannot be taken while fasting. Do you take insulin for diabetes?......................... Yes Y No N
2. Do you have any medical reason why you must not fast for 12 hours? ......................................................... Yes Y Go to Item 4 No N Specify: __________________________________________________________
3. Is it possible for you to arrange with your doctor a way to fast before you come to the clinic? ................................. Yes Y “Good. Please do so.” No N “Then it will be okay for you to eat before the visit as you normally do.” [Go to Item 6]
4. Some medications can be taken fasting or delayed until the snack at the clinic. Do you have a medicine you must take for which you must not fast for 12 hours?  

Yes Y  
No N  

Specify:  

5. Is it possible for you to arrange with your doctor a way to take this medicine and still fast, or to fast for a shorter time before you come to the clinic?  

Yes Y  
No N  

"Then it will be okay for you to eat before the visit as you normally do.”  

6. Do you have any special diet we should consider for the clinic snack?  

Yes Y  
No N  

Specify:  

7. Will you need any assistance getting around the clinic?  

Yes Y  
No N  

Specify:  

8a. Will you need to have transportation provided by Jackson Heart Study in order to get your clinic appointment?  

Yes Y  
No N  

Specify:  

"Good. Please do so.”
8b. Would you like to have a Jackson Heart Study volunteer call to arrange transportation, or shall we call a taxi?  

Specify:  

JHS Volunteer  A  
Taxi  B  
Other  C

9. Will you need to have child (or adult) care provided at the Jackson Heart Study clinic while you attend your clinic appointment?  

Specify:  

Yes  Y  
No  N

10. Will you need any assistance (reading/writing) with completing the paperwork?  

Specify:  

Yes  Y  
No  N

11. Do you have any other special needs for the clinic visit that we should know about?  

Specify:  

Yes  Y  
No  N

**IF INTERVIEW PLANNED WITH ANOTHER HOUSEHOLD MEMBER, READ:**  
“Now I would like to interview (Name of Respondent), then we will make the appointment for your clinic examinations together.”

**IF INTERVIEWS COMPLETED FOR THIS VISIT, READ:**  
“Now I would like to set your appointment for the clinic examination at the Jackson Medical Mall. Let me call to schedule a good time for you.”  
[CALL (CLINIC TELEPHONE NUMBER) FOR APPOINTMENT INFORMATION AND RECORD BELOW.]
12a. APPOINTMENT STATUS: ..............................................  Set  S

Go To Item 13a

Pending  P

Go To Item 14

Refused  R

12b. Day of appointment: .............................................  Sunday  S

Monday  M

Tuesday  T

Wednesday  W

Thursday  H

Friday  F

Saturday  A

12c. Date of appointment: ...............  

m  m  d  d  y  y  y  y

12d. Time of appointment: ...............  h  h  :  m  m

[REVIEW APPOINTMENT SCHEDULE, PROCEDURES.
IF RESPONDENT IS UNABLE TO SCHEDULE APPOINTMENT AT THIS TIME, SPECIFY]:

13a. Reason:

13b. Recontact Procedures:
14a. [RECORD REASON RESPONDENT IS NOT COMING TO THE CLINIC:]

- Language barrier  A
- Physically unable to attend clinic  B
- Doesn't want blood drawn  C
- Doesn't want to take time off work  D
- Other refusal  E
- Other  F

Specify other refusal/reason: ________________________________

______________________________

ADMINISTRATIVE INFORMATION

15. Date of data collection: ......................  mm/dd/yyyy

16. Code number of person completing this form: ..........................  _______ _______ _______

IF APPOINTMENT SCHEDULED, GO TO MEDICATIONS INSTRUCTIONS NEXT PAGE