I. GENERAL INSTRUCTIONS

The Clinic Appointment Form (CLA) is completed after completing the Home Induction Interview prior to leaving the participant's home. The interviewer must be certified and should have a working knowledge of the JHS Clinic Appointment Procedures. S/he should also be familiar with and understand the document titled "General Instructions for Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document. Initiate the form by reading the script at the beginning of the form as printed.

II. SPECIFIC INSTRUCTIONS

If respondent is not planning to come to the clinic, go to item 14. Record reason. If "other refusal" or "other," document specific reason in space provided.

1. Ascertain if participant takes insulin that must be taken with food. If "Yes," instruct participant to take insulin as usual and NOT to fast before they come for their clinic examination. Go to Item 6. If "No," continue with next item.

2. Determine existence of any medical reason (other than taking insulin, as in Item 1) preventing a 12-hour fast. If "Yes," record specific condition in boxes provided.

3. Determine if participant can arrange a way to be able to fast before coming to the clinic with their health care provider. If "No," instruct the participant to eat as they normally do prior to the clinic appointment and go to Item 6. If "Yes," request that they make these arrangements. If necessary, offer assistance in doing so.

4. Ascertain if participant takes some other medication, besides insulin, that must be taken with food and cannot be delayed until time for the clinic snack. If "Yes," specify the name of the medication in the space provided. If "No," go to Item 6.

5. See Item 3 for instructions.

6. Circle "Y" or "N" to indicate whether participant requires a special diet for their clinic snack. If "Yes," specify dietary restrictions in the space provided. If "No,"
go to Item 7. If asked, you may inform the participant that the clinic will provide a heart-healthy, low-fat snack.

7. Circle "Y" or "N" to indicate a need for any special assistance getting into or around the clinic. If "Yes," specify limitation in the space provided.

8a. Circle "Y" or "N" to indicate need for JHS to provide transportation to the clinic. If "Yes" specify any transportation issue in the space provided.

8b. Determine if the participant would prefer a taxi or a JHS volunteer to assist with transportation to the clinic. Specify relevant transportation issues, if any, in space provided.

9. Circle "Y" or "N" to indicate need for dependent care provision during clinic visit. If "Yes," specify nature of need in space provided.

10. Circle "Y" or "N" to indicate need for assistance with completing paper work. If "Yes," specify in space provided. This is a very sensitive item as most persons do not readily discuss that they do not read or write. If you suspect there may be difficulty, you may say something like: "The print on some of the forms is very small. Would you prefer someone to read the paper work to you?"

11. Circle "Y" or "N" for any other special needs identified by the participant. If "Yes," specify in space provided.

If there is another respondent in the household, READ: "Now I would like to interview (Name), then we will make an appointment for your clinic visit together."

If interviews are completed for the 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 the clinic scheduler and arrange a convenient appointment.

12. Record appointment status as Set, Pending, or Refused. If "Pending," or "Refused," go to Item 14. If "Set," enter the specific day, date, and time of the appointment in Items 12b, 12c, and 12d.

Review all appointment schedule procedures, providing participant with the Participant Clinic Instructions and Medications Instruction sheets. Remind the participant that the clinic visits will take 4½ hours. If the participant has 2 siblings and 9 first-degree relatives living in the tri-county area, tell them their visit may be 5-5½ hours to allow time for completing additional family information. Assure them that they will receive a meal at the clinic if the time extends longer. If appropriate you may also schedule two days for the clinic appointments, carefully noting this preference in the marginal notes. If respondent is unable to schedule an appointment, record reason and recontact procedures in boxes provided.
14. If respondent refuses clinic appointment, circle reason. If "Other" or "Other refusal," specify reason in space provided.

**ADMINISTRATIVE INFORMATION**

15. Enter date of data collection.

16. Enter 3-digit JHS interviewer code number of person completing this form.