Pre 24- Hour Urine Collection Form

ID NUMBER:  

CONTACT YEAR:  

LAST NAME:  

INITIALS:  

INSTRUCTIONS: This form should be completed during participant's visit (or at the initiation of the procedure). 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.

1. Lab ID: ......................

2. Exam Date: m m d d y y y y

Was the urine collection instruction sheet given to the participant?

3a. 24-hour: .................................................................      Yes  No
     Y    N

3b. Second 24-hour: .......................................................      Y    N

4. Did the technician instruct the participant on the 24-hour urine collection, second 24-hour urine collection, both or neither? ...........................................      24-hour urine collection

   T
   Second 24-hour urine collection                  F

   Both                                              B

   Neither                                           N
A. STUDY INITIATION

5. Did the participant verbally agree to complete the urine collection? ................................................................. Yes Y
........................................................................................................................................................................ No N

6. Is the participant collecting a 24-hour urine, second 24-hour urine, both or neither? ..................... 24-hour urine T
........................................................................................................................................................................ Second 24-hour urine F
........................................................................................................................................................................ Both B
........................................................................................................................................................................ Neither N

Go to Item 10

7. Number of bottles given to participant? ........................................................................................................

8a. Has an appointment been made for the return of the urine collections? ......................................................... Yes Y
........................................................................................................................................................................ No N

Go to Item 10

8b. Date of urine return: ......................

m m d d y y y y

9. By what mode will the return be made? ....................... Participant delivery P
........................................................................................................................................................................ Clinic pick-up C
B. ADMINISTRATIVE INFORMATION

10. Date of data collection: ………………….  
    
    m m d d y y y y

11. Method of data collection: …………………………………………….. ..Computer  C  
    Paper Form  P

12. Code number of person completing this form: ……………………………….