Post 24- Hour Urine Form

INSTRUCTIONS: This form should be completed when specimens are retrieved. 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: ..............................................

A. FIRST COLLECTION

Date and time of urine return or pick-up:

2a. First Collection: ..............................
   m m d d y y y y

2b. Appointment time: .........................
   h h m m PM P

2c. AM A

3a. How many bottles were used for the first
   24-hour collection? .................................................................

3b. Start date: .................................
   m m d d y y y y

3c. Start time: .................................
   h h m m PM P

3d. AM A
3e. End date: .....................................
   m  m  d  d  y  y  y  y

3f. End time: .....................................
   h  h  m  m

3g. AM  A
    PM  P

4. Did any urine spill from the bottles? ........................................ Yes Y
   No  N

5. Where did you keep the bottles most of the time? .......
   Refrigerator  A
   At work;
   not refrigerated  B
   At home;
   not refrigerated  C
   In a cooler  D
   In the car  E

6. Is this 24-hour collection complete (i.e. marked as
   complete, or noted as complete by the participant)? ................. Yes Y
   No  N

7. How convenient was it to complete the 24-hour
   urine collection? Was it very convenient,
   somewhat convenient, somewhat inconvenient,
   or very inconvenient? ............................................. Very convenient  A
   Somewhat convenient  B
   Somewhat inconvenient  C
   Very inconvenient  D
   Not sure  E
8. Is there a second 24-hour urine collection? ……………………………….. Yes Y
   No N

Date and time of second urine return or pick-up:

9a. Second Collection: …………………. m m d d y y y y

9b. Appointment time: ……………… h h m m

9c. AM A
   PM P

10a. How many bottles were used for the second
     24-hour collection? …………………………………………………………………………..

10b. Start date: …………………. m m d d y y y y

10c. Start time: …………………. h h m m

10d. AM A
    PM P

10e. End date: …………………. m m d d y y y y

10f. End time: …………………. h h m m

10g. AM A
    PM P

Go to Item 15
11. Did any urine spill from the bottles? .............................................. Yes Y
                                      No N

12. Where did you keep the bottles most of the time? ...... Refrigerator A
                                      At work; not refrigerated B
                                      At home; not refrigerated C
                                      In a cooler D
                                      In the car E

13. Is this second 24-hour collection complete (i.e. marked as complete, or noted as complete by the participant)? ................. Yes Y
                                      No N

14. How convenient was it to complete the second 24-hour urine collection? Was it very convenient, somewhat convenient, somewhat inconvenient, or very inconvenient? .............................................. Very convenient A
                                      Somewhat convenient B
                                      Somewhat inconvenient C
                                      Very inconvenient D
                                      Not sure E
15. Would you agree to repeating this (these) procedure(s) in the future if asked to do so? ................................................................. Yes  Y —— Go to Item 17
  No  N

We are interested in knowing the reasons why you are not interested in repeating this (these) procedure(s).

16a. Was the collection bottle/container too difficult to transport? ................................................................. Yes  Y
  No  N

16b. Would you not agree to repeat this procedure in the future because you couldn’t continue your normal activities? ................................................................. Yes  Y
  No  N

16c. Would you not agree to repeat this procedure in the future because this procedure seemed unimportant? ................................................................. Yes  Y
  No  N

16d. Are there any other reasons? ................................................................. Yes  Y —— Go to Item 17
  No  N

Other reasons (specify):

__________________________________________________________________________

__________________________________________________________________________
C. ADMINISTRATIVE INFORMATION

17. Date of data collection: ………………….   mm/dd/yy

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

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