

FINGER STICK FORM INSTRUCTIONS

FST VERSION A: 08/05/2005

QxQ Prepared: 09/09/2005

I. GENERAL INSTRUCTIONS

The Finger Stick Form (FST) is completed during the Exam 2 clinic visit at the time of the digipuncture for glucose and lipids. The interviewer must be certified and should have a working knowledge of general clinic procedures.

S/he should be familiar with the data entry procedures for electronic version forms and understand the document entitled "General Instructions for Completing Paper Forms" prior to administering this form. ID Number, Contact Year, and Name are completed as described in that document.

II. SPECIFIC INSTRUCTIONS

A. Finger Stick

1. This item is intended to document whether the participant has any bleeding disorders. If the participant has any bleeding disorders, consult with the Clinic Manager before proceeding with the venipuncture. If the participant does not know if s/he has a bleeding disorder, offer the explanation: "If you have a bleeding disorder you would have symptoms like excessive nose bleeds, or very easy bruising, or problems with bleeding after tooth extractions, or any type of surgery." If the participant is still unsure, consult with Exam Center medical personnel before going on. Specify any bleeding disorders as briefly as possible in item 1a.

- 2a. Date of Finger Stick. This is the date that the actual finger stick was accomplished. It may not be the same as the date of the clinic visit as the participant may return on another day to have this procedure accomplished. To record the finger stick date, code in the numbers using leading zeroes where necessary to fill all spaces. For example, November 3, 2005 would be entered as:

1	1	0	3	2	0	0	5
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Month

Day

Year

- 2b. Enter the time of the finger stick using the 24-hour clock and leading zeros as needed.

3. Number of finger stick attempts. Enter the number of times that digipuncture was attempted by the technician.

B. Glucose

4. Enter the value for the glucose displayed on the Cholestech monitor.

C. Lipids

5. Enter the value for Total Cholesterol displayed on the Cholestech monitor.
6. Enter the value for Triglycerides displayed on the Cholestech monitor.
7. Enter the value for HDL Cholesterol displayed on the Cholestech monitor.
8. Enter the value for LDL Cholesterol displayed on the Cholestech monitor.
9. Enter the value for Non-HDL Cholesterol displayed on the Cholestech monitor.

D. Administrative

10. Record "1" if the form was completed on the computerized data entry system, or "2" if the paper form was used. If the form was completed partially on paper and partially on the computer, code as "Paper Form."
11. Record the place of data collection: In Clinic or Off site.
12. Enter the 3-digit JHS code of the person completing this form in the boxes provided.

FASTING TIME COMPUTATION TABLE

		Time of Visit											
		AM				PM							
Time Last Consumed		7-7:59	8-8:59	9-9:59	10-10:59	11-11:59	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5:59	6-6:59
Yesterday													
PM	Earlier	13	14	15	16	17	18	19	20	21	22	23	24
	7-7:59	12	13	14	15	16	17	18	19	20	21	22	23
	8-8:59	11	12	13	14	15	16	17	18	19	20	21	22
	9-9:59	10	11	12	13	14	15	16	17	18	19	20	21
	10-10:59	9	10	11	12	13	14	15	16	17	18	19	20
	11-11:59	8	9	10	11	12	13	14	15	16	17	18	19
Today...													
AM	12-12:59	7	8	9	10	11	12	13	14	15	16	17	18
	1-1:59	6	7	8	9	10	11	12	13	14	15	16	17
	2-2:59	5	6	7	8	9	10	11	12	13	14	15	16
	3-3:59	4	5	6	7	8	9	10	11	12	13	14	15
	4-4:59	3	4	5	6	7	8	9	10	11	12	13	14
	5-5:59	2	3	4	5	6	7	8	9	10	11	12	13
	6-6:59	1	2	3	4	5	6	7	8	9	10	11	12
	7-7:59	0	1	2	3	4	5	6	7	8	9	10	11
	8-8:59	0	1	2	3	4	5	6	7	8	9	10	
	9-9:59		0	1	2	3	4	5	6	7	8	9	
	10-10:59			0	1	2	3	4	5	6	7	8	
	11-11:59				0	1	2	3	4	5	6	7	
PM	12-12:59					0	1	2	3	4	5	6	
	1-1:59						0	1	2	3	4	5	
	2-2:59							0	1	2	3	4	
	3-3:59								0	1	2	3	
	4-4:59									0	1	2	
	5-5:59										0	1	