

**FASTING/TRACKING FORM INSTRUCTIONS**  
**FTR VERSION B: 07/29/2005**  
**QxQ Prepared: 08/11/2005**

**I. GENERAL INSTRUCTIONS**

The Fasting/Tracking Form (FTR) is completely filled out at the beginning of the participant's Exam 2 clinic visit. Portions of this form may be updated (in the CHANGE mode of the data entry system) if the participant arrived at the Exam Center having consumed anything other than water or black, unsweetened coffee or tea in the 10 hours prior to the beginning of the baseline exam and agreed to return on another day for obtaining the finger stick blood samples in the fasting state. 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**

1. Date of Clinic Visit. This is the official date of the visit. Enter the date on which the participant signs Informed Consent Form. If the participant returns at a later date for finger stick, this date is not changed. The information below on her/his fasting status, however, will be updated. To record the visit 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

2. Date of Fasting Determination. This is the date on which the participant's fasting is documented. This date may be updated if it was necessary for the participant to return to have fasting finger stick blood drawn. Enter the date using the standard date format, as described for Item 1.
3. Time. Enter the time of the reception using military time (a 24 hour clock with midnight as 2400, 1 am as 0100 up through noon as 1200, 1 pm as 1300, etc.) For example, if the participant arrives at 8:07, record 0807 in the boxes

provided.

4. When was the last time you ate or drank anything except water? Ask the question verbatim. Record the appropriate day in item (a), time in item (b), and AM or PM in item (c). Use midnight (12:00 am) as the strict cut off between days. Note: If "Before Yesterday" is chosen in (a), skip to Item 6.
5. Computed Fasting Time. This item is calculated automatically when the Fasting/Tracking Form is entered directly in the computer. (As a way of denoting this on the paper form, lines are provided rather than boxes for recording the result.) To calculate the fasting time when using the paper version of the form, use the "Fasting Time Computation Table," which can be found on the last page of these instructions, to determine the time. To use the table, look up the Time Last Consumed on the left hand column, and the current time (Time of Visit) along the top. The value in the body of the table corresponding to those two times is the number of hours fasted. Note that the "Time Last Consumed" is separated into "Yesterday" and "Today," and that all times are separated by "AM" and "PM." In addition, times are given in one-hour intervals. The top line in the table may be used whenever the Time Last Consumed is earlier than 7:00 PM. This is acceptable because, although the fasting time may not be accurate, it will not be less than the critical time of 12 hours.

Note: Computing fasting time using the table does not always provide the same result as the computer (due to a reduction in accuracy). However, any effect arising from this fact is believed to be negligible because (1) only a small number of cases would cross over the 12-hour critical time, and (2) even in such cases, JHS procedures call for the completion of the visit regardless of fasting time.

For example, if the Time Last Consumed is 7:30 PM yesterday (in 7-7:59 PM interval) and the Time of Visit is 8:15 AM (in 8-8:59 AM interval), the fasting time is 13 hours.

6. Have you given blood within the last 7 days? Read the question. If the response is YES, determine whether the participant gave or donated a pint of blood/plasma in contrast to had blood samples drawn. Record YES only if "given blood" refers to the donation of a pint (or more) or whole blood or plasma, not a blood sample for diagnostic evaluation. Otherwise, record NO.

### **Administrative Information**

7. 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."
8. Record the place of data collection: In Clinic or Off site.

9. Enter the 3-digit JHS code of the person completing this form in the boxes provided.

# FASTING TIME COMPUTATION TABLE

		<u>Time of Visit</u>											
Time Last Consumed		AM				PM							
		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