Sample Visit 1 Questionnaire and Answer Sheet

In questions 2-14 enter one character per box, beginning with the leftmost box. Enter all letters as capitals. Mark through the boxes with a single stroke if the question does not apply.

1. Have you previously had your blood drawn for this study? — 1. 1 No / 2 Yes (10)

2. Date of Visit: Mo. Day Year (11-16)

3. Last Name: (17-28)

4. First Name: (29-36)

5. Second Name: (37)

6. Third or Maiden Name: Code JR, SR, I, II, etc. here) (38-40)

Mailing Address: For Lot or Box numbers, print LOT or BOX in the first three blanks for question 7 and then write the number in question 8.

7. House Number, LOT, or BOX: (41-46)

8. Apartment, Lot, or Box Number: (47-51)

9. Street Name, Apt. Complex, Mobile Court Name, or Rural Route (RR) and Number: (52-64)

10. City: (65-77)

11. State (use abbreviations given in instructions) (78-79)

(80) 1

NEW CARD DUPLICATE COLUMNS 1-9

12. Zip Code: (10-14)

13. Phone Number: (15-21)

14. Birthdate: (22-27) Mo. Day Year

Revised: 12/72.

CPR Number (28-33)

15. 1 / 2 (34)

16. 1 / 2 / 3 / 4 / 5 (35)

17. 1 / 2 / 3 / 9 (36)

18. 1 / 2 / 3 / 4 / 9 (37)

19. 1 / 2 / 3 / 4 / 5 / 6 / 7 / 9 (38)

20. 1 / 2 / 9 (39)

21. 1 / 2 / 9 (40)

22.
a. 1 / 2 / 9 (41)
b. 1 / 2 / 9 (42)
c. 1 / 2 / 9 (43)
d. 1 / 2 / 9 (44)

23.
a. (45)
b. (46)

24. Occupation Title:

Code: (47-48)

25. (49-50)

26.
a. ______
b. (51-52)

27a. (53-61)

28. (62-63)

29a. 1 / 2 / 3 (64)
b. 1 / 2 / 3 (65)

30. (66-69)

31. (70-74)

32a. ______
b. (75-76)

33. 1 / 2 / 3 (77)

34. (78-79)

2 (80)

20. Delivery Date:

In questions 15-22 circle the number on the answer sheet which most closely corresponds to the subject's response.

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15. Sex:

1 Male? . . . . . .

2 Female? . . . . . .

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16. Have you ever been married?

1 No . . . . . .

If "Yes," ask: "What is your present status?"

2 Married . . . . . .

3 Separated . . . . . .

4 Divorced . . . . . .

5 Widowed . . . . . .

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17. Were you born in--

1 United States? . . . . . .

2 Canada? . . . . . .

3 British Isles? . . . . . .

9 Other? . . . . . .

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18. Of which racial group are you a member?

1 White . . . . . .

2 Negro or Black . . . . . .

3 Oriental . . . . . .

4 American Indian . . . . . .

9 Other . . . . . .

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19. Is your origin or descent—

1 Mexican? . . . . . .

2 Puerto Rican? . . . . . .

3 Cuban? . . . . . .

4 Central or South American? . .

5 Other Spanish? . . . . . .

6 Italian? . . . . . .

7 Other European? . . . . . .

9 None of these or unknown? . . .

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20. Are you pregnant?

1 No or male . . . . . .

2 Yes *(specify delivery date in rightmost column of answer sheet)*

9 No answer or unknown . . . . .

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21. Are you taking oral contraceptives, estrogens, or pills for hot flashes or to regulate period?

1 No or male . . . . . .

2 Yes . . . . . .

9 No answer or unknown . . . . . .

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22. Within the past week have you taken medication prescribed by your physician for--

a. High blood pressure?

1 No . . . . . .

2 Yes . . . . . .

9 Unknown . . . . . .

b. High blood sugar?

1 No . . . . . .

2 Yes . . . . . .

9 Unknown . . . . . .

c. High uric acid or gout?

1 No . . . . . .

2 Yes . . . . . .

9 Unknown . . . . . .

d. High cholesterol, triglycerides or blood fats?

1 No . . . . . .

2 Yes . . . . . .

9 Unknown . . . . . .

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23. *Code the number corresponding to the most appropriate category from the list provided.*

Ask: "Who is the head of your household?" *Then ask--*

a. How much education has this person had? . . .

b. How much education have you had? . . . . . .
Mark through the box with a single horizontal stroke if the subject is head of household.

Code	Category *(see instructions for explanation)*
1	Graduate and professional training (college grads only)
2	College graduate
3	Partial college training (at least 1 year)
4	High school graduate
5	Partial high school (complete tenth grade)
6	Junior high school (7-9 grade)
7	Less than 7 years of school
9	Unknown

24. What is the usual occupation of your head of household? *Print a descriptive occupation title in the boxes on the answer sheet except for those occupations that may be coded as 08, 09, 10, or 99*

Code	Category *(see instructions for explanation)*
01	High executives, proprietors of large concerns, major professionals
02	Business managers, proprietors of medium-sized businesses, lesser professionals
03	Administrative personnel, small independent businesses, minor professionals
04	Clerical and sales workers, technical workers, owners of little businesses
05	Skilled manual employees
06	Machine operators and semi-skilled employees
07	Unskilled employees and small farmers
08	Unemployed for more than two (2) years
09	Student
10	Housewife
99	Unknown

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25. When was the last time you took anything by mouth excepting water? *(See instructions for use of wheel to determine fasting time.)*

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26. Interviewer:

a. Initials

b. Code Number

Note: Do not send form to CPR until lab results have been recorded.

FAMILY GROUP LINKING

Questions 27 and 28 serve only to link together family members screened at Visit 1 (see instructions).

27a. Family Group Number: *Record I.D. number of subject serving as index to family group (see instructions).*

b. Name of subject serving as index to family group: *Print name of subject in space at 27b on answer sheet.*

28. What is your relationship to the person referred to in question 27?

01 Designated person
02 Spouse of
03 In-law, related by marriage only
04 Son or daughter of
05 Adopted or foster son or daughter of
06 Stepson or stepdaughter of
07 Brother or sister of
08 Half brother or half sister of
09 Cousin of
10 Parent of
11 Grandchild of
12 Grandparent of
13 Nephew or niece of
14 Aunt or uncle of
15 Other

LAB RESULTS - TO BE FILLED OUT AFTER LABORATORY ANALYSIS

29. Standing plasma test:

a. Chylomicron layer
1 Present . . . . . .
2 Absent. . . . . .
3 Not done . . . . . .

b. Appearance of plasma:
1 Clear . . . . . .
2 Turbid . . . . . .
3 Not done . . . . . .

30. Cholesterol: *(Record in mg%)*. . . . . .

31. Triglycerides: *(Record in mg%)*. . . . . .

32. Responsible technician:

a. Initials . . . . . .
b. Code number . . . . .

33. Disposition of subject:

1 No further action . . . . . .
2 To be sent to Visit 2 . . . . . .
3 To be recalled to Visit 1 . . . . . .

34. Triglyceride Blank: *(Record in mg%.) To be done only if triglyceride value in question 31 is greater than 300 mg%.*