Identification Number (1-9)

VISIT 2 INTERVIEW FORM

05168

Place I.D. Number Label in Box at Left

Version 6 (10)

O. M. B. 68-S72041

For CPR Use Only (39-44)

I. *In the name and address fields 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. Last Name: (11-22)

2. First Name: (23-30)

3. Second Name: (31)

4. Third or Maiden Name *(Code JR, SR, I, II, etc. here):* (32-34)

5. a. Are you pregnant?

1 No or male 1

2 Yes 2

3 Uncertain 3

9 No answer or unknown 9 (35)

If "Yes," record the expected delivery date in part b, stop the interview, and reschedule the interview for 3 months after delivery, otherwise continue with item 6.

b. Expected Delivery Date: Month / Day / Year

6. When was the last time you took anything by mouth excepting water? *(See instructions for use of wheel to determine fasting time.) If fasting time is less than 12 hours, stop the interview and schedule another visit.* (36-37)

Otherwise skip to question 8. DO NOT ask question 7 until the end of the interview.

7. Were you told the results of the initial blood test before you came back for this visit?

If "Yes," ask: What were you told? *Circle "2," (Yes) only if the subject was told the results of the initial lipid determination.*

1 No 1

2 Yes 2

9 Uncertain or unknown 9 (38)

8. Date of Visit: Month / Day / Year (45-50)

Mailing address and phone number. For Lot or Box numbers, print LOT or BOX in the first three blanks for question 9, and then write the number in question 10.

9. House Number, LOT or BOX: (51-56)

10. Apartment, Lot or Box Number: (57-61)

11. Street Name, Apt. Complex, Mobile Court Name, or Rural Route (RR) and Number: (62-74)

I 1 (79-80)

NEW CARD--DUPLICATE COLUMNS 1-9

12. City: (10-22)

13. State or Province *(Use abbreviations given in instructions):* (23-24)

14. Zip Code or Canadian Postal Code: (25-29)

15. Phone Number: — (30-36)

16. Social Security Number: — — (37-45)

17. Initials and code number of person completing section I.: a. _____ b. (46-47)

II. MEDICATION HISTORY

Subjects should have been instructed to bring a list of and samples of each prescribed medication they are currently taking.

18. a. How many different medications prescribed by your physician, including shots, and birth control pills have you taken in the past two weeks? [ ][ ] (48-49)

If zero, go to section III, page 3.

b. *If one or more, ask:* Did you bring samples or a list of all your prescribed medication?

If "Yes," identify each sample or medication on the list and record appropriately in parts c-h. Medication identified on a list or by a sample should be recorded by circling "2," (Yes/Sample).

If "No," ask parts c-h as stated and record the responses appropriately. Medications identified on a list or by a sample should be recorded by circling "2," (Yes/Sample). Medication identified by questioning only should be recorded by circling "3," (Yes/Interview).

c. Was any of the medication you took during the past two weeks for high cholesterol, high blood fat, or high blood lipids?

c.	No	Yes	Unk	
	1	2	9	(50)

If "No," go to part d.

If "Yes," or "Unknown," ask each of the following questions.

If any of the following responses is "Yes," record the dose per day in the rightmost column. Mark through the boxes if the dose is unknown. See the instructions for cross references or dosage information.

Have you taken:	No	Yes: Sample	Yes: Interview	Unknown	Dose/Day
1) Questran, Cuemid (cholestyramine)?	1	2	3	9 (51)	[ ][ ] gm. (52-53)
2) Atromid-S (clofibrate, CPIB)?	1	2	3	9 (54)	[ ][ ].[ ] gm. (55-57)
3) Choloxin (D-thyroxin)?	1	2	3	9 (58)	[ ][ ] mg. (59-60)
4) Nicotinic acid?	1	2	3	9 (61)	[ ][ ][ ] mg. (62-64)
5) Colestipol?	1	2	3	9 (65)	[ ][ ] gm. (66-67)
6) Cytellin (betasitosterol)?	1	2	3	9 (68)	
7) Other lipid altering agents?	1	2	3	9 (69)	

If the response to 7) is "Yes/Interview," ask: How many other different prescribed lipid altering agents have you taken in the past two weeks? [ ] (70)

d. Was any of the medication you took during the past two weeks for diabetes?

d.	No	Yes	Unk	
	1	2	9	(71)

If "No," go to part e.

If "Yes" or "Unknown," ask each of the following questions.

See instructions for cross references and some helpful identifying characteristics.

Have you taken:	No	Yes: Sample	Yes: Interview	Unknown
1) Orinase (tolbutamide)?	1	2	3	9 (72)
2) Diabinese (chlorpropamide)?	1	2	3	9 (73)
3) Phenformin (DBI, DBI-TD)?	1	2	3	9 (74)
4) Insulin?	1	2	3	9 (75)
5) Other medicine for diabetes?	1	2	3	9 (76)

If the response to 5) is "Yes/Interview," ask: How many other different prescribed medications for diabetes have you taken over the past two weeks? [ ] (77)

e. Was any of the oral medication you took during the past two weeks a hormone, a birth control pill or a thyroid preparation?

e.	No	Yes	Unk	
	1	2	9	(78)

If "No," go to part f.

If "Yes" or "Unknown," ask each of the following questions.

See instructions for classification information.

I 2 (79-80)

NEW CARD--DUPLICATE COLUMNS 1-9

Have you taken:	No	Yes: Sample	Yes: Interview	Unknown	
1) Oral contraceptives, pills for hot flashes, or pills to regulate periods?	1	2	3	9	(10)
2) Androgens, anabolic agents?	1	2	3	9	(11)
3) Medicine for thyroid disorders (thyroid preparations)?	1	2	3	9	(12)
4) Cortisone, prednisone, ACTH, prednisolone (corticosteroids)?	1	2	3	9	(13)
5) Other hormones?	1	2	3	9	(14)

If the response to 5) is "Yes/Interview," ask: How many other different hormones or thyroid preparations have you taken in the past two weeks? ☐ (15)

f. *The instructions contain PDR classifications which give complete lists of the medications referred to in each part.*

Was any of the medication you took during the past two weeks:	No	Yes: Sample	Yes: Interview	Unknown	
1) High blood pressure pills (hypotensives)?	1	2	3	9	(16)
2) Diuretics (water pills)?	1	2	3	9	(17)
3) Medicine for angina (nitroglycerine or others)?	1	2	3	9	(18)
4) Blood thinners (anticoagulants)?	1	2	3	9	(19)
5) Digitalis preparations?	1	2	3	9	(20)
6) Medicine for irregular heart beat? (Anti-arrhythmic agents)?	1	2	3	9	(21)
7) Weight reducing drugs?	1	2	3	9	(22)
8) Medicine for high uric acid or gout?	1	2	3	9	(23)

g. Have you taken any other prescribed medication in the past two weeks? *Specify medication and/or what it was prescribed for.*

_____

_____

_____

Enter the total number of identified medications (those written above) specified in this question. ☐ (24)

h. *How many of the total number of medications given in 18.a. could not be properly classified under parts c, d, e, f, or g on the basis of what the subject said the medication was prescribed for?* ☐ (25)

19. Initials and code number of person completing section II. a. _____ b. ☐☐ (26-27)

III. ALCOHOL CONSUMPTION

Explain: Since lipid levels may be affected by the consumption of alcoholic beverages, everyone is being asked the following question or questions concerning alcohol consumption.

20. During the past year, have you had at least one drink of beer, wine or liquor? — 20.

1 No 1

2 Yes 2 (28)

If "No," go to question 23.

21. a. About how often do you drink some kind of alcoholic beverage? — 21. a.

1 Daily or almost every day? 1

2 Three or four times a week? 2

3 Once or twice a week? 3

4 Once or twice a month? 4

5 Less often than once a month? 5

9 Unknown? 9 (29)

21.

b. When you drink beer, about how many bottles or cans of beer do you drink? — 21. b. [ ][ ] (30-31)

c. When you drink wine, about how many glasses of wine do you drink? — c. [ ][ ] (32-33)

d. When you drink highballs, cocktails or mixed drinks, about how many do you drink? — d. [ ][ ] (34-35)

e. When you drink liqueurs or other alcoholic drinks, about how many do you drink? — e. [ ][ ] (36-37)

22.

a. During this past week about how many bottles or cans of beer did you drink? — 22. a. [ ][ ] (38-39)

b. During this past week about how many glasses of wine did you drink? — b. [ ][ ] (40-41)

c. During this past week about how many highballs, cocktails or mixed drinks did you drink? — c. [ ][ ] (42-43)

d. During this past week about how many drinks of liqueurs or other alcoholic drinks did you drink? — d. [ ][ ] (44-45)

IV. CIGARETTE SMOKING HISTORY

23.

a. Which of the following statements most closely describes your cigarette smoking history? — 23. a.

1 You presently smoke cigarettes 1

2 You have never smoked cigarettes 2

3 You quit smoking completely more than two years ago and did not start smoking again 3

4 You quit smoking completely less than two years ago and did not start smoking again 4 (46)

If the response is "2," "3," or "4," go to question 24.

b. If you presently smoke, how many cigarettes do you usually smoke per day? *Code 99 if unknown.* — b. [ ][ ] (47-48)

c. Do you inhale when smoking cigarettes? — c.

1 No 1

2 Yes 2

9 Unknown 9 (49)

V. MENSTRUAL HISTORY AND PREGNANCIES

24.

a. *Subject is:* — 24. a.

1 Male 1

2 Female 2 (50)

If "Male," go to question 26.

b. *If "Female," ask:* Do you currently have menstrual cycles or periods? — b.

1 No 1

2 Yes 2

9 Uncertain or unknown 9 (51)

If "Yes," go to question 25.

c. *If "No," or "Uncertain or unknown," ask:* Have you ever had menstrual cycles or periods? — c.

1 No 1

2 Yes 2

9 Uncertain or unknown 9 (52)

If "No," or "Uncertain or unknown," go to question 26.

d. *If "Yes," ask:* Have you: — d.

1 Become pregnant? 1

2 Reached menopause (change of life)? . . 2

3 Had a hysterectomy? 3

4 Reached menopause and had a hysterectomy? 4

5 Taken medication that stopped your period? 5

6 Other? 6

9 Unknown? 9 (53)

If subject did not indicate hysterectomy (i.e. not 3 or 4) go to part f.

e. *If subject indicated a hysterectomy (i.e. 3 or 4) ask:* Have you:

1 Had uterus (womb) and both ovaries removed? 1
2 Had uterus (womb) removed? 2
9 Unknown? 9 (54)

f. How many years has it been since your last period? *Code less than one year as 00.* f. [ ][ ] (55-56)

25.
a. Have you ever been pregnant? 25. a.

1 No 1
2 Yes 2
9 Uncertain or unknown 9 (57)

If "No" or "Uncertain or unknown," go to question 26.

If "Yes," ask:

b. How many times have you been pregnant? b. [ ][ ] (58-59)

c. How many live births have you had? c. [ ][ ] (60-61)

VI. WEIGHT HISTORY

26.
a. Has your weight changed in the past two weeks? 26. a.

1 No 1
2 Gained 2
3 Lost 3
9 Unknown 9 (62)

If "No" or "Unknown," go to question 27.

b. What was the net change in pounds? *Record unknown as 99.* b. [ ][ ] (63-64)

27. How many pounds did you weigh when you were 18? 27. [ ][ ][ ] (65-67)

If subject is less than 18, mark through the boxes with a single stroke. Record unknown as 999.

28. What is the most you have ever weighed (excluding pregnancies)? 28. [ ][ ][ ] (68-70)

Record unknown as 999.

29. Initials and code number of person completing sections III-VI: a._____ b. [ ][ ] (71-72)

VII. CARDIOVASCULAR HISTORY

30.
a. Has your doctor ever said you had a stroke (apoplexy, cerebral vascular accident)? 30. a.

1 No 1
2 Yes 2
9 Uncertain 9 (73)

If "No" or "Uncertain," go to question 31.

b. Age at time of first stroke? b. [ ][ ] (74-75)

c. Were you hospitalized for your most recent stroke? c.

1 No 1
2 Yes 2
9 Uncertain 9 (76)

If "No," go to question 31.

If "Yes" or "Uncertain," have subject sign a Hospital Information Release Form.

[I][3] (79-80)

NEW CARD--DUPLICATE COLUMNS 1-9

Section A: Chest Pain on Effort

If during Section A an answer marked with an asterisk (*) is circled, proceed directly to Section B, question 40.

31.
a. Have you ever had any pain or discomfort in your chest? 31. a.

1 No 1
2 Yes 2 (10)

If "Yes," go to question 32.

b. *If "No," ask:* Have you ever had any pressure or heaviness in your chest? b.

1 No 1
2 Yes 2 (11)

If "No," proceed to question 42.

32. Do you get it when you walk uphill or hurry? — 32.
- 1 No* 1*
- 2 Yes 2
- 9 Never hurries or walks uphill 9 (12)

33. Do you get it when you walk at an ordinary pace on the level? — 33.
- 1 No. 1
- 2 Yes 2 (13)

34. What do you do if you get it while you are walking? — 34.
- 1 Stop or slow down 1
- 2 Carry on* 2* (14)

Circle "1" "Stop or slow down," if subject carries on after taking nitroglycerine.

35. If you stand still, what happens to it? — 35.
- 1 Relieved 1
- 2 Not relieved* 2* (15)

36. How soon? — 36.
- 1 Ten minutes or less 1
- 2 More than ten minutes* 2* (16)

37. Will you show me where it was? — 37.

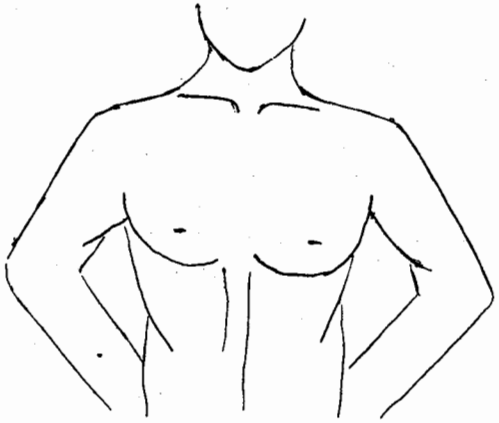
a. Sternum (upper or middle)? — a.
- 1 No 1
- 2 Yes 2 (17)

b. Sternum (lower)? — b.
- 1 No 1
- 2 Yes 2 (18)

c. Left anterior chest? — c.
- 1 No 1
- 2 Yes 2 (19)

d. Left arm? — d.
- 1 No 1
- 2 Yes 2 (20)

e. Other? *(If "Yes," mark on diagram).* — e.
- 1 No 1
- 2 Yes 2 (21)



38. Do you feel it anywhere else? — 38.
- 1 No 1
- 2 Yes 2 (22)

If "Yes," record additional information in question 37 above.

39. — 39.

a. Did you see a doctor because of this pain (or discomfort)? — a.
- 1 No 1
- 2 Yes 2 (23)

b. *If "Yes," ask:* What did he say it was? — b.
- 1 Angina 1
- 2 Other 2 (24)

Section B: Possible Infarction

If an answer marked with an asterisk (*) is circled in this section, proceed to Section C, question 42.

40. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? — 40.
- 1 No* 1*
- 2 Yes 2 (25)

41.
a. Did you see a doctor because of this pain?
1 No* 1*
2 Yes 2 (26)
b. What did he say it was?
1 Heart attack 1
2 Other disorder 2 (27)
If "Heart attack," go to question 42b.

Section C: Infarction and Intermittent Claudication

If an answer marked with an asterisk (*) is circled in this section, go directly to section VIII.

42.
a. Have you ever had a heart attack?
1 No 1
2 Yes 2
9 Uncertain or unknown 9 (28)
If "No," go to question 43.
b. How old were you when you had your first heart attack? b. [ ][ ] (29-30)
c. Were you hospitalized for your most recent heart attack?
1 No 1
2 Yes 2
9 Uncertain 9 (31)
If "Yes" or "Uncertain," have subject sign a Hospital Information Release Form

43. Do you get pain in either leg on walking?
1 No* 1*
2 Yes 2 (32)

44. Does this pain ever begin when you are standing still or sitting?
1 No 1
2 Yes* 2* (33)

45. In what part of the leg do you feel it?
1 Pain includes calf/calves 1
2 Pain does not include calf/calves* 2* (34)

46. Do you get it if you walk uphill or hurry?
1 No* 1*
2 Yes 2
9 Never hurries or walks uphill 9 (35)

47. Do you get it if you walk at an ordinary pace on the level?
1 No 1
2 Yes 2 (36)

48. Does the pain ever disappear while you are walking?
1 No 1
2 Yes 2 (37)

49. What do you do if you get it when you are walking?
1 Stop or slow down 1
2 Carry on* 2* (38)

50. What happens to it if you stand still?
1 Relieved 1
2 Not relieved* 2* (39)

51. How soon?
1 10 minutes or less 1
2 More than 10 minutes 2 (40)

VIII. SURGERY

If the answer to either question 52 or 53 is "Yes," be sure to have subject sign a Hospital Information Release Form.

52. Have you had surgery for poor circulation other than varicose veins?
1 No 1
2 Yes 2 (41)

53. Have you had surgery on your heart? — 53.

1 No 1

If "Yes" or "Uncertain," ask: Was it for:

2 Coronary by-pass? 2

3 Valve replacement? 3

4 Pacemaker? 4

5 Aneurysm? 5

6 Other? 6

9 Unknown? 9 (42)

54. Initials and code number of person completing sections VII and VIII. a._____ b. [ ][ ] (43-44)

IX. FAMILY HISTORY

55. Is your father alive? — 55.

1 Yes 1

2 Uncertain or unknown 2

If "No," ask: What was the cause of death?

3 An accident 3

4 Cancer 4

5 Stroke 5

6 Heart attack 6

7 Other 7

9 Unknown or uncertain 9 (45)

56. Is your mother alive? — 56.

1 Yes 1

2 Uncertain or unknown 2

If "No," ask: What was the cause of death?

3 An accident 3

4 Cancer 4

5 Stroke 5

6 Heart attack 6

7 Other 7

9 Unknown or uncertain 9 (46)

Ask the appropriate questions for 57 and 58. If age is more than 100, enter last two digits only. For questions 57-60, mark through the boxes with a single stroke if unknown.

57. How old is your father? *or* How old was your father when he died? — 57. [ ][ ] (47-48)

58. How old is your mother? *or* How old was your mother when she died? — 58. [ ][ ] (49-50)

59.

a. What is the total number of children you have had, not including step children, foster children or children by adoption? — 59. a. [ ][ ] (51-52)

b. Of these, how many are living? — b. [ ][ ] (53-54)

60.

a. What is the total number of brothers, sisters, half-brothers, and half-sisters you have had? — 60. a. [ ][ ] (55-56)

b. Of these, how many are living? — b. [ ][ ] (57-58)

61. *For each part ask about all the disorders listed. See the instructions for definitions.* — 61.

	a. No	Yes	Unk	
a. Has (Did) your father had (have) any of the following disorders?				
1 Heart attack or angina?	1	2	9	(59)
If "Yes," ask: Did this occur before he was 60?	1	2	9	(60)
2 High blood pressure or hypertension?	1	2	9	(61)
3 Strokes, apoplexy, cerebral vascular disease?	1	2	9	(62)
4 High cholesterol, high triglycerides or high blood fats?	1	2	9	(63)
5 Diabetes?	1	2	9	(64)
6 Trouble with circulation in the legs other than varicose veins, that is, peripheral vascular disease?.	1	2	9	(65)
b. Has (Did) your mother had (have) any of the following disorders?				
1 Heart attack or angina?	1	2	9	(66)
If "Yes," ask: Did this occur before she was 60?	1	2	9	(67)
2 High blood pressure or hypertension?	1	2	9	(68)

	No	Yes	Unk	
3 Strokes, apoplexy, cerebral vascular disease?	1	2	9	(69)
4 High cholesterol, high triglycerides or high blood fats?	1	2	9	(70)
5 Diabetes?	1	2	9	(71)
6 Trouble with circulation in the legs other than varicose veins, that is, peripheral vascular disease?	1	2	9	(72)

c. *If subject has had no children (see question 59,) go to part d. Otherwise continue.* c.

How many of your children whether living or not, have had the following disorders? *Do not include "Uncertain" or "Unknown" responses.*

1 Heart attack or angina before age 60? 1 [ ][ ] (73-74)

2 High blood pressure or hypertension? 2 [ ][ ] (75-76)

3 Strokes, apoplexy, cerebral vascular disease? 3 [ ][ ] (77-78)

[I][4] (79-80)

NEW CARD--DUPLICATE COLUMNS 1-9

4 High cholesterol, high triglycerides or high blood fats? 4 [ ][ ] (10-11)

5 Diabetes? 5 [ ][ ] (12-13)

6 Trouble with circulation in the legs other than varicose veins, that is, peripheral vascular disease? 6 [ ][ ] (14-15)

d. *If the subject has no brothers or half-brothers, or sisters or half-sisters (see question 60), go to question 62. Otherwise continue.* d.

How many of your brothers and sisters, or half-brothers and half-sisters, whether living or not, have had the following disorders? *Do not include "Uncertain" or "Unknown" responses.*

1 Heart attack or angina before age 60? 1 [ ][ ] (16-17)

2 High blood pressure or hypertension? 2 [ ][ ] (18-19)

3 Strokes, apoplexy, cerebral vascular disease? 3 [ ][ ] (20-21)

4 High cholesterol, high triglycerides, or high blood fats? 4 [ ][ ] (22-23)

5 Diabetes? 5 [ ][ ] (24-25)

6 Trouble with circulation in the legs other than varicose veins, that is, peripheral vascular disease? 6 [ ][ ] (26-27)

62. *Explain:* For some health problems it is important to know whether the father and mother were related to each other before they married. For this reason we are asking everyone the next two questions: 62.

a. Are your parents (not step-, foster, or adoptive) first or second cousins to each other? a.

1 No 1

2 Yes 2

9 Unknown 9 (28)

b. Are you a first or second cousin to your present spouse? b.

1 No 1

2 Yes 2

3 Not presently married 3

9 Unknown 9 (29)

X. RELATIVES

If a question does not apply, mark through the boxes for that question with a single horizontal stroke. If the father's or mother's name is unknown, mark through the boxes for all four parts of the unknown name.

Subject's father:

63. Last Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] (30-41)

64. First Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] (42-49)

65. Second Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] (50)

66. Third Name: *(Code JR, SR, I, II, etc. here):* (51-53)

67. Are you an adoptive, foster, or stepchild of this person? — 67.

1 No 1
2 Yes 2
9 No answer, uncertain or unknown 9 (54)

Subject's mother:

68. Last Name: (55-66)

69. First Name: (67-74)

70. Second Name: (75)

71. Third or Maiden Name: (76-78)

I 5 (79-80)

NEW CARD--DUPLICATE COLUMNS 1-9

72. Are you an adoptive, foster or stepchild of this person? — 72.

1 No 1
2 Yes 2
9 No answer, uncertain, or unknown 9 (10)

73. Initials and code number of person completing sections IX and X. a._____ b. (11-12)

*** *IMPORTANT: Person responsible for completing sections IX and X must COMPLETE QUESTION 7, PAGE 1, AT THIS TIME.*

XI. PHYSICAL CHARACTERISTICS

74. Record subject's heart beat for 15 seconds (not 60 seconds): — 74. (13-14)

75. Record subject's blood pressure (sitting right arm):

Readings	Systolic	Diastolic (5th phase)
Reading 1 (Std.)	(15-17)	(18-20)
Reading 2 (R-Z)	(21-23)	(24-26)
Zero	(27-28)	
Reading 3 (Std.)	(29-31)	(32-34)
Reading 4 (R-Z)	(35-37)	(38-40)
Zero	(41-42)	

76. Height (in cm): — 76. . cm (43-46)

77. Weight (in kg): — 77. . kg (47-50)

78. Triceps skinfold (in mm): *See instructions.* — 78.

First Reading: a. . mm (51-53)

Second Reading: b. . mm (54-56)

79. Does the subject have corneal arcus? — 79.

1 No 1
2 Yes 2
9 Uncertain 9 (57)

80. Does the subject have xanthoma or xanthelasma?

1 No 1
2 Yes 2
9 Uncertain 9 (58)

If "Yes" or "Uncertain," fill out Xanthoma Form.

80.

XII. URINE PROTEIN

81. Urine protein (dipstick reading):

1 Negative 1
2 Trace 2
3 30 mg% or + ... 3
4 100 mg% or ++ 4
5 300 mg% or +++ 5
6 1000 mg% or ++++ 6
9 Not Done 9 (59)

If the urine protein is 3+ or above, be sure the subject gets a 24 hour urine collection container and instructions.

81.

82. Initials and code number of person completing sections XI and XII. a. _____ b. [ ][ ] (60-61)

XIII. LAB DATA

83. Standing plasma test:

a. Chylomicron layer:

1 Present 1
2 Absent 2
9 Not done 9 (62)

b. Appearance of plasma:

1 Clear 1
2 Turbid 2
9 Not done 9 (63)

83.
a.
b.

84. Cholesterol:

Record in mg%.

84. [ ][ ][ ][ ] mg% (64-67)

85. a. **Triglycerides:**

Record in mg%.

b. **Triglyceride blank:**

To be done only if triglyceride value is greater than 300 mg%.

85.
a. [ ][ ][ ][ ] mg% (68-71)
b. [ ][ ] mg% (72-73)
[I][6] (79-80)

NEW CARD--DUPLICATE COLUMNS 1-9

86. Record the date the lipid determinations were performed in the lab.

86. [ ][ ] / [ ][ ] / [ ][ ]
Month / Day / Year (10-15)

87. Lipoprotein quantification:

a. Floating beta present?

1 No 1
2 Yes 2
9 Not done 9 (16)

b. Sinking prebeta present?

1 No 1
2 Yes 2
9 Not done 9 (17)

c. Cholesterol in: *Record in mg%.*

1 1.006 Supranate (T)
2 1.006 Infranate (B)
3 HDL
4 LDL (1.006B-HDL)
5 VLDL (plasma chol. -1.006B)

d. *Record the date the lipoprotein quantification was performed in the lab.*

87.
a.
b.
c.
1 [ ][ ][ ][ ] mg% (18-21)
2 [ ][ ][ ][ ] mg% (22-25)
3 [ ][ ][ ][ ] mg% (26-29)
4 [ ][ ][ ][ ] mg% (30-33)
5 [ ][ ][ ][ ] mg% (34-37)
d. [ ][ ] / [ ][ ] / [ ][ ]
Month / Day / Year (38-43)

88. Lipoprotein pattern:

01	Normal	01
02	I	02
03	IIa	03
04	IIb	04
05	III	05
06	IV	06
07	V	07
08	Abetalipoproteinemia	08
09	Hypobetalipoproteinemia . .	09
10	Tangier disease	10
11	Obstructive liver disease .	11
12	Other, specify: _____	12

(44-45)

89. Hematocrit: [ ][ ] (46-47)

90. Initials and code number of person completing section XIII. a._____ b. [ ][ ] (48-49)

[I][7] (79-80)

If the subject is married, fill in the name of the spouse. Also enter in the spaces provided all the children, brothers, sisters, half-brothers and half-sisters of the subject, who are alive. In each case, circle the appropriate responses to the right of the name. If the subject's child is one by birth, circle "Birth," and if the child is an adoptive, foster, or stepchild, circle "Other " Also circle the sex of the child and the appropriate relationship for brothers and sisters.

Name of Spouse: _____

CHILDREN		
_____	BIRTH OTHER	MALE FEMALE
_____	BIRTH OTHER	MALE FEMALE
_____	BIRTH OTHER	MALE FEMALE
_____	BIRTH OTHER	MALE FEMALE
_____	BIRTH OTHER	MALE FEMALE
_____	BIRTH OTHER	MALE FEMALE
_____	BIRTH OTHER	MALE FEMALE
_____	BIRTH OTHER	MALE FEMALE
_____	BIRTH OTHER	MALE FEMALE

BROTHERS AND SISTERS		
_____	BROTHER SISTER	HALF-BROTHER HALF-SISTER
_____	BROTHER SISTER	HALF-BROTHER HALF-SISTER
_____	BROTHER SISTER	HALF-BROTHER HALF-SISTER
_____	BROTHER SISTER	HALF-BROTHER HALF-SISTER
_____	BROTHER SISTER	HALF-BROTHER HALF-SISTER
_____	BROTHER SISTER	HALF-BROTHER HALF-SISTER
_____	BROTHER SISTER	HALF-BROTHER HALF-SISTER
_____	BROTHER SISTER	HALF-BROTHER HALF-SISTER
_____	BROTHER SISTER	HALF-BROTHER HALF-SISTER