

Cohort, Exam 2**Family History Form: FORM CODE=FTR VERSION=B**

Instructions: This form should be completed during the participant's visit. 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.

<i>FTRB01</i>		<i>Date Of Clinic Visit 2</i> <i>Q1</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14342	Range	02/05/1990 - 03/15/1993
6		Missing

<i>FTRB02</i>		<i>Date Of Fasting Determination</i> <i>Q2</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14342	Range	02/05/1990 - 03/15/1993
6		Missing

<i>FTRB03HM</i>		<i>Time Of Day</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14342	Range	2:20 - 23:46
6		Missing

<i>FTRB04A</i>		<i>Day Last Consumed</i> <i>Q4a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4	B	Before Yesterday [<i>skip to Q6</i>]
469	T	Today
13869	Y	Yesterday
6		Missing

<i>FTRB04HM</i>		<i>Time Of Consumption Of Last Food Or Drink</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14335	Range	0:00 - 23:59
13		Missing

<i>FTRB05</i>		<i>Computed Fasting Time</i> <i>Q5</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14329	Range	0 - 34 (median=13 mean=13.1 std=2.6)
19		Missing

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<i>FTRB06</i>		<i>Have you given blood within the last 7 days? Q6</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14312	N	No
28	Y	Yes
8		Missing

<i>FTRB07</i>		<i>Method Of Data Collection Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14179	C	Computer
160	P	Paper
9		Missing

<i>FTRB08</i>		<i>Code Number Of Person Coding Q8</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14339	Present	Text suppressed
9		Missing

<i>FTRBCY</i>		<i>Contact Year</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14348	4	

<i>FTRBFLAG</i>		<i>=1 If Form Is Present</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14348	1	

<i>ID</i>		<i>Aric ID (Cir)</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
14348	Present	Text suppressed