

**Cohort, Exam 3****Family History Form: FORM CODE=FTR VERSION=C**

**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>FTRC1</i>		<i>Date Of Clinic Visit 3 Q1</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12884	Range	03/16/1993 - 02/05/1996

<i>FTRC2</i>		<i>Date Of Fasting Determination Q2</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12884	Range	03/16/1993 - 02/05/1996

<i>FTRC3HM</i>		<i>Time Of Fasting Determination</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12883	Range	0:11 - 20:52
1		Missing

<i>FTRC4A</i>		<i>Day Last Consumed Q4a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4	B	Before Yesterday [skip to Q6]
501	T	Today
12376	Y	Yesterday
3		Missing

<i>FTRC4BHM</i>		<i>Time Last Consumed Anything Besides Water</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12878	Range	0:00 - 23:59
6		Missing

<i>FTRC5</i>		<i>Computed Fasting Time Q5</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12862	Present	Text suppressed
22		Missing

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<i>FTRC6</i>		<i>Have you given blood within the last 7 days? Q6</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12864	N	No
15	Y	Yes
5		Missing

<i>FTRC7</i>		<i>Method Of Data Collection Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12773	C	Computer
109	P	Paper
2		Missing

<i>FTRC8</i>		<i>Code Number Of Person Coding Q8</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12884	Present	Text suppressed

<i>FTRCCY</i>		<i>Contact Year</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12884	7	

<i>FTRCFLAG</i>		<i>Indicator For Presence Of Form</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12884	1	

<i>ID</i>		<i>Aric Participant ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12884	Present	Text suppressed