

# PPL Clinic Interview Form

ID NUMBER:

CONTACT YEAR:  0  4

FORM CODE:  P  L  C

LAST NAME:

INITIALS:

VERSION: A 10/08/90

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Bldg., 200 Independence Ave. SW, Washington, D.C. 20201, Attn. PRA; and to the Office of Management and Budget, Paperwork Reduction Project (OMB 0925-0281), Washington, D.C. 20503

**INSTRUCTIONS:** Read questions 1-12 to the participant at the time of the third blood drawing. Do not read questions 13-15 aloud. These are completed by the interviewer.

PPL Clinic Interview Form (PLCA) Screen 1 of 5

## A. INTERVIEW

1. Since your second blood sample this morning, have you been (READ RESPONSES).....ABOUT AS ACTIVE PHYSICALLY AS YOU USUALLY ARE  A  
LESS ACTIVE, OR  L  
MORE ACTIVE  M

2. a. Have you done any heavy physical activity since your second blood sample this morning? .....YES  Y  
NO  N

Go to Item 3

b. Please describe the type and amount of physical activity you did during the day. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PPL Clinic Interview Form (PLCA) Screen 2 of 5

3. a. Since your second blood sample this morning, have you had anything besides water, sugarless soft drinks, unsweetened black coffee or plain tea drink or eat? .....YES Y

NO N

Go to Item 5

b. What have you had to drink or eat? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Have you had any alcoholic beverages? .....YES Y  
 NO N

5. Since your second blood sample this morning, have you taken any medications? .....YES Y

NO N

Go to Item 7

PPL Clinic Interview Form (PLCA) Screen 3 of 5

6. What medications did you take?

a. \_\_\_\_\_  
 \_\_\_\_\_  
 b. \_\_\_\_\_  
 \_\_\_\_\_  
 c. \_\_\_\_\_  
 \_\_\_\_\_

CODE

d. 

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e. 

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f. 

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B. FOOD INTAKE PATTERNS

"In addition to what you usually eat, we are also interested in finding out when you usually have your meals."

7. How many times do you usually eat in a day, including your snacks? ..... 

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8. On the average, how many mornings a week do you eat breakfast? ..... 

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9. On the average, how many days a week do you eat lunch? ..... 

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PPL Clinic Interview Form (PLCA) Screen 4 of 5

10. On the average, how many days a week do you eat an evening meal? .....
11. At what time of day do you usually eat the most? .....MORNING M  
NOON N  
EVENING E
12. Of all the food you eat in a day, how much do you usually eat at the biggest meal? Would you say (READ RESPONSES).....LESS THAN HALF IN THE BIGGEST MEAL L  
ABOUT HALF IN THE BIGGEST MEAL H  
MORE THAN HALF IN THE BIGGEST MEAL M

PPL Clinic Interview Form (PLCA) Screen 5 of 5

C. ADMINISTRATIVE INFORMATION

13. Date of data collection:  /  /   
month / day / year
14. Method of data collection .....COMPUTER C  
PAPER FORM P
15. Code number of person completing this form:

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**INSTRUCTIONS:** This form is completed in segments throughout the day on which the participant is administered the postprandial study test meal. Complete questions 1-4 after the fasting blood has been processed. Complete questions 5-11 as the test meal is being prepared and administered. Complete questions 12-14 after the 2nd blood drawing. Complete the remaining questions after the third blood drawing. Numerical responses are entered so that the last digit appears in the rightmost box. Enter leading zeroes when necessary to complete all boxes.

PPL Clinic Laboratory Form (PLLA) Screen 1 of 4

**A. FASTING SAMPLE**

1. Date of PPL study: .....  /  /   
month / day / year

2a. Time that fasting blood was collected: .....  :   
h h : m m

b. AM A  
PM P

3a. Number of tubes for the fasting sample:.....

b. Code number of person drawing the fasting blood: .....

4a. Time that fasting plasma was separated: .....  :   
h h : m m

b. AM A  
PM P

c. Code number of person processing the fasting sample: .....

PPL Clinic Laboratory Form (PLLA) Screen 2 of 4

B. MEAL INFORMATION

5. Participant's weight: .....    pounds
6. Participant's computed body surface: .....  .   m<sup>2</sup>
7. Chocolate substitute used in preparing test meal? ..... YES Y  
 NO N
8. Weight of test meal offered to participant: .....    .  gms.
- 9a. Time participant started drinking test meal: .....   :   b. AM A  
 PM P  
 h h : m m
- 10a. Time the last of the test meal was consumed: .....   :   b. AM A  
 AM P  
 h h : m m
11. Weight of residual test meal in the cup after consumption:    .  gms.

PPL Clinic Laboratory Form (PLLA) Screen 3 of 4

C. SECOND SAMPLE

- 12a. Time that 3 1/2 hour sample was collected: .....   :   b. AM A  
 PM P  
 h h : m m
- c. Code number of person drawing the 3 1/2 hour blood:
13. Number of tubes for 3 1/2 hour sample: .....
- 14a. Time that 3 1/2 hour plasma was separated: .....   :   b. AM A  
 PM P  
 h h : m m
- c. Code number of person processing the 3 1/2 hour sample:

PPL Clinic Laboratory Form (PLLA) Screen 4 of 4

D. THIRD SAMPLE

15a. Time that 8 hour sample was collected: ..... 

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 b. AM A  
PM P  
h h : m m

c. Code number of person drawing the 8 hour blood: ..... 

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16. Number of tubes for 8 hour sample: ..... 

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17a. Time that 8 hour plasma was separated: ..... 

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 b. AM A  
PM P  
h h : m m

c. Code number of person processing the 8 hour sample: ..... 

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18. Was a PPL Venipuncture Incident Record completed? .....YES Y  
NO N