

## REPORT AND REFERRAL FORM

ID NUMBER:

CONTACT YEAR:  0  7

FORM CODE:  R  E  F

VERSION: A 11/18/92

LAST NAME:

INITIALS:

**INSTRUCTIONS:** This form should be completed during the participant's visit. ID Number, Contact Year, and Name must be entered above. 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. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "Yes/No" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

### REPORT AND REFERRAL FORM (REFA screen 1 of 2)

#### A. VISIT 3 CLINIC EXAMINATION

##### 1. Summary of VISIT 3 Referrals/Alerts

a. Referral/alert made at this time? ..... Yes  Y  
No  N

Go to Item 2

Was a referral made for:

	<u>Yes</u>	<u>No</u>
b. Blood pressure	Y	N
c. Glucose	Y	N
d. Lipids	Y	N
e. Other Chemistries	Y	N
f. Retina	Y	N
g. MRI*	Y	N
h. Echocardiogram*	Y	N
i. Ultrasound	Y	N
j. ECG	Y	N
k. Other conditions	Y	N

\* Field center specific procedure

#### B. PREVIOUS CLINIC EXAMINATIONS

##### 2. Summary of VISIT 2 Referrals/Alerts

a. Referral/alert made at that time? ..... Yes  Y  
No  N

Go to Item 3

Was a referral made for:

	<u>Yes</u>	<u>No</u>
b. Blood pressure	Y	N
c. Hematology	Y	N
d. Glucose	Y	N
e. Lipids	Y	N
f. Other Chemistries	Y	N
g. Ultrasound	Y	N
h. ECG	Y	N
i. Pulmonary function	Y	N
j. Other conditions	Y	N

### REPORT AND REFERRAL FORM (REFA screen 2 of 2)

#### 3. Summary of VISIT 1 Referrals/Alerts

a. Referral/alert made at that time? ..... Yes  Y  
No  N

Go to Item 4

Was a referral made for:

	<u>Yes</u>	<u>No</u>
b. Blood pressure	Y	N
c. Hematology	Y	N
d. Glucose	Y	N
e. Lipids	Y	N
f. Other Chemistries	Y	N
g. Ultrasound	Y	N
h. ECG	Y	N
i. Pulmonary function	Y	N
j. Other conditions	Y	N

#### C. ADMINISTRATIVE INFORMATION

4. Date of data collection: .....  /  /   
month                      day                      year

5. Method of data collection: ..... Computer  C  
Paper form  P

6. Code number of person completing this form: .....

