



DIETARY INTERVENTION STUDY IN CHILDREN
ADULT VENIPUNCTURE FORM

OFFICE	ID						
USE	NC						
ONLY	VN	I	V	0	1		

This form should be completed at the first intervention visit each time a venipuncture is scheduled to be done on an adult, regardless of whether the venipuncture was actually performed. If venipuncture was not done, record the intended date of blood drawing in item 2, and answer item 3, and items 5 through 8.

1. Gender of participant:
 Male Female
 1 2

2A. Date of blood drawing ----- - - - -
 Month Day Year

B. Time of blood drawing: ----- : ----- () ()
 Time A.M. P.M.
 1 2

3A. Has a blood specimen been obtained from the parent/guardian at this visit?
 1 2
 Yes No

IF ITEM 3A IS YES, ANSWER ITEMS 3C-I BELOW.
 IF ITEM 3A IS NO, ANSWER ITEM 3B.

B. If No, why not? 1 2
Yes No

1. Parent/guardian refused.....

2. Technical problems.....

3. Parent/guardian was not fasting.....

4. Other reason.....

Specify : _____

SKIP TO ITEM 5.

