

National Children's Study Adult Urine Data Collection Form

(Only for use when CHITA is not available)

Part A: Administrative	
<p>Date: <input type="text"/> / <input type="text"/> / <input type="text"/>2__0_ <input type="text"/></p> <p>Data Collector ID: <input type="text"/></p> <p>Visit location: Home <input type="checkbox"/> 1 Clinic/Office <input type="checkbox"/> 2</p>	<p>Section Status (Select one) Complete <input type="checkbox"/> 1 Partial Complete <input type="checkbox"/> 2 Not done <input type="checkbox"/> 3</p> <p>Reason for Not Done/Partial (Select one)</p>
<p>Time collection kit opened: <input type="text"/> : <input type="text"/></p> <p style="text-align: center;">am <input type="checkbox"/> 1 pm <input type="checkbox"/> 2</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px auto; width: 80%;"> <p>Place Adult Urine Kit Label Here</p> </div> <p>Time specimen received: <input type="text"/> : <input type="text"/></p> <p style="text-align: center;">am <input type="checkbox"/> 1 pm <input type="checkbox"/> 2</p>	<p>SP Refusal <input type="checkbox"/> 1</p> <p>SP III/ Emergency <input type="checkbox"/> 3</p> <p>No Time <input type="checkbox"/> 4</p> <p>Physical Limitations <input type="checkbox"/> 11</p> <p>Quantity Not Sufficient <input type="checkbox"/> 14</p> <p>Defective Collection Kit <input type="checkbox"/> 15</p> <p>Language Issue, Spanish <input type="checkbox"/> 17</p> <p>Language Issue, Non-Spanish <input type="checkbox"/> 18</p> <p>Cognitive Disability <input type="checkbox"/> 20</p> <p>No Time (no appt. set for next data collection) <input type="checkbox"/> 25</p> <p>Other Specify _____ <input type="checkbox"/> 96</p>
Part B: Adult Urine Collection Questions	
<p>1) What was the time of your last urination prior to this collection?</p> <p style="text-align: center;"><input type="text"/> : <input type="text"/> am <input type="checkbox"/> 1 pm <input type="checkbox"/> 2</p> <p style="text-align: center;">Refused <input type="checkbox"/> 97 Don't know <input type="checkbox"/> 98</p>	
<p>2) When was the last time you had anything to eat or drink other than water?</p> <p style="text-align: center;"><input type="text"/> : <input type="text"/> am <input type="checkbox"/> 1 pm <input type="checkbox"/> 2</p> <p style="text-align: center;">Refused <input type="checkbox"/> 97 Don't know <input type="checkbox"/> 98</p>	
<p>3) How much of what you ate was beef, pork, cod, tuna, or salmon?</p> <p>None <input type="checkbox"/> 1</p> <p>One fourth <input type="checkbox"/> 2</p> <p>One third <input type="checkbox"/> 3</p> <p>One half <input type="checkbox"/> 4</p>	<p>Three quarters <input type="checkbox"/> 5</p> <p>All <input type="checkbox"/> 6</p> <p>Refused <input type="checkbox"/> 97</p> <p>Don't know <input type="checkbox"/> 98</p>
<p>4) Do you take creatine supplements?</p> <p style="text-align: center;">Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p style="text-align: center;">Refused <input type="checkbox"/> 97 Don't know <input type="checkbox"/> 98</p>	

Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

Part C: Adult Urine Collection	
UR01 Urine collection container	Collection Status (Select one) Collected <input type="checkbox"/> 1 (END) Not Collected <input type="checkbox"/> 2 Reason for Not Collected (Select one) Quantity Not Sufficient (<40ml) <input type="checkbox"/> 6 Other Specify _____ <input type="checkbox"/> 96 Refused <input type="checkbox"/> 97
Comments: _____ _____ _____	

Data Collector ID for QC _ _ _ _ _ _ _
