



OMB #: _____
 Expiration Date: _____

How To Prepare for Your Appointment

You are scheduled for a home visit on *(date of visit)* at *(time of visit)*.

- ❖ ***We ask that you remove all toe nail polish before the visit.***
- ❖ ***We ask that you not clip your toe nails for 3 days before the visit.***

Some NCS measurements are best done on fasting blood samples (when you do not eat or drink for 9 hours). We ask that you follow these instructions.

The night before the visit:

- ❖ ***Do not eat or drink anything other than water after 11:30 PM.***

The morning of the visit:

- ❖ ***Do not eat or drink anything other than water. (You can have coffee or tea without sweetener or milk. Do not chew gum or use breath mints or cough drops.)***
- ❖ ***Take your prescriptions with water (other than pills for diabetes – see below).***
- ❖ ***If you take vitamins, other supplements, or non-prescription medicines, please do not take them before your visit.***
- ❖ ***We will provide you with a snack after we have finished collecting your blood sample.***

If you have diabetes and take pills or insulin to treat it:

- ❖ ***Please do not take your diabetes pills or insulin before your visit. You can take them after the blood sample has been collected. You may eat after the blood sample has been collected.***

Because we may be collecting air, water, and dust samples we would like to ask that before our visit you:

- ❖ ***Do NOT wash bedding or linens for at least a week before the visit.***
- ❖ ***Do NOT vacuum, dust, or sweep your floors for at least 3 days before the visit.***
- ❖ ***Do NOT change any water filters you may have.***
- ❖ ***Do NOT do any seasonal cleaning of any wood, pellet, or coal stoves or fireplaces that you may have.***

If you use any pesticide products for insects, ***please gather the containers for all of the pesticide products you have used in the past 6 months***. Our staff would like to look at the labels during the visit.

Our data collectors would also like to look at the labels for any ***prescription and non-prescription medicines, and any vitamins, minerals, herbals, and other dietary supplements*** you have taken ***since you became pregnant***. Please ***gather the containers*** and have them available during the visit.

Also, if you have any ***personal record or calendar*** that you keep that would help you to remember the dates of any doctor visits you have had ***since you became pregnant***, please have it available so that you can refer to it during the interview.



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For a few of the measures, the data collector will need access to your shoulder and upper back area.

❖ ***If you own one, please wear a sleeveless, loose-fitting shirt.***

If you have any further questions about how to prepare for this Study visit, you may contact your Study Center at xxx-xxx-xxxx.