

Doubly-Labeled Water Protocol and Form

OMB#: #####-##### EXP.DATE: #####/#####

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 40 minutes for this questionnaire, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review 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 current, 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 (#####-#####).

**ENERGY EXPENDITURE TEST**  
**Day of Dosing**

ID LABEL

Date: |\_\_| |\_\_| / |\_\_| |\_\_| / 20|\_\_| |\_\_|  
M M D D Y Y

In the past week, have you stayed overnight somewhere that is more than 200 miles from your home?

YES.....1  
NO.....2 (GO TO 2)  
DON'T KNOW.....8  
REFUSED.....7 →

**STOP**  
Not eligible for EET.  
Reschedule Visit 1.

Have you received a blood transfusion or any intravenous fluids in the past week?

YES.....1 →  
NO.....2 (GO TO 3)  
DON'T KNOW.....8 →  
REFUSED.....7 →

**STOP**  
Not eligible for EET.  
Reschedule Visit 1.

**FASTING:**

CURRENT TIME:..... |\_\_| |\_\_| : |\_\_| |\_\_| am pm  
At what time did you last eat or  
drink anything excluding water?..... |\_\_| |\_\_| : |\_\_| |\_\_| am pm  
DON'T KNOW.....8  
REFUSED.....7

LENGTH OF FAST: (TIME 3.1 - TIME 3.2)..... |\_\_| |\_\_| : |\_\_| |\_\_|

IF < 3 HOURS →

Ask participant to wait to meet 3-hour fast  
requirement before continuing or reschedule Visit 1.

In the past hour, did you drink more than 1 cup of water?

YES.....1 →  
NO.....2 (GO TO 4)

Ask participant to wait to meet  
fluid fast requirement before  
continuing.

**WAIT UNTIL ALL FASTING REQUIREMENTS ARE MET BEFORE CONTINUING**

**PRE-DOSE URINE SPECIMEN #1:**

TIME |\_\_| |\_\_| : |\_\_| |\_\_|

am pm

**HEIGHT:**

1) |\_\_| |\_\_| |\_\_| |\_\_| cm

2) |\_\_| |\_\_| |\_\_| |\_\_| cm

(HT 1 – HT2) |\_\_| |\_\_| |\_\_| |\_\_| cm

IF HT 1 AND HT 2 DIFFER BY MORE THAN 0.5 CM, TAKE HT3

3) |\_\_| |\_\_| |\_\_| |\_\_| cm

**WEIGHT:**

1) |\_\_| |\_\_| |\_\_| |\_\_| kg

2) |\_\_| |\_\_| |\_\_| |\_\_| kg

(WT 1 – WT2) |\_\_| |\_\_| |\_\_| |\_\_| kg

IF WT 1 AND WT 2 DIFFER BY MORE THAN 0.3 KG, TAKE WT3

3) |\_\_| |\_\_| |\_\_| |\_\_| kg

**PRE-DOSE URINE SPECIMEN #2:**

**TIME:** |\_\_| |\_\_| : |\_\_| |\_\_|

am pm

**DLW DOSE: DOSE CATEGORY :**

- A.....1
- B.....2
- C.....3
- D.....4
- E.....5

(KG)	A	B	C	D	E
Male	NA	< 60	60.1-70	70.1-95	>95.1
Female	<55	55.1-75	75.1-110	>110	NA

BOTTLE NUMBER: |\_\_| |\_\_| |\_\_| |\_\_|

7.3. TIME OF DOSE: |\_\_| |\_\_| : |\_\_| |\_\_|  
am pm

WAS THERE SPILLAGE OF DLW?

YES.....1

NO.....2

Clean up spillage with preweighed tissue and seal in baggy. Label baggy.

**TIME OF URINE COLLECTION: (COLLECT APPROXIMATELY 2 HOURS AFTER DLW DOSE)**

**SPECIMEN #3:** |\_\_| |\_\_| : |\_\_| |\_\_|

am pm

TIME OF URINE COLLECTION: (COLLECT APPROXIMATELY 3 HOURS AFTER DLW DOSE)

9.1. **SPECIMEN #4:** |\_\_| |\_\_| : |\_\_| |\_\_| am pm

+

9.2. IS PARTICIPANT LESS THAN 60 YEARS OLD?

YES.....1

NO.....2 →

Collect blood sample.

TIME OF URINE COLLECTION: (COLLECT APPROXIMATELY 4 HOURS AFTER DLW DOSE)

**SPECIMEN #5:** |\_\_| |\_\_| : |\_\_| |\_\_| am pm

TIME OF URINE COLLECTION: (COLLECT APPROXIMATELY 6 HOURS AFTER DLW DOSE)

**SPECIMEN #6:** |\_\_| |\_\_| : |\_\_| |\_\_| am pm

**Energy Expenditure Test  
Urine Collections  
Day of Dosing**

Heavy Water Dose

DOSE TIME: \_\_\_\_:\_\_\_\_

1 HOUR AFTER THE DOSE

TIME: \_\_\_\_:\_\_\_\_

**Snack:** 1 to 3 hours after the dose you may have a breakfast drink, a cereal bar, and up to 12 oz. of coffee, tea, juice, or water. (Please see receptionist)

2 HOURS AFTER THE DOSE  
**Spot Urine Collection**

TIME: \_\_\_\_:\_\_\_\_

3 HOURS AFTER THE DOSE  
**Spot Urine Collection**

TIME: \_\_\_\_:\_\_\_\_

- Do not eat or drink anything for the next hour.
- If you are 60 years old or older, we will collect a small blood sample at this time.

4 HOURS AFTER THE DOSE  
**Spot Urine Collection**

TIME: \_\_\_\_:\_\_\_\_

**Thank you very much for your cooperation.**

-----  
ID Label

**CLINIC SNACK FORM**

INTAKE: (RECORD TIME AND AMOUNT OF INTAKE)

**Breakfast Drink** YES.....1 NO.....2 **Time:** |\_\_| |\_\_|:|\_\_| |\_\_| am pm

**Vol.:** \_\_\_\_\_ cup

**Cereal Bar** YES.....1 NO.....2 **Time:** |\_\_| |\_\_|:|\_\_| |\_\_| am pm

**Amt:** ¼ ½ ¾ ALL

(.25) (.50) (.75) (1.00)

**Other Liquids:**

\_\_\_\_\_

**Time:** |\_\_| |\_\_|:|\_\_| |\_\_| am pm

**Vol.:** \_\_\_\_\_ cup

\_\_\_\_\_

**Time:** |\_\_| |\_\_|:|\_\_| |\_\_| am pm

**Vol.:** \_\_\_\_\_ cup

\_\_\_\_\_

**Time:** |\_\_| |\_\_|:|\_\_| |\_\_| am pm

**Vol.:** \_\_\_\_\_ cup

\_\_\_\_\_

**Time:** |\_\_| |\_\_|:|\_\_| |\_\_| am pm

**Vol.:** \_\_\_\_\_ cup

\_\_\_\_\_

**Time:** |\_\_| |\_\_|:|\_\_| |\_\_| am pm

**Vol.:** \_\_\_\_\_ cup

ENERGY EXPENDITURE TEST  
Post Dose Collection

ID LABEL

Date: |\_\_| |\_\_| / |\_\_| |\_\_| / 20|\_\_| |\_\_|  
M M D D Y Y

TIME OF URINE COLLECTION:	
SPECIMEN #7:  __   __  :  __   __  am pm	
In the past two weeks, have you stayed overnight somewhere that is more than 200 miles from your home? YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....7	DATES TRAVELED:  __   __  /  __   __  / 20 __   __  to  __   __  /  __   __  / 20 __   __  PLACES VISITED: _____
Have you received a blood transfusion or any intravenous fluids in the past week? YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....7	
<b>FOR PRE-MENOPAUSAL WOMEN ONLY:</b> Have you had a menstrual period since your last clinic visit? YES.....1      What date did it start?  __   __  /  __   __  / 20 __   __  NO.....2      DON'T KNOW.....8 DON'T KNOW .....8 →      REFUSED.....7 REFUSED.....7	
TIME OF URINE COLLECTION: (COLLECT APPROXIMATELY 1 HOUR AFTER SPECIMEN #7)	
SPECIMEN #8:  __   __  :  __   __  am pm	