**PARTICIPANT QUESTIONS**

1. Do you bleed or bruise easily? **BLDEASY1**
   - Yes
   - No
   - Don't Know
   - 10
   - 0
   - 90

2. Have you ever been told you have a disorder relating to blood clotting or coagulation? **COAGDIS1**
   - Yes
   - No
   - Don't Know
   - 10
   - 0
   - 90

3. Have you ever experienced fainting spells while having blood drawn? **FAINT1**
   - Yes
   - No
   - Don't Know
   - 10
   - 0
   - 90

4. Do you have diabetes for which you take insulin or oral hypoglycemics? **DIABINS1**
   - Yes
   - No
   - Don't Know
   - 10
   - 0
   - 90

5. How long ago did you last eat or drink anything other than water? **LASTDRK1**
   - Hours

**PROCEDURE**

6. Time at start of venipuncture: **PHSTTM1**

7. Was any blood drawn? **BLDRAWN1**
   - Yes, full sample
   - Yes, partial sample
   - No, refused
   - No, hard to stick
   - No, other:

8. Elapsed time until tourniquet released: **TRNQSEC1** (120-seconds optimum)

9. Time at end of venipuncture: **PHENDTM1**

10. Quality of venipuncture:
    - 1. Traumatic
    - 2. Clean
    - Mark all that apply:
      - Vein collapsed
      - Hematoma
      - Excessive duration of draw
      - Multiple sticks
      - Vein hard to get
      - Leakage at venipuncture site

11. Blood Volume per tube:
    - EDTA 10 ml
    - EDTIFIL1
    - Serum 10 mL
    - SERIFIL1
    - CPT 8 mL
    - CPTIFIL1
    - SCAT-I 5 mL
    - SCATIFIL1
    - Citrate 4.5 mL
    - CITRIFIL1
    - EDTA 10 mL
    - EDTIFIL1
    - Serum 10 mL
    - SERIFIL1
    - CPT 8 mL
    - CPTIFIL1
    - Other (specify volume):
      - min 1/4 full

12. Urine collection:
    - Urine cup
    - URINIFIL1

13. Has participant been selected as a quality control subject? (Participant ID ends in 4 or 5)
    - 0. NO
    - 1. YES
    - 2. YES, but not enough blood for QC

**Comments:**

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**Phlebotomist ID** **PHLBID1**

**Reviewer ID** **PHLRID1**

**Data Entry ID** **PHLBDID1**

**07/21/00**

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