Information on Formatting Electronic Sources

1. The basic reference template for any information from a Web site is made up of four pieces: **author, date, title, and source (the URL).**

The general reference format for any source is the following:


See the information in the APA 6th edition pages 214 to 215

2. In text, use the following information for the citation:

   Usually, the author (person or organization) and date, but if there is no author, use the title and date, such as (Author, year) or (“Title of Title,” year).

3. **Provide the specific date** for content that is published more frequently (e.g., blog posts, online forum messages, social media updates); otherwise, provide the year only or n.d. for no date.

4. **Do not italicize the titles of blog posts, online forum messages, comments, status updates,** and so forth. **Do italicize** titles of reports and other documents that stand alone. **If the distinction is unclear** for a particular document (as may sometimes be the case when the organization of a site is itself unclear), use judgment to decide whether to italicize. **Err on the side of not italicizing.**

5. Include the name of the Web site to which the message was posted in the retrieval statement, **if this information is not part of the URL:** Retrieved from Site Name Web site: http://xxxxx

   [otherwise, do not include the name of the Web site in “Retrieved from”]

6. Provide a retrieval date for references **when the content changes over time,** such as for nonarchived social media pages. [These are not considered scholarly sources and, generally speaking, should not be used in your papers.]

7. Provide the address (“permalink”) for the archived version of the message or page if possible. On sites like Facebook and Twitter, the archived message URL can be accessed by clicking the date and time stamp at the bottom of the message. When the archived URL is used, no retrieval date is necessary.

8. Take note of privacy settings: Content visible to everyone can go in the reference list; restricted (e.g., friends-only) content should be cited as a personal communication (see section 6.20 of the Publication Manual).

9. It is preferred to use the name of a person (or persons) as the author. If that is not available or obvious, the next choice is to use the name of the organization. The last choice is to use the title of the article for the author. Whatever you choose for the author will be the author for the reference entry and the in-text citation.

10. The Publication Manual has no opinion on that which is a reputable source or not. It has made an attempt to provide formatting information for as many types of sources as possible. That does not mean you can use them in your papers. Generally speaking, governmental agencies (CDC, NIH, WHO) and professional organizations (American Diabetes Association, American Cancer Society) are considered reputable and you are able to use information from those Web sites. You should use Web sites sparingly to obtain information posted within the last year. Otherwise, you should be using peer-reviewed sources for your papers.

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The titles of articles from Web pages are not in italics. Only the first word of the title and subtitle and any proper nouns are capitalized. The copyright date of the Web sites is not the publication date. Look specifically for a publication date or last reviewed date. The retrieval date is not needed for reputable sources. If the name of the Web site is included in the URL address, the name of the Web site is not included before the URL address.
Acknowledgments

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Breast Cancer Facts & Figures is a publication of the American Cancer Society, Atlanta, Georgia.

in-text citation (American Cancer Society, n.d.) or
(American Cancer Society [ACS], n.d.)
next time or if the abbreviation is already explained (ACS, n.d.)
The abbreviation can serve two purposes: it can be the abbreviation and the citation the first time it is used, such as American Cancer Society (ACS, n.d.) indicated xxxx.

This publication attempts to summarize current scientific information about cancer. Except when specified, it does not represent the official policy of the American Cancer Society.

A1C - American Diabetes Association

Living With Diabetes

Home > Living with Diabetes > Treatment & Care > Blood Glucose Control > A1C

A1C

The A1C test measures your average blood glucose control for the past 2 to 3 months. It is determined by measuring the percentage of glycated hemoglobin, or HbA1c, in the blood. Check your A1C twice a year at a minimum, or more frequently when necessary. It does not replace daily self-testing of blood glucose.

Checking your blood glucose at home with a meter tells you what your blood sugar level is at any one time, but suppose you want to know how you’re doing overall. The A1C test gives you a picture of your average blood glucose control for the past 2 to 3 months. The results give you a good idea of how well your diabetes treatment plan is working.

In some ways, the A1C test is like a baseball player’s season batting average; it tells you about a person’s overall success. Neither a single day’s blood test results nor a single game’s batting record gives the same big picture. You may also be interested in our book, 50 Things You Need to Know About Diabetes.

How does it help diabetes control?

These are some ways the A1C test can help you manage your diabetes:

- Confirm self-testing results or blood test results by the doctor.
- Judge whether a treatment plan is working.
- Show you how healthy choices can make a difference in diabetes control.

How does it work?

Hemoglobin, a protein that links up with sugars such as glucose, is found inside red blood cells. Its job is to carry oxygen from the lungs to all the cells of the body. When diabetes is uncontrolled, you end up with too much glucose in the bloodstream. This extra glucose enters your red blood cells and links up (or glycates) with molecules of hemoglobin. The more excess glucose in your blood, the more hemoglobin gets glycated. By measuring the percentage of A1C in the blood, you get an overview of your average blood glucose control for the past few months.

How does the A1C test look backward?

Suppose your blood sugar was high last week. What happened? More glucose hooked up (glycated) with your hemoglobin. This week, your blood glucose is back under control. Still, your red blood cells carry the “memory” of last week’s high blood glucose in the form of more A1C.

This record changes as old red blood cells in your body die and new red blood cells (with fresh hemoglobin) replace them. The amount of A1C in your blood reflects blood sugar control for the past 120 days, or the lifespan of a red blood cell.

In a person who does not have diabetes, about 5% of all hemoglobin is glycated. For someone with diabetes and high blood glucose levels, the A1C level is higher than normal. How high the A1C level rises depends on what the average blood glucose level was during the past weeks and months. Levels can
A1C - American Diabetes Association

range from normal to as high as 15% or more if diabetes is badly out of control for a long time.

You should have had your A1C level measured when your diabetes was diagnosed or when treatment for diabetes was started. To watch your overall glucose control, your doctor should measure your A1C level at least twice a year. There are times when you need to have your A1C level tested about every 3 months. If you change diabetes treatment, such as start a new medicine, or if you are not meeting your blood glucose goals, you and your doctor will want to keep a closer eye on your control.

What are the limitations?

Although the A1C test is an important tool, it can't replace daily self-testing of blood glucose for those who need it. A1C tests don't measure your day-to-day control. You can't adjust your insulin on the basis of your A1C tests. That's why your blood sugar checks and your log of results are so important to staying in effective control.

Reference list entry

In-text citation
(American Diabetes Association, n.d.) or (American Diabetes Association [ADA], n.d.) next time or if the abbreviation is already explained (ADA, n.d.)
Asthma is a lifelong disease that causes wheezing, chest tightness, g. It can limit a person’s quality of life. While we don’t know why asthma affects some people with asthma their symptoms and attacks by home triggers and ng prescribed such as inhaled ds.

If the source will be used only once, then (Centers for Disease Control and Prevention, 2011).

If the source will be used more than once, then (Centers for Disease Control and Prevention [CDC], 2011) or if the abbreviation has been explained, use (CDC, 2011)

- Asthma – What You Need to Know [PODCAST - 01:19 minutes]
- Asthma – What You Need to Know [PSA - 0:60 seconds]

On Other Web Sites

- The Community Guide - Asthma Control
- MedlinePlus - Asthma
- MedlinePlus - Asthma in Children
- Living With Asthma: CDC Vital Signs [VIDEO - 02:08 minutes]
- CDC Medscape Commentary: Asthma Control During Travel [VIDEO - 3:46 minutes]
Finding Your Adult Vaccination Record

A vaccination record helps you and your doctors know if you’re protected against vaccine-preventable diseases. Can’t find your records? You’re not alone. The following tips can jumpstart your search!

Reference list entry

In-text citations
(Centers for Disease Control and Prevention, 2012) or
(Centers for Disease Control and Prevention [CDC], 2012) next time or if the abbreviation has been explained (CDC, 2012)
Lead in Drinking Water and Human Blood Lead Levels in the United States
**CONTENTS**

Introduction ................................................................. 1
Background ........................................................................ 1
Historical Trends in Blood Lead Levels ............................. 3
Lead in the Environments of Children ............................... 4
Lead in Drinking Water .................................................. 4
Conclusion ........................................................................ 7
References ......................................................................... 7

Based on the suggestion by the CDC for the citation, here is the reference entry for this article.

If this source will be used once, the in-text citation will be (Centers for Disease Control and Prevention, 2012)
If the source will be used more than once, then (Centers for Disease Control and Prevention [CDC], 2012)
if the abbreviation has already been explained, then use (CDC, 2012)
Sex education in schools and other places, as well as received from parents, provides adolescents with information to make informed choices about sex at a crucial period of their development. Using data from the 2006–2008 National Survey of Family Growth (NSFG), this report examines the percentage of male and female teenagers 15–19 years who received sex education. Teenagers were asked if they received formal instruction on four topics of sex education at school, church, a community center, or some other place before they were 18 years old and the grade they were in when this first occurred. In addition, they were asked if they talked to their parents before they were 18 about topics concerning sex, birth control, sexually transmitted diseases (STDs), and the Human Immunodeficiency Virus HIV/acquired immunodeficiency syndrome (AIDS) prevention.

Keywords: sex education • talk to parents • say no to sex • methods of birth control

What percentage of teenagers received formal sex education?

• Most teenagers received formal sex education before they were 18 (96% of female and 97% of male teenagers) (Figure 1).

Figure 1. Teenagers 15-19 who received formal sex education by topic and sex: United States, 2006-2008


Am I at Risk for Type 2 Diabetes?
Taking Steps to Lower Your Risk of Getting Diabetes

On this page:

- What is type 2 diabetes?
- Can type 2 diabetes be delayed or prevented?
- Other Types of Diabetes
- What are the signs and symptoms of type 2 diabetes?
- Should I be tested for diabetes and prediabetes?
- What does having prediabetes mean?
- What factors increase my risk for type 2 diabetes?
- Does sleep matter?
- How can I reduce my risk for type 2 diabetes?
- Making Changes to Lower My Risk
- Eating, Diet, and Nutrition
- Measure Your Waist
- Body Mass Index (BMI)
- Hope through Research
- For More Information
- Acknowledgments

What is type 2 diabetes?

Type 2 diabetes, formerly called adult-onset diabetes, is the most common type of diabetes. About 95 percent of people with diabetes have type 2. People can develop type 2 diabetes at any age, even during childhood. However, this type of diabetes develops most often in middle-aged and older people. People who are overweight and inactive are also more likely to develop type 2 diabetes.

In type 2 and other types of diabetes, you have too much glucose, also called sugar, in your blood. People with diabetes have problems converting food to energy. After a meal, food is broken down into glucose, which is carried by your blood to cells throughout your body. With the help of the hormone insulin, cells absorb glucose from your blood and use it for energy. Insulin is made in the pancreas, an organ located behind the stomach.
Am I at Risk for Type 2 Diabetes? - National Diabetes Information Clearinghouse


The National Diabetes Information Clearinghouse (NDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1978, the Clearinghouse provides information about diabetes to people with diabetes and to their families, health care professionals, and the public. The NDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about diabetes.

This publication is not copyrighted. The Clearinghouse encourages users of this publication to duplicate and distribute as many copies as desired.

This publication may contain information about medications. When prepared, this publication included the most current information available. For updates or for questions about any medications, contact the U.S. Food and Drug Administration toll-free at 1-888-INFO-FDA (1-888-463-6332) or visit [www.fda.gov](http://www.fda.gov). Consult your health care provider for more information.

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June 2012

[Top]

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Reference list entry

In-text citation
(if the abbreviation for United States has not been explained, spell out United States [U.S.])

(U.S. Department of Health and Human Services [DHHS], National Institutes of Health [NIH], National Institute of Diabetes and Digestive and Kidney Diseases [NIDDKD], National Diabetes Information Clearinghouse [NDIC], 2012)

next time or if abbreviation already explained (DHHS, NIH, NIDDKD, NDIC, 2012)
Breathe Better Network

Since the inception of the COPD Learn More Breathe Better® campaign, the NHLBI has been fortunate to have the involvement of a variety of organizations as partners. Since the campaign launch in January 2007, the Breathe Better Network has grown to more than 70 members in 47 states. To learn more about the different levels of partnership and how to join the Network, click here. A full list of Breathe Better Network members is included below.

The three levels of Breathe Better Network membership include:

Breathe Better Network Leadership Members
Breathe Better Network Supporting Members
Breathe Better Network Core Members

Breathe Better Network Leadership Members

American Association for Respiratory Care
The American Association for Respiratory Care (AARC) has been a champion of the campaign since its inception. AARC adopted and has co-branded campaign materials for use in regional and national outreach. ALA included an overview of the campaign and a profile of Grace Anne Dorney Koppel in the November 2007 issue of Lung Health, which was distributed to 100,000 subscribers. The Association also actively provides research data and resource materials to affiliates about COPD.

American Lung Association in Colorado
The American Lung Association in Colorado led the formation of the Colorado COPD Coalition, which developed the nation's first COPD state action plan. The Association regularly works with physicians to educate local communities about COPD and help each community develop its own COPD coalitions, and also conducts events throughout the year to target medical professionals regarding COPD through the Colorado's Area Health Education Center system.
American College of Chest Physicians
The American College of Chest Physicians (ACCP) has provided support for the COPD Learn More Breathe Better campaign at its annual CHEST conferences including donating exhibit space to the campaign, adding a session on COPD awareness, supporting the distribution of campaign educational materials and profiling the campaign in its CHEST Daily News. COPD Learn More Breathe Better representatives also moderated a panel discussion at the ACCP’s Asthma/COPD Summit Workshop. Most recently, the ACCP is conducting a series of Continuing Medical Education workshops across the country and will provide campaign educational materials at each event.

American Lung Association
The American Lung Association (ALA) has promoted the COPD Learn More Breathe Better Resource Kit to its chapters nationwide

Reference list entry

In-text citations
(if the abbreviation for United States has not been explained, spell out United States [U.S.])

For the in-text citation, the first time use (U.S. Department of Health and Human Services [DHHS], National Institutes of Health [NIH], National Heart, Lung, and Blood Institute [NHLBI], n.d.) next time or if abbreviation explained (DHHS, NIH, NHLBI, n.d.)
UPDATE OF 2011-2012 FEDERAL EFFORTS TO IMPLEMENT THE NATIONAL HIV/AIDS STRATEGY

The White House released an update on the implementation of the National HIV/AIDS Strategy.
Read the report »

WHAT IS THE NATIONAL HIV/AIDS STRATEGY?

On July 13, 2010 the White House released the National HIV/AIDS Strategy (NHAS). This ambitious plan is the nation’s first-ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015.

DEVELOPING THE STRATEGY

Learn about the creation of the National HIV/AIDS Strategy and how it moved from idea to reality.
Read about developing the Strategy

RELEASING THE STRATEGY

Read about the Strategy’s release on July 13, 2010 and the President’s goals from day one.
Read about releasing the Strategy

VISION FOR THE NATIONAL HIV/AIDS STRATEGY

The United States will become a place where new HIV infections are rare and when they do occur, every person regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality,
According to the U.S. Census Bureau, the resident population of the United States, projected to 12/27/12 at 03:21 UTC (EST+5) is

The U.S. population clock shows a series of short-term projections for the resident population of the United States. This includes people whose usual residence is in the 50 states and the District of Columbia. These projections do not include members of the Armed Forces overseas, their dependents, or other U.S. citizens residing outside the United States.

The projections are based on a monthly series of population estimates starting with the April 1, 2010 resident population from the 2010 Census. To produce the monthly postcensal national resident population estimates, the April 1 population count is updated by adding births, subtracting deaths, and adding net international migration since the census date.

At the end of each year, a new series of population estimates, from the census date forward, is used to revise the postcensal estimates, including the population clock projections series. Once a series of monthly projections is completed, the daily numerical population change is assumed to be constant, subject to negligible differences caused by rounding.

Population estimates produced by the U.S. Census Bureau for the United States, states, counties, and cities or towns can be found on the Population Estimates web page. Long-term projections for the United States and states can be found on the Population Projections web page.
Monitoring and evaluation of programmes

Monitoring refers to a continuous tracking of a programme’s process or performance. The aim is to estimate the spread and burden of the disease over different periods of time. A sound and thorough monitoring and evaluation strategy allows decision makers to assess the effectiveness of various strategies on dengue transmission.

Methods of surveillance include:

Disease surveillance
Tracking the number of infected human cases.

Vector surveillance
Tracking mosquito populations in areas of potential risk.

Monitoring behavioural impact
Observing whether behaviours aimed to reduce dengue transmission are adopted and sustained by the community.

Disease surveillance | Vector surveillance | Monitoring behavioural impact

Reference list entry

In-text citation
If the source will be used only once, then (World Health Organization, n.d.)
If the source will be used more than once (World Health Organization [WHO], n.d.) (WHO, n.d.)
If the abbreviation has already been explained, use (WHO, n.d.)

See page 94 for the use of the brackets
the copyright date is for the Web site and not for the information. the publication date is n.d.

Revision date 10-7-17