Cohort, Exam 4

Oral Glucose Tolerance Screening Form: FORM CODE=GTS VERSION=B

Instructions: This form is completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

<table>
<thead>
<tr>
<th>GTSB1</th>
<th>Was Participant Treated For Diabetes In Visit 3? Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Value Description</td>
</tr>
<tr>
<td>9311</td>
<td>N No</td>
</tr>
<tr>
<td>10</td>
<td>U</td>
</tr>
<tr>
<td>689</td>
<td>Y Yes [skip to Exclusion Statement]</td>
</tr>
<tr>
<td>494</td>
<td>Missing</td>
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</tbody>
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<table>
<thead>
<tr>
<th>GTSB2</th>
<th>Do You Regularly Take Medication To Control Diabetes (High Blood Sugar)? Q2</th>
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<tbody>
<tr>
<td>N</td>
<td>Value Description</td>
</tr>
<tr>
<td>9456</td>
<td>N No</td>
</tr>
<tr>
<td>348</td>
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<table>
<thead>
<tr>
<th>GTSB3</th>
<th>Has Participant Fasted at Least 10 Hours? Q3</th>
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<tbody>
<tr>
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<td>9275</td>
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<table>
<thead>
<tr>
<th>GTSB4</th>
<th>Have You Had Surgery To Remove Part Of Your Stomach Or Small Intestine? Q4</th>
</tr>
</thead>
<tbody>
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<td>Value Description</td>
</tr>
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<table>
<thead>
<tr>
<th>GTSB5</th>
<th>Are You On Kidney Dialysis? Q5</th>
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<tbody>
<tr>
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<tr>
<td>9097</td>
<td>N No</td>
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### ARIC Data Book

**Cohort, Exam 4**

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<thead>
<tr>
<th>Variable</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>GTSB6</td>
<td>Are You Willing To Participate In The Glucose Tolerance Test? Q6</td>
</tr>
<tr>
<td>N</td>
<td>Value</td>
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<tr>
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<td>N No</td>
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</tr>
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</tbody>
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| GTSB7    | Date Of Data Collection Q7                        |
| N        | Value                                             |
| 10493    | Range 08/24/1995 - 01/30/1999                     |
| 11       | Missing                                           |

| GTSB8    | Method Of Data Collection Q8                      |
| N        | Value                                             |
| 9925     | C Computer                                        |
| 568      | P Paper form                                      |
| 11       | Missing                                           |

| GTSB9    | Code Number Of Person Coding Q9                  |
| N        | Value                                             |
| 10493    | Present Text suppressed                           |
| 11       | Missing                                           |

| GTSBCY   | Contact Year                                      |
| N        | Value                                             |
| 10504    | 10                                                |

| GTSBFLAG | Indicator For Presence Of Form                    |
| N        | Value                                             |
| 10504    | 1                                                 |

| ID       | Aric Participant ID                               |
| N        | Value                                             |
| 10504    | Present Text suppressed                           |