# ARIC
Atherosclerosis Risk in Communities

## Oral Glucose Tolerance Administration Form

**ID Number:**

**Contact Year:**

**Form Code:**

**Version:**

**Last Name:**

**Initials:**

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Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 737-F, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA (0925-0281). Do not return the completed form to this address.

**Instructions:**

This form is completed during the participant's visit. ID Number, Contact Year and Name must be entered above. 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. On the paper form, if a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

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### Oral Glucose Tolerance Administration Form (GTAA Screen 1 of 2)

1. **Confirm Eligibility for OGTT**
   
   a. Time participant began drinking glucose: 
   
   b. AM: A  
   
   b. PM: P

2. Amount of glucose consumed: 

   IF FULL AMOUNT CONSUMED, RECORD "00:00" AND RECORD TIME FOR DRAWING 2 HOUR SAMPLE ON ITINERARY SHEET. IF 145 ML OR MORE, DO NOT DRAW 2 HOUR BLOOD SAMPLE.

3. **Time of 2 hour blood sample:**

   [IF NOT DRAWN, RECORD "00:00" AND GO TO ITEM 4]

   a. AM:  
   
   b. PM:  

4. **Reason for non-collection of 2 hour blood sample:**

   a. 50% or less of glucose consumed:  
   
   b. Venipuncture failure:  
   
   c. Refusal:  
   
   d. Other:  

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5. Date of data collection: [ ] m m / d d / y y

   Paper      P

7. Code number of phlebotomist drawing 2 hour glucose sample: [ ]