

ORAL GLUCOSE TOLERANCE ADMINISTRATION FORM

ID NUMBER: CONTACT YEAR:	1 0 FORM CODE: GTA VERSION: A 01/26/96
LAST NAME:	INITIALS:
Public reporting burden for this collection of information is time for reviewing instructions, searching existing data source and reviewing the collection of information. Send comments recollection of information, including suggestions for reducing Humphrey Building, 200 Independence Ave., SW, Washington, D.C. form to this address.	ces, gathering and maintaining the data needed, and completing egarding this burden estimate or any other aspect of this this burden, to: PHS Reports Clearance Officer Pm 737-5
rightmost box. Enter leading zeroes where nece entered incorrectly, mark through the incorrect incorrect entry. For "multiple choice" question	s visit. ID Number, Contact Year and Name must be entered red, enter the number so that the last digit appears in the essary to fill all boxes. On the paper form, if a number is tentry with an "X". Code the correct entry clearly above the cons, circle the letter corresponding to the most appropriate mark through it with an "X" and circle the correct response.
ORAL GLUCOSE TOLERANCE ADMINISTRA [CONFIRM ELIGIBILITY FOR OGTT.] 1. a. Time participant began drinking glucola: h h : m m b. AM PM P	3. a. Time of 2 hour blood sample: h h : m m
IF FULL AMOUNT CONSUMED, RECORD "000" AND RECORD TIME FOR DRAWING 2 HOUR SAMPLE ON ITINERARY SHEET. IF 145 ml OR MORE, DO NOT DRAW 2 HOUR BLOOD SAMPLE.	4. Reason for non-collection of 2 hour blood sample? 50% or less of glucola consumed

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m m / d d / y y 6. Method of data collection: Computer C Paper P	LOWING COMPACT TERMS
7. Code number of phlebotomist drawing 2 hour glucose sample:	First to reporting borner for this collector of informerion to the collection, converted extending data source on any converted to the converted to the content of the collection of information, some converted collection of information, including suggestions of information, the suggestions of the collection of the col
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