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.

	GTSB1	*Was Participant Treated For Diabetes In Visit 3? Q1*
N	*Value*	*Description*
9311	N	No
10	U	
689	Y	Yes *[skip to Exclusion Statement]*
494		Missing

	GTSB2	*Do You Regularly Take Medication To Control Diabetes (High Blood Sugar)? Q2*
N	*Value*	*Description*
9456	N	No
348	Y	Yes *[skip to Exclusion Statement]*
700		Missing

	GTSB3	*Has Participant Fasted at Least 10 Hours? Q3*
N	*Value*	*Description*
181	N	No *[skip to Exclusion Statement]*
9275	Y	Yes
1048		Missing

	GTSB4	*Have You Had Surgery To Remove Part Of Your Stomach Or Small Intestine? Q4*
N	*Value*	*Description*
9083	N	No
26	U	Unknown
168	Y	Yes *[skip to Exclusion Statement]*
1227		Missing

	GTSB5	*Are You On Kidney Dialysis? Q5*
N	*Value*	*Description*
9097	N	No
8	Y	Yes *[skip to Exclusion Statement]*
1399		Missing

Cohort, Exam 4

GTSB6		*Are You Willing To Participate In The Glucose Tolerance Test? Q6*
N	*Value*	*Description*
857	N	No
8244	Y	Yes
1403		Missing

GTSB7		*Date Of Data Collection Q7*
N	*Value*	*Description*
10493	Range	08/24/1995 - 01/30/1999
11		Missing

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

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

GTSBCY		*Contact Year*
N	*Value*	*Description*
10504	10	

GTSBFLAG		*Indicator For Presence Of Form*
N	*Value*	*Description*
10504	1	

ID		*Aric Participant ID*
N	*Value*	*Description*
10504	Present	Text suppressed