THE STRONG HEART STUDY II
GTT CHECKLIST

Center: ____________________________  ID number:  ____________________________

Today's Date: ____________________________  TODAY

1. Fasting One Touch glucose result. *If not done, draw two lines across the boxes.*  GTT2-1

2. Is blood sample taken?
   1 = yes, and participant has been fasting,
   2 = yes, but participant has NOT been fasting,
   3 = no, participant is on renal dialysis,
   4 = no, participant has had a kidney transplant,
   5 = no, participant has not been fasting,
   6 = participant refused,
   7 = other, specify: ____________________________  GTT2-2

   If blood sample is NOT taken because of dialysis/transplantation or refusal, are tubes of blood for DNA and RBC typing taken?
   1 = yes  2 = no  GTT2-2a

3. When was the last time you ate  GTT2-3
   AM  PM

4. Time of collection of fasting samples  GTT2-4

5. Time the 75 gram glucose beverage was consumed  GTT2-5

6. Time of collection of urine sample  GTT2-6

7. Time of 2-hr blood sample  GTT2-7

8. The participant did not have GTT because of: *Check the appropriate answer(s)*
   a. diabetes, on insulin treatment  GTT2-8a
   b. diabetes, on oral agent  GTT2-8b
   c. One Touch > 225 mg/dl  GTT2-8c
   d. refusal to have GTT done  GTT2-8d

9. Has the participant vomited after the glucose beverage was given?
   (1 = yes  2 = no)
   If yes, when? (Indicate the time) ____________________________  GTT2-9

Comments: ________________________________________________________________

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