

Data Entry Done

Participant ID

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OGTT Incomplete

**HAPO FOLLOW-UP STUDY
OGTT FORM - CHILD**

1. Visit date:	201__ / __ / __ Year Mo Day
Weight from BOD POD	
2. Body mass (weight) measurement from BOD POD in kg:	____ . ____ kg
<i>NOTE: The child's weight should be copied from Question 19 on the Physical Measurements – Child Form.</i>	
Consent	
3. Did the participant's mother consent to having her child's blood and urine samples stored at the United States National Institutes of Health for future use by non-HAPO Follow-Up Study investigators? CHECK ONLY ONE BOX	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the participant's mother consent to having a sample for DNA drawn for her child? CHECK ONLY ONE BOX <i>(If No, do NOT draw the sample for DNA.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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OGTT Test Progression - Fasting Samples	
<p>5. Was the fasting sample for glucose drawn? CHECK ONLY ONE BOX [2 ml Grey top tube, Bar-code label 600, invert 6 times, place on ice]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><i>(If No, STOP, CANCEL OGTT, reschedule, answer Question 26 on TEST QUALIFICATION FORM - CHILD. Then SKIP to Question 26.)</i></p>	
<p>6. Was the fasting sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX [2 ml Red top tube, Bar-code label 601, do NOT mix, stand at room temperature]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>7. Was the fasting sample for hsCRP and lipids drawn? CHECK ONLY ONE BOX [4 ml Red top tube, Bar-code label 602, do NOT mix, stand at room temperature]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>8. Was the fasting sample for storage drawn? CHECK ONLY ONE BOX [4 ml Red top tube, Bar-code label 603, do NOT mix, stand at room temperature]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>9. Was the fasting sample for DNA drawn? CHECK ONLY ONE BOX [3 ml Purple top tube, Bar-code label 604, invert 6 times, place on ice]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>10. Was the fasting sample for A1c drawn? CHECK ONLY ONE BOX [3 ml Purple top tube, Bar-code label 605, invert 6 times, place on ice]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>11. Time fasting samples drawn (24-hour clock):</p>	_ _ : _ _

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OGTT Test Progression - Glucose Consumption

12. Determine volume of Trutol for child's OGTT _____ml
(If weight for Question 2 < 42.6 kg, refer to Trutol Volume by Weight Chart.)

13. Time glucose consumption started (24-hour clock): _____ : _____

14. Time glucose consumption completed (24-hour clock): _____ : _____

OGTT Test Progression - 30 Minute Samples

15. Was the 30-minute sample for glucose drawn? CHECK ONLY ONE BOX
[2 ml Grey top tube, Bar-code label 650, invert 6 times, place on ice]

Yes
 No

[Note: The 30-minute sample should be drawn as close to 30 minutes as possible but within 10 minutes of the 30-minute interval.]

16. Was the 30-minute sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX
[2 ml Red top tube, Bar-code label 651, do NOT mix, stand at room temperature]

Yes
 No

17. Time 30-minute samples were drawn (24-hour clock): _____ : _____

OGTT Test Progression - 1 Hour Samples

18. Was the 1-hour sample for glucose drawn? CHECK ONLY ONE BOX
[2 ml Grey top tube, Bar-code label 610, invert 6 times, place on ice]

Yes
 No

[Note: The 1-hour sample should be drawn as close to 60 minutes as possible but within 10 minutes of the 1-hour interval.]

19. Was the 1-hour sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX
[2 ml Red top tube, Bar-code label 611, do NOT mix, stand at room temperature]

Yes
 No

20. Time 1-hour samples were drawn (24-hour clock): _____ : _____

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OGTT Test Progression - 2 Hour Samples

21. Was the 2-hour sample for glucose drawn? CHECK ONLY ONE BOX
[2 ml Grey top tube, Bar-code label 620, invert 6 times, place on ice] Yes
 No

[Note: The 2-hour sample should be drawn as close to 120 minutes as possible but within 10 minutes of the 2-hour interval.]

22. Was the 2-hour sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX
[2 ml Red top tube, Bar-code label 621, do NOT mix, stand at room temperature] Yes
 No

23. Time 2-hour samples drawn (24-hour clock): _____ : _____

Blood Draw Side Effects

24. Were any of the following observed or reported to you subsequent to the blood draw? CHECK ALL THAT APPLY

- None
- Injury to the vein
- Bruising at the site
- Infection at the site
- Other

(If "Other", please specify: _____)

Sample Handling

25. Were all samples sent for processing? CHECK ONLY ONE BOX Yes
 No

NOTE: If blood drawing was not completed for any reason, answer Question 26 on TEST QUALIFICATION FORM – CHILD.

26. HAPO staff ID of person completing OGTT test progression: _____

Form Completion

27. HAPO staff ID of person entering data into Data Entry System: _____