

Data Entry Done

Participant ID

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OGTT Incomplete

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

1. Visit date:	201__ / __ / __ Year Mo Day
<b>Weight from BOD POD</b>	
2. Body mass (weight) measurement from BOD POD in kg:	_____ . _____ kg
<i>NOTE: The mother's weight should be copied from Question 19 on the Physical Measurements – Mother Form.</i>	
<b>Consent</b>	
3. Did the participant consent to having their 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 consent to having a sample for DNA drawn? CHECK ONLY ONE BOX	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If No, do <b>NOT</b> draw the sample for DNA.)</i>	

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<b>OGTT Test Progression - Fasting Samples</b>	
<p><b>5.</b> Was the fasting sample for glucose drawn? CHECK ONLY ONE BOX [4 ml Grey top tube, Bar-code label 700, 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 28 on TEST QUALIFICATION FORM - MOTHER. Then SKIP to Question 20.)</i></p>	
<p><b>6.</b> Was the fasting sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX [6 ml Red top tube, Bar-code label 701, do NOT mix, stand at room temperature]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>7.</b> Was the fasting sample for lipids drawn? CHECK ONLY ONE BOX [6 ml Red top tube, Bar-code label 702, do NOT mix, stand at room temperature]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>8.</b> Was the fasting sample for storage drawn? CHECK ONLY ONE BOX [6 ml Red top tube, Bar-code label 703, do NOT mix, stand at room temperature]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>9.</b> Was the fasting sample for DNA drawn? CHECK ONLY ONE BOX [4 ml Purple top tube, Bar-code label 704, invert 6 times, place on ice]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>10.</b> Was the fasting sample for A1c drawn? CHECK ONLY ONE BOX [4 ml Purple top tube, Bar-code label 705, invert 6 times, place on ice]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>11.</b> Time fasting samples drawn (24-hour clock):</p>	_ _ : _ _

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**OGTT Test Progression - Glucose Consumption**

12. Determine volume of Trutol for mother'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 – 2 Hour Samples**

15. Was the 2-hour sample for glucose drawn? CHECK ONLY ONE BOX  
[4 ml Grey top tube, Bar-code label 720, 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.]*

16. Was the 2-hour sample for storage drawn? CHECK ONLY ONE BOX  
[6 ml Red top tube, Bar-code label 723, do NOT mix, stand at room temperature]  Yes  
 No

17. Time 2-hour samples drawn (24-hour clock): \_\_\_\_\_ : \_\_\_\_\_

**Blood Draw Side Effects**

18. 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: \_\_\_\_\_)

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Sample Handling	
19. Were all samples sent for processing? CHECK ONLY ONE BOX	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>NOTE: If blood drawing was not completed for any reason, answer Question 28 on TEST QUALIFICATION FORM – MOTHER.</i>	
20. HAPO staff ID of person completing OGTT test progression:	_____
Form Completion	
21. HAPO staff ID of person entering data into Data Entry System:	_____