

-

Participant ID

Nickname



**Restoring Insulin Secretion Study**  
**OGTT: Oral Glucose Tolerance Test**

1. Study Visit Number <b>VISIT</b>	<input type="text"/> BAS <input type="text"/> M06 <input type="text"/> M12 <input type="text"/> M15 <input type="text"/> M21
2. Visit date (mm/dd/yyyy) <b>Replaced with DAYSRAND</b>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Staff ID	<input type="text"/> <input type="text"/> <input type="text"/>

**Instructions: Complete this form at any visit when an OGTT is completed (BAS, M06, M12, M15, M21)**

**Test Qualification**

Confirm the participant's readiness for the OGTT:

- |   |   |  |
|---|---|--|
| a. Did not take any study medications the morning of this visit   | <input type="checkbox"/> True             | <input type="checkbox"/> False           |
| b. Had no illness within past week  | <input type="checkbox"/> True             | <input type="checkbox"/> False           |
| c. Did not exercise, other than walk, within past 10 hours  | <input type="checkbox"/> True             | <input type="checkbox"/> False           |
| d. Has fasted at least 10 hours   | <input type="checkbox"/> True             | <input type="checkbox"/> False           |
| e. Had regular diet over last 3 days  | <input type="checkbox"/> True             | <input type="checkbox"/> False           |
| 5. Is the participant prepared for the oral glucose tolerance test? <b>All above must be true. OGPREF</b> | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |
| 6. Fasting finger-stick blood sugar elevated (see MOP v.2 4.4 for details)? <b>OGFAST</b>                 | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>2</sub> No |

→ **If YES**, see MOP Volume 2 Section 4.4 for information on continuing or rescheduling visit.

**Test Progression**

- |  |   |
|--|---|
| 7. Time of 1 <sup>st</sup> fasting blood sample <b>OGFSTIME1</b> (-10 min) | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 hour clock |
| 8. Time of 2 <sup>nd</sup> fasting blood sample <b>OGFSTIME2</b> (-5 min)  | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 hour clock |

**OGTT Samples**

Time glucose consumption started

→ **Start timer now**

0  0  0 :  0  0 Timer

9. Time glucose consumption ended **OGGLEND1 / OGGLUEND2**

:   Timer

→ **Glucola should be completely consumed within 5 minutes.**

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RISE **OGTT.1**

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**Test Progression (continued)**

*The following samples should be drawn within 2 minutes of intervals (before or after) counting from the time the glucose drink was started. If a sample is drawn outside that window, record the time and continue with the OGTT.*

10. Time 10 minute sample drawn **OGDRAW10M / OGDRAW10S**  :  Timer11. Time 20 minute sample drawn **OGDRAW20M / OGDRAW20S**  :  Timer12. Time 30 minute sample drawn **OGDRAW30M / OGDRAW30S**  :  Timer13. Time 60 minute sample drawn **OGDRAW60M / OGDRAW60S** (1 hour)  :  Timer14. Time 90 minute sample drawn **OGDRAW90M / OGDRAW90S**  :  Timer15. Time 120 minute sample drawn **OGDRAW120M / OGDRAW120S** (2 hour)  :  Timer16. Time 150 minute sample drawn **OGDRAW150M / OGDRAW150S**  :  Timer17. Time 180 minute sample drawn **OGDRAW180M / OGDRAW180S** (3 hour)  :  Timer18. The OGTT was (**CHECK ONLY ONE**): **OGCOMPLETE**Completed **without** problem  1Completed **with** a problem  2**Not completed**  3**If completed without a problem, STOP. Otherwise, complete 19a.**a. Why was the OGTT "completed with a problem" or "not completed"? **OGPROBWHY**Vomited after glucose load  1Fainted or felt ill after glucose load  2Participant did not drink entire glucose load in 5 minutes  3Difficult blood draw  4Other  5

If "Other," Specify: