

Participant ID

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Nickname

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Date of visit

month	day	year			

FORM DATA NOT INCLUDED. OGTT TIME DATA INCLUDED WITH LAB DATA

Diabetes Prevention Program Outcomes Study

P07 BLOOD DRAW PROCEDURE

This form is completed at Mid-year and Annual visits (01M, 01A, etc...), as well as Interim visits (INT). This form is also completed if an OGTT is performed at the Diabetes Confirmation visit (CON) or the Primary Outcome visit (POV).

A. Participant Identification

1. Clinic number

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2. Participant number

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3. Nickname

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4. Date of randomization

month	day	year			

5. Sex

Male ¹ Female ²

OVSTDT

6. Date of visit

month	day	year			

7. Outcome visit

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 VISIT

B. Test qualification

1. Is this an Oral Glucose Tolerance Test (OGTT)?

Yes ¹ No ² OISTHI

2. Is the participant prepared for the fasting blood draw and/or glucose tolerance test (No concomitant conditions/drugs, no illness within the past week, no exercising within the past 10 hrs, no fasting less than 10 hrs or greater than 18 hrs, regular diet over last 3 days. See MOO for more details)?

Yes ¹ No ² OPREPA

IF NO, STOP. IF YES, CONTINUE.

3. What time and date did you last eat and drink anything other than water? (**Do not** continue with test if less than 10 hrs or greater than 18 hrs.)

a. Date

QOEATD

month	day	year			

b. Time

QOEATT :
24 hour clock

OTFORMIN

Identification code of person reviewing completed form

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Form entered in computer?

