

**Cohort, Exam 4****Oral Glucose Tolerance Screening Form: FORM CODE=GTS VERSION=A**

**Instructions:** This form is completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

G TSA1		Was Participant Treated For Diabetes In Visit 3? Q1
N	Value	Description
1018	N	No
1	U	Unknown
102	Y	Yes [skip to Exclusion Statement]
31		Missing

G TSA2		Do You Regularly Take Medication To Control Diabetes? Q2
N	Value	Description
1019	N	No
30	Y	Yes [skip to Exclusion Statement]
103		Missing

G TSA3		Has Participant Fasted At Least 12 Hours? Q3
N	Value	Description
58	N	No [skip to Exclusion Statement]
961	Y	Yes
133		Missing

G TSA4		Have You Had Surgery To Remove Part Of Your Stomach Or Small Intestine? Q4
N	Value	Description
937	N	No
6	U	Unknown
18	Y	Yes [skip to Exclusion Statement]
191		Missing

G TSA5		Are You Willing To Participate In The Glucose Tolerance Test? Q5
N	Value	Description
63	N	No
880	Y	Yes
209		Missing

**Cohort, Exam 4**

<i>G TSA6</i>		<i>Date Of Data Collection</i> <i>Q6</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1152	Range	02/01/1996 - 08/02/1996

<i>G TSA7</i>		<i>Method Of Data Collection</i> <i>Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1131	C	Computer
21	P	Paper form

<i>G TSA8</i>		<i>Code Number Of Person Coding</i> <i>Q8</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1152	Present	Text suppressed

<i>G TSACY</i>		<i>Contact Year</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1152	10	

<i>G TSAFLAG</i>		<i>Indicator For Presence Of Form</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1152	1	

<i>ID</i>		<i>Aric Participant ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1152	Present	Text suppressed