

Diabetes Prevention Program

INTERIM FOLLOW-UP VISIT INVENTORY

This form is completed at titration visits for coded metformin and follow-up visits when the Standard Follow-up Visit Inventory (Form F01) and Major Follow-up Visit Inventory (Form F02) are not completed. Form F03 records the following: adverse events, pregnancy questions, coded medication and arm blood pressure for hypertension management.

Part I / IDENTIFICATION

A. Participant Identification

- 1. Clinic number CLINIC
- 2. Participant number PATID
- 3. Participant's initials INITS

first last
- 4. Participant's date of birth DOB

month day year
- 5. Participant's sex Male SEX
Female

B. Visit Information

- 1. Date of visit JIVSTDT

month day year
- 2. Week of visit JIVSTWK
- 3. Type of visit In Clinic JVSTTYPE
Unattended

C. Reason for Interim Visit

Complete Part II of this form for all reasons listed below.

check all that apply

- 1. Coded metformin management JIMEDMG
- 2. Hypertension management JIHYPMG Complete Part II and Part III
- 3. Lipid management JILIPMG
- 4. Pregnancy management JIPRGMG
- 5. Adverse event management JIAEMG
- 6. Collection of specimen for CBL (e.g. OGTT) JISPEC Complete CBL Specimen Transmittal Form
- 7. Repeat collection of outcome found to be deficient JIOUT
- 8. Other JIOTH

a. specify: _____

Initials of person reviewing completed form Form entered in computer?

first last

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

Part II / HISTORY

D. Adverse Events

1. During the interval since the last visit, has the participant had any new symptoms, injuries, illness or side effects, or worsening of pre-existing conditions? YES 1 NO 2 **JIAEQ**

If YES, an Adverse Event Report (Form EO1) MUST be completed.

E. Pregnancy Questions- Women Only

If the participant was randomized to troglitazone, skip section E pregnancy questions.

1. Does the participant have reproductive potential? YES 1 NO 2 **JIPREM**

If YES, Review menstrual diary and confirm use and form of contraception and CONTINUE.
If NO, SKIP to Section F - Coded Medication.

2. Date of last menstrual period

month	day	year

JIDOLM

If participant is assigned to pharmacologic treatment, answer 2.a.
If participant is assigned to intensive lifestyle treatment, answer 2.b.

- a. Menstrual period more than one week late? YES 1 NO 2 **JI1WK**
- b. Menstrual period more than two weeks late? 1 2 **JI2WK**

If 2.a or 2.b. is YES, a pregnancy test must be performed.
If NO, skip to question E.5.

3. Date of pregnancy test

month	day	year

JIDOPT

4. Result of pregnancy test Positive 1 Negative 2 **JIPREG**

If POSITIVE, coded metformin must be discontinued and complete a Pregnancy Confirmation Report (Form E04). Skip to Section F - Coded Medication.

5. Does the participant plan on becoming pregnant within the next 3 months? YES 1 NO 2 **JIPLAN**

If YES, coded metformin must be discontinued.

