

Diabetes Prevention Program

HOME VISIT INVENTORY

This form is only completed for inactive participants off their coded medication for any Mid-Year or Annual visit conducted outside the DPP clinic.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number

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 CLINIC

2. Participant number

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 PATID

3. Participant's initials

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 INITS
first last

4. Participant's date of birth

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 DOB
month day year

5. Participant's sex

Male ¹ SEX
Female ²

B. Visit Information

1. Date of visit

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 KGVSTDT
month day year

2. Week of visit

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 KGVSTWK

3. Outcome visit

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 VISIT

4. End of Study

Yes ¹ KGEOS
No ²

C. Instructions for Form F06 Completion

Complete all sections of Form F06.

Initials of person reviewing completed form

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first last

Form entered in computer?

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

D. Adverse Events

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

If YES, an Adverse Event Report (Form E01) MUST be completed.

E. Prescription Medications

1. Is the participant currently taking any PRESCRIPTION medications?
If YES, list below:
- YES NO KGRXDQ

	Medicine Description	Route
a.	KGRXDA	<input type="checkbox"/>
b.	KGRXDB	<input type="checkbox"/>
c.	KGRXDC	<input type="checkbox"/>
d.	KGRXDD	<input type="checkbox"/>
e.	KGRXDE	<input type="checkbox"/>
f.	KGRXDF	<input type="checkbox"/>
g.	KGRXDG	<input type="checkbox"/>
h.	KGRXDH	<input type="checkbox"/>
i.	KGRXDI	<input type="checkbox"/>
j.	KGRXDJ	<input type="checkbox"/>

Diuretic agents, beta blockers, and fluoxetine > 20 mg/day (or equivalent dose of SSRI) are discouraged.