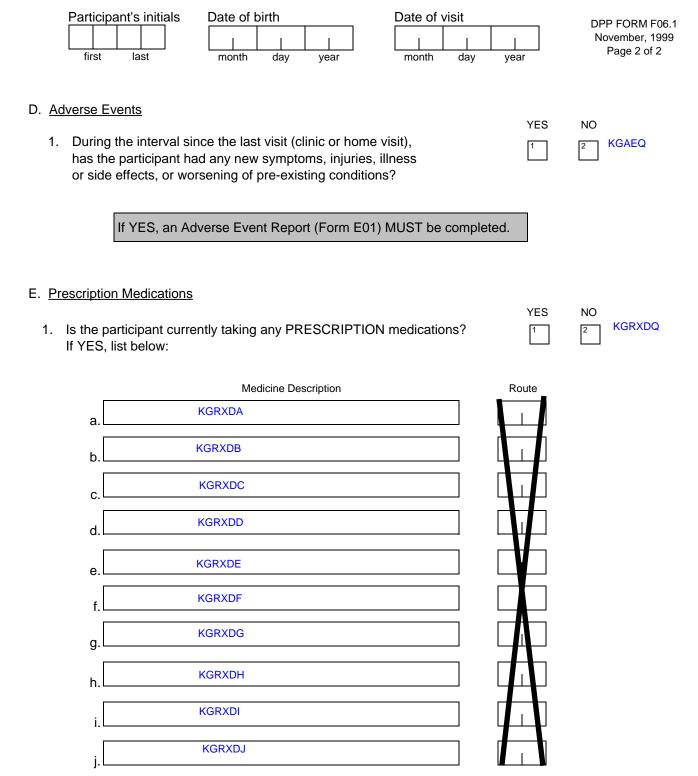
Diabetes Prevention Program

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.	<u>Par</u>	ticipant Identification	
	1.	Clinic number	CLINIC
	2.	Participant number	PATID
	3.	Participant's initials	first last
	4.	Participant's date of birth	month day year
	5.	Participant's sex	Male SEX
R	Vicit	: Information	Female ²
υ.		Date of visit	month day year KGVSTDT
	2.	Week of visit	KGVSTWK
	3.	Outcome visit	VISIT
	4.	End of Study	Yes The KGEOS No The Report of the KGEOS
C.	Inst	tructions for Form F06 Completion	
	Co	mplete all sections of Form F06.	
	Init	ials of person reviewing completed form first last	Form entered in computer?



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