

## Diabetes Prevention Program

### LIFESTYLE CONTACT - IN PERSON

This form is completed for all in-person contacts with participants in the Intensive Lifestyle Intervention. Form L03 records the following: nature of session, self-monitoring information and the physical activity and weight status.

#### A. Participant Identification

1. Clinic number

--	--

 CLINIC

2. Participant number

--	--	--	--	--	--

 PATID

3. Participant's initials

--	--	--	--

 INITIS  
first last

4. Participant's date of birth

--	--	--

 DOB  
month day year

#### B. Contact Information

1. Date of In-Person Contact

--	--	--

 ZVSTDT  
month day year

2. Week of In-Person Contact  
(weeks since randomization, refer to participant calendar)

--	--	--

 ZVSTWK

#### C. Instructions For Form Completion

Complete all sections of Form L03 - Lifestyle Contact - In Person.

Initials of person completing form

--	--	--	--

  
first last

Form entered in computer?

--

Participant's initials

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
first	last		

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

Date of visit

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

Part II / LIFESTYLE CONTACT - IN PERSON

D. Nature of Session

1. Attendance (check only one)

- alone  <sup>1</sup> ZNATTEN
- with significant other  <sup>2</sup>
- with other participants  <sup>3</sup>

2. Type (check only one)

- core curriculum  <sup>1</sup> (go to 2a.) ZNTYPE
- continued contact after core  <sup>2</sup> (go to 2c.)

If CORE CURRICULUM,

2a. Session #  ZNLESS

i. If session #1, which topic did the participant choose?

diet /weight loss  <sup>1</sup> ZNTOPIC

physical activity  <sup>2</sup>

2b. Repeat Yes No

<sup>1</sup>  <sup>2</sup> ZNREV

Skip to question 3.

If CONTINUED CONTACT AFTER CORE,

2c. Majority of contact time devoted to:

diet  <sup>1</sup>

physical activity  <sup>2</sup> ZNMAJOR

participant support  <sup>3</sup>

other  <sup>4</sup>

Several topics may have been addressed; indicate which topic received the greatest amount of attention.

3. Duration of contact

- less than 5 minutes  <sup>1</sup> ZNDUR
- 5 - 14 minutes  <sup>2</sup>
- 15 - 30 minutes  <sup>3</sup>
- more than 30 minutes  <sup>4</sup>

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

Part II / LIFESTYLE CONTACT - IN PERSON (continued)

E. Self-Monitoring Information

1. Has the participant self-monitored diet since the last In-Person Contact? ZNDIET

Yes	No
1	2

2. Has the participant self-monitored physical activity since the last In-Person Contact? ZNEXER

1	2
---	---

If YES to either question 1 or 2, continue.  
If NO to both question 1 and 2, skip to question 5.

3. Self-monitoring data (from written record only) from the most recent week available since the last In-Person Contact:

		FAT (g)	CALORIES	MINUTES OF PHYSICAL ACTIVITY
DAY		FAT	CAL	EX
ZSG	a. GOAL	<input type="text"/> <input type="text"/> <input type="text"/> FAT <input type="checkbox"/> NA FNA	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAL <input type="checkbox"/> NA CNA	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EX <input type="checkbox"/> NA ENA
-----				
ZSD1	b. DAY 1	<input type="text"/> <input type="text"/> <input type="text"/> FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAL	<input type="text"/> <input type="text"/> <input type="text"/> EX
ZSD2	c. DAY 2	<input type="text"/> <input type="text"/> <input type="text"/> FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAL	<input type="text"/> <input type="text"/> <input type="text"/> EX
ZSD3	d. DAY 3	<input type="text"/> <input type="text"/> <input type="text"/> FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAL	<input type="text"/> <input type="text"/> <input type="text"/> EX
ZSD4	e. DAY 4	<input type="text"/> <input type="text"/> <input type="text"/> FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAL	<input type="text"/> <input type="text"/> <input type="text"/> EX
ZSD5	f. DAY 5	<input type="text"/> <input type="text"/> <input type="text"/> FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAL	<input type="text"/> <input type="text"/> <input type="text"/> EX
ZSD6	g. DAY 6	<input type="text"/> <input type="text"/> <input type="text"/> FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAL	<input type="text"/> <input type="text"/> <input type="text"/> EX
ZSD7	h. DAY 7	<input type="text"/> <input type="text"/> <input type="text"/> FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAL	<input type="text"/> <input type="text"/> <input type="text"/> EX
<b>TOTAL</b> (sum of Day 1 through Day 7)				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ZSTOTEX

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

Part II / LIFESTYLE CONTACT - IN PERSON (continued)

4. Is more than one week of dietary self-monitoring available since the last In-Person Contact?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

ZSDIARY

If NO, skip to Question 5.

a. If YES, did other records look similar?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

ZSSIMIL

i. If NO, how much did the other diaries differ from this one?

other diaries show less success  
at behavior change

ZSDIFER

other diaries show more success  
at behavior change

5.

If this contact is for the CORE CURRICULUM, skip to section F.  
If this contact is CONTINUED CONTACT AFTER CORE, continue.

If a written record is not available, indicate how many minutes of physical activity the participant verbally reported during the previous week (one week only).

Start date

month	day	year

ZSEX1ST

End date

month	day	year

ZSEX1EN

Minutes

--	--	--	--

ZSEX1MN

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

F. Physical Activity Status

1. Is the participant at study goal for physical activity? ZEXGOAL

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. What are the barriers? ZEXBAR1  
(see code book; 100 series) ZEXBAR2  
ZEXBAR3

a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What approaches are taken to improve or maintain? ZEXAPP1  
(see code book; 200 series) ZEXAPP2  
ZEXAPP3

a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Weight Status

1. Study weight goal? ZWTGOAL  
(based on the line of reduction during core or 7% loss post-core)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.	<input type="checkbox"/>	pounds
--------------------------	--------------------------	--------------------------	---	--------------------------	--------

2. Current weight? ZWTCURR

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.	<input type="checkbox"/>	pounds
--------------------------	--------------------------	--------------------------	---	--------------------------	--------

3. Is the participant at weight goal? ZWEIGHT

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

4. Is the participant self-monitoring weight? ZWTSELF

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

5. What are the barriers? ZWTBAR1  
(see code book; 300 series) ZWTBAR2  
ZWTBAR3

a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What approaches are taken to improve or maintain? ZWTAPP1  
(see code book; 400 series) ZWTAPP2  
ZWTAPP3

a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>