

# Diabetes Prevention Program LIFESTYLE PHYSICAL ACTIVITY LOG

This form is completed for each supervised physical activity session. If more than 15 participants attend a session please attach an additional form.

## Part I / CLASS IDENTIFICATION

A. Clinic number

		CLINIC
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B. Date of exercise class

			PADATE
month	day	year	

C. Start time of exercise class

	:		PATIME
time (24 hour clock)			

D. Type of exercise  
(see code book; 500 series)

1. 

5			PATYPE
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E. Exercise Leader (s)

1. 

				PALEAD1
first			last	

2. 

				PALEAD2
first			last	

## Part II / ATTENDEES

	Name	Participant Identification Number	Initials											
			first	last										
1.	_____	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>							<table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					INIT1
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Note: Optional page 2 listed RELEASE\_ID16 - RELEASE\_ID30

Initials of person completing form

first			last

Form entered in computer?

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