

Diabetes Prevention Program

RETENTION AND TREATMENT MONITORING MEASURES

This self-administered form is completed at Screening Step 3 - End, and at Mid-Year Standard Follow-up Visits (End-month 6, 18, 30, 42, 54, 66). Form Q06 includes the following: life events, social provisions scale and family assessment.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number

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| | | CLINIC |
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2. Participant Identification Number (Complete a **OR** b)

a. If before randomization, Screening number

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| S | | | | | | SCREEN |
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b. If after randomization, Participant number

| | | | | | | |
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| | | | | | | PATID |
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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 | | | |

B. Visit Information

1. Date of visit

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| | | | | MVSTDT |
| month | day | year | | |

2. Type of visit

Screening Step 3 - End MVSTTYP
 Standard Follow-up

3. Week of visit (If Standard Follow-up)

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| | | | MVSTWK |
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4. Outcome visit

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| | | | VISIT |
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5. End of Study

Yes MFEOS
 No

C. Instructions For Administration

The participant should complete the questionnaires on the following 7 pages. If the participant is not currently living in a family household, he/she should not complete part IV Family Assessment. When the participant finishes the questionnaires, a clinic staff member must be sure each question has been completed. Blanks should be brought to the participant's attention with a request to try to complete the blank items.

Questionnaire completed?

Yes No

Initials of person reviewing completed form

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Form entered in computer?

Participant's initials

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Date of birth

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Date of visit

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Part II / LIFE EVENTS

During the past 12 months, did any of the following things happen in your life? If it did happen, what kind of effect did it have on your life? Place an X in the box that corresponds with your answer.

| | Did not happen | Happened, bad effect | Happened, but no effect | Happened, good effect |
|---|---|---------------------------------|------------------------------------|----------------------------------|
| 1. Someone close to you died. | 1 <input type="checkbox"/> MLDIE | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2. You became engaged, got married, or started a new relationship. | 1 <input type="checkbox"/> MLMARR | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 3. You had serious arguments with someone who lives at your home. | 1 <input type="checkbox"/> MLARGH | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4. You had a serious problem with a close friend, relative, or neighbor not living at home. | 1 <input type="checkbox"/> MLFRND | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5. You separated, divorced, or ended an engagement or relationship. | 1 <input type="checkbox"/> MLDVRC | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 6. You had arguments or other difficulties with people at work. | 1 <input type="checkbox"/> MLARGW | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 7. Someone moved out of your home. | 1 <input type="checkbox"/> MLMOVE | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8. You (or your wife or "partner") had a baby. | 1 <input type="checkbox"/> MLBABY | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9. You were laid off or fired from work. | 1 <input type="checkbox"/> MLFIRE | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 10. You resigned or retired from work. | 1 <input type="checkbox"/> MLRETR | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 11. You started a completely different job. | 1 <input type="checkbox"/> MLJOB | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Participant's initials

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Date of visit

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Part II / LIFE EVENTS (continued)

| | Did not happen | | Happened, bad effect | | Happened, but no effect | Happened, good effect |
|---|----------------------------|---------------|---------------------------------|--|------------------------------------|----------------------------------|
| 12. There was a big change in the people, duties, hours or responsibilities at your work. | 1 <input type="checkbox"/> | MLCHGW | 2 <input type="checkbox"/> | | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 13. There was a big change in your responsibilities at home. | 1 <input type="checkbox"/> | MLCHGH | 2 <input type="checkbox"/> | | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 14. You had a serious injury. | 1 <input type="checkbox"/> | MLINJUR | 2 <input type="checkbox"/> | | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15. You had minor financial problems. | 1 <input type="checkbox"/> | MLSFIN | 2 <input type="checkbox"/> | | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 16. You had a major financial crisis. | 1 <input type="checkbox"/> | MLBFIN | 2 <input type="checkbox"/> | | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17. You were robbed, raped, or assaulted. | 1 <input type="checkbox"/> | MLROB | 2 <input type="checkbox"/> | | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 18. Someone close to you had a sudden serious illness or injury. | 1 <input type="checkbox"/> | MLILL | 2 <input type="checkbox"/> | | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 19. You were arrested. | 1 <input type="checkbox"/> | MLARRST | 2 <input type="checkbox"/> | | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 20. You had a major change in the surroundings where you work or live. | 1 <input type="checkbox"/> | MLSURR | 2 <input type="checkbox"/> | | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 21. During the past 12 months, how much change has there been in your life? | 1 <input type="checkbox"/> | A great deal. | | | | |
| | 2 <input type="checkbox"/> | A good bit. | | | | |
| | 3 <input type="checkbox"/> | A little. | MLAMT | | | |
| | 4 <input type="checkbox"/> | None. | | | | |

Participant's initials

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Date of birth

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Date of visit

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Part III / SOCIAL PROVISIONS SCALE

Read each item and decide which choice indicates how you feel. Then, place an X in the box that corresponds with your answer.

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|------------------------------------|----------------------------|----------------------------|----------------------------|
| 1. There are people I can depend on to help me if I really need it. | 1 <input type="checkbox"/> MSIDEPD | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2. I feel that I do not have any close personal relationships with other people. | 1 <input type="checkbox"/> MSRELA | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 3. There is no one I can turn to for guidance in times of stress. | 1 <input type="checkbox"/> MSNOSTR | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4. There are people who depend on me for help. | 1 <input type="checkbox"/> MSPDEPD | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5. There are people who enjoy the same social activities I do. | 1 <input type="checkbox"/> MSSOS | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 6. Other people do not view me as competent. | 1 <input type="checkbox"/> MSCOMP | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 7. I feel personally responsible for the well-being of another person. | 1 <input type="checkbox"/> MSNELL | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8. I feel part of a group of people who share my attitudes and beliefs. | 1 <input type="checkbox"/> MSGRP | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9. I do not think other people respect my skills and abilities. | 1 <input type="checkbox"/> MSSKILL | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Participant's initials

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Part III / SOCIAL PROVISIONS SCALE (continued)

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|------------------------------------|----------------------------|----------------------------|----------------------------|
| 10. If something went wrong, no one would come to my assistance. | 1 <input type="checkbox"/> MSNOAST | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 11. I have close relationships that provide me with a sense of emotional security and well-being. | 1 <input type="checkbox"/> MSEMOSC | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 12. There is someone I could talk to about important decisions in my life. | 1 <input type="checkbox"/> MSTALK | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 13. I have relationships where my competence and skill are recognized. | 1 <input type="checkbox"/> MSRELAT | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 14. There is no one who shares my interests and concerns. | 1 <input type="checkbox"/> MSINTR | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15. There is no one who really relies on me for their well-being. | 1 <input type="checkbox"/> MSRELY | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 16. There is a trustworthy person I could turn to for advice if I were having problems. | 1 <input type="checkbox"/> MSTRUST | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17. I feel a strong emotional bond with at least one other person. | 1 <input type="checkbox"/> MSEMBOD | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 18. There is no one I can depend on for aid if I really need it. | 1 <input type="checkbox"/> MSNODPD | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 19. There is no one I feel comfortable talking about problems with. | 1 <input type="checkbox"/> MSCMFRT | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Participant's initials

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Part III / SOCIAL PROVISIONS SCALE (continued)

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 20. There are people who admire my talents and abilities. | 1 <input type="checkbox"/> MSADMIR | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 21. I lack a feeling of intimacy with another person. | 1 <input type="checkbox"/> MSINITM | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 22. There is no one who likes to do the things I do. | 1 <input type="checkbox"/> MSTODO | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 23. There are people I can count on in an emergency. | 1 <input type="checkbox"/> MSEMERG | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 24. No one needs me to care for them anymore. | 1 <input type="checkbox"/> MSCARE | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Participant's initials

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Part IV / FAMILY ASSESSMENT

0. Are you currently living in a family household? MFYESNO Yes No

Only complete if you are currently living in a family household. The next few pages contain a number of statements about families. Please read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. Place an X in the box that corresponds with your answer.

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. We resolve most everyday problems around the house. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | MFRESHS | | | |
| 2. We usually act on our decisions regarding problems. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | MFACTDC | | | |
| 3. We try to think of different ways to solve problems. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | MFSOLVE | | | |
| 4. We resolve most emotional upsets that come up. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | MFRESEM | | | |
| 5. After our family tries to solve a problem, we usually discuss whether it worked or not. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | MFDISC | | | |
| 6. We confront problems involving feelings. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | MFCONFR | | | |
| 7. Individuals are accepted for what they are. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | MFACCEP | | | |
| 8. We avoid discussing our fears and concerns. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | MFAVOID | | | |
| 9. We can express feelings to each other. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | MFEXPR | | | |

Participant's initials

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Part IV / FAMILY ASSESSMENTS (continued)

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|------------------------------------|----------------------------|----------------------------|----------------------------|
| 10. We feel accepted for what we are. | 1 <input type="checkbox"/> MFFLACC | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 11. We don't get along well together. | 1 <input type="checkbox"/> MFALONG | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 12. We confide in each other. | 1 <input type="checkbox"/> MFCONFI | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 13. We cannot talk to each other about the sadness we feel. | 1 <input type="checkbox"/> MFSAD | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 14. Planning family activities is difficult because we misunderstand each other. | 1 <input type="checkbox"/> MFPLAN | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15. In times of crisis we can turn to each other for support. | 1 <input type="checkbox"/> MFCRISI | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 16. We are able to make decisions about how to solve problems. | 1 <input type="checkbox"/> MFSLVPR | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17. There are lots of bad feelings in the family. | 1 <input type="checkbox"/> MFBADFL | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 18. Making decisions is a problem for our family. | 1 <input type="checkbox"/> MFDECPR | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |