

## Diabetes Prevention Program

### DPP-SPECIFIC SUPPORT MEASURE - BASELINE VISIT

This self-administered form is completed at Screening Step 3 - End.

#### Part I / IDENTIFICATION

##### A. Participant Identification

1. Clinic number

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 CLINIC

2. Screening 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

##### B. Visit Information

1. Date of visit

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 VVSTDT  
month day year

##### C. Instructions For Administration

The participant should complete the questionnaire on the following page. When the participant finishes the questionnaire, 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.

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

**Part II / DPP SPECIFIC SUPPORT MEASURE - BASELINE VISIT**

Think about your friends and relatives and the things you will be doing as part of the DPP.

Not At All ←————→ Very Much

1. How much do you think your friends and relatives will support your attending regularly scheduled sessions with DPP staff?

1	2	3	4	5	6	7	VSESS
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2. How much do you think your friends and relatives will support your changing your eating habits to lose weight as encouraged by the DPP?

1	2	3	4	5	6	7	VEAT
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3. How much do you think your friends and relatives will support your exercising regularly every week?

1	2	3	4	5	6	7	VEXER
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4. How much do you think your friends and relatives will support your taking your DPP medication if prescribed?

1	2	3	4	5	6	7	VMEDS
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Not At All ←————→ Very Much