

Diabetes Prevention Program
ECONOMIC EVALUATION QUESTIONNAIRE

This self-administered form is to be completed at the next scheduled semi-annual or annual visit.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number

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 CLINIC

2. Participant 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

5. Participant's sex

Male
Female SEX

B. Visit Information

1. Date of visit

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 DVSTDT
month day year

2. Week of visit

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 DVSTWK

C. Instructions for Form Q12 Completion

The participant should complete the questions on the following pages. When the participant finishes the questionnaire, a clinic staff member must be sure each question has been completed. Unanswered items should be brought to the participant's attention with a request to try to complete the items.

Questionnaire completed?
Yes No

Initials of person reviewing completed form

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 Form entered in computer?
first last

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

Place an X in the box that corresponds with your answer.

D. Over time, you may have changed the types of foods that you eat. Since you started in the DPP, have the costs of the foods that you yourself have eaten at home:

- 1 Increased a lot
 - 2 Increased some
 - 3 Stayed about the same
 - 4 Decreased some
 - 5 Decreased a lot
- DVCOST

E. Since you started in the DPP, has the number of meals that you have eaten in (or taken out from) fast-food restaurants:

- 1 Increased a lot
 - 2 Increased some
 - 3 Stayed about the same
 - 4 Decreased some
 - 5 Decreased a lot
- DVFAST

F. Since you started in the DPP, has the number of meals that you have eaten in (or taken out from) non fast-food restaurants:

- 1 Increased a lot
 - 2 Increased some
 - 3 Stayed about the same
 - 4 Decreased some
 - 5 Decreased a lot
- DVNOFAS

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

G. On average in a typical week, how many hours do you yourself spend shopping for and preparing food for yourself?

hours DVHRYOU

H. On average in a typical week, how many hours do your spouse, family, and friends spend shopping for and preparing food for you?

hours DVHRFAM

I. Since you started in the DPP, have you paid for a commercial weight loss program such as Weight Watchers, Jenny Craig, Optifast, NutraSystems, or Overeaters Anonymous?

¹ ² DVCOMM
YES NO

J. Think of all the exercises or physical activities that you currently do outside of work for your health and rate them, as a group, according to the level of pleasure or satisfaction that you get from them. **Please check only one box.**

¹ Like/enjoy/get satisfaction from activities
² Neutral DVPLEAS
³ Do not like/enjoy/get satisfaction from activities

K. On average, in a typical week, how many hours do your spouse, family, and friends spend exercising with you?

hours DVEXER

L. When you go to DPP visits and other doctor and nurse visits, how often do your spouse, family, and friends go with you?

¹ Always
² Almost always
³ Usually DVGOYOU
⁴ Half the time
⁵ Rarely
⁶ Almost never
⁷ Never

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

Part III

Place an X in the box that corresponds with your answer.

M. Since you started in the DPP, have you purchased any of the following items to promote your fitness, health, and well being?

	YES	NO
1. Bicycle DVBIC	<input type="checkbox"/>	<input type="checkbox"/>
2. Cross country skis DVSKIS	<input type="checkbox"/>	<input type="checkbox"/>
3. Downhill skis or snowboard DVSNOW	<input type="checkbox"/>	<input type="checkbox"/>
4. Exercise videos DVVIDEO	<input type="checkbox"/>	<input type="checkbox"/>
5. Free weights (dumbbells) DVWEIG	<input type="checkbox"/>	<input type="checkbox"/>
6. Golf clubs DVGOLF	<input type="checkbox"/>	<input type="checkbox"/>
7. Home gym DVGYM	<input type="checkbox"/>	<input type="checkbox"/>
8. Ice skates DVSKATE	<input type="checkbox"/>	<input type="checkbox"/>
9. Roller blades or roller-skates DVBLADE	<input type="checkbox"/>	<input type="checkbox"/>
10. Rowing machine DVROW	<input type="checkbox"/>	<input type="checkbox"/>
11. Skiing machine DVSKMAC	<input type="checkbox"/>	<input type="checkbox"/>
12. Snow shoes DVSNSHO	<input type="checkbox"/>	<input type="checkbox"/>
13. Stair master DVSTAIR	<input type="checkbox"/>	<input type="checkbox"/>
14. Stationary bicycle DVSTAT	<input type="checkbox"/>	<input type="checkbox"/>
15. Step (for aerobics) DVSTE	<input type="checkbox"/>	<input type="checkbox"/>
16. Tennis racquet DVTENNES	<input type="checkbox"/>	<input type="checkbox"/>
17. Treadmill DVTREAD	<input type="checkbox"/>	<input type="checkbox"/>
18. Other (specify: _____) DVOTHER	<input type="checkbox"/>	<input type="checkbox"/>

Participant's initials

first		last	

Date of birth

month	day	year	

Date of visit

month	day	year

N. Since you started in the DPP, have you purchased any of the following items to help you prepare foods for your own consumption?

	YES	NO
1. Air popper (Popcorn) DVPOPP	<input type="checkbox"/>	<input type="checkbox"/>
2. Blender DVBLEND	<input type="checkbox"/>	<input type="checkbox"/>
3. Cookbooks DVCOOK	<input type="checkbox"/>	<input type="checkbox"/>
4. Cooking videos DVCOOKV	<input type="checkbox"/>	<input type="checkbox"/>
5. Food scale DVSCALE	<input type="checkbox"/>	<input type="checkbox"/>
6. Freezer DVFREEZ	<input type="checkbox"/>	<input type="checkbox"/>
7. Microwave DVMICRO	<input type="checkbox"/>	<input type="checkbox"/>
8. Mixer DVMIXER	<input type="checkbox"/>	<input type="checkbox"/>
9. Steamer DVSTEAM	<input type="checkbox"/>	<input type="checkbox"/>
10. Wok DVWOK	<input type="checkbox"/>	<input type="checkbox"/>
11. Other (specify: _____) DVSEC	<input type="checkbox"/>	<input type="checkbox"/>

O. Since you started in the DPP, have you purchased any services to promote your fitness, health, and well being?

	YES	NO
1. Exercise or aerobics classes DVAERO	<input type="checkbox"/>	<input type="checkbox"/>
2. Cooking classes DVCLASS	<input type="checkbox"/>	<input type="checkbox"/>
3. Health club or gym membership DVCLUB	<input type="checkbox"/>	<input type="checkbox"/>
4. Weight loss spa or camp DVSPA	<input type="checkbox"/>	<input type="checkbox"/>
5. Personal trainer DVTRAIN	<input type="checkbox"/>	<input type="checkbox"/>
6. Other (specify: _____) DVSIFY	<input type="checkbox"/>	<input type="checkbox"/>

P. Over the past year, how many pairs of exercise shoes (walking, running, or sport-specific shoes) have you purchased for your own use? Do not include the shoes given to you by the DPP.

pairs

DVSHOES