Diabetes Prevention Program

SCREENING STEP 3 INVENTORY - START

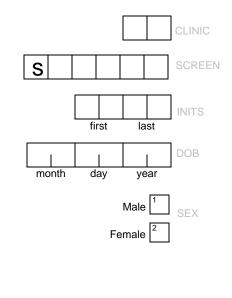
This form is completed during the Start-visit of Screening Step 3. Form S05 records the following: history on family, weight, smoking, aspirin use, cardiovascular and stroke/TIA, other diseases/symptoms, diet, and medical history for women; anthropometric and ankle/arm systolic blood pressure; dispensing of medication for run-in.

Part I / IDENTIFICATION

- A. Participant Identification
 - 1. Clinic number
 - 2. Screening number
 - 3. Participant's initials
 - 4. Participant's date of birth
 - 5. Participant's sex

B. Visit Information

1. Date of visit





C. Instructions for Form S05 Completion

Complete all sections of Form S05, unless an EXCLUSION is encountered in section I, J or Q.

Initials of person reviewing completed form				Form entered in computer?	
	firs	t	last		

	Participant's initials Date of birth		Date of visit	DPP FORM S05.1								
				October, 1998								
	first last month day	year	month day year	Page 2 of 16								
Part II	Part II / PARTICIPANT HISTORY											
D. <u>Fa</u>	nily Information		Mother Don't	Father Don't								
			YES NO Know	YES NO Know								
1.	Did your mother or father have diabe	tes? SIMDIAB	1 2 3	1 2 3 SIFDIA								
	a. If YES, age at diagnosis	SIMDAGE	years	years SIFDAGE								
			Don't	Don't								
2	Did your mother or father over hove		YES NO Know	YES NO Know								
2.	Did your mother or father ever have a heart attack?	SIMMI		SIFMI								
	a. If YES, age at first heart attack	SIMMIAG	years									
			years	yearsolfmiag								
			· · · · · · · · · · · · · · · · · · ·									
3.	What are your parents' years of birth	SIMYO	B 1	1 SIFYOB								
			Year	Year								
			Alive Dead	Alive Dead								
4.	Are your parents still alive?		¹ ² SIMALV	¹ SIFALV								
	a If dead year of death											
	a. If dead, year of death											
			Year SIMYOD	Year SIFYOD								
_												
5.	How many natural brothers and siste have (include all living and deceased		Γ	SISIBS								
	have (moldue an inving and deceased		L									
6.	How many of your brothers and siste	rs have or had dia	betes?	SISIBDI								
												
7.	How many of your brothers and siste	rs have had a hea	rt attack?	SISIBMI								

Participa	nt's initials	Date of b	irth		Date of v	visit		DPP FORM S05.1
								October, 1998
first	last	month	day	year	month	day	year	Page 3 of 16

E. Personal Weight History

1. Is your current weight different than it was one year ago? By different, I mean gaining or losing more than 5 pounds.

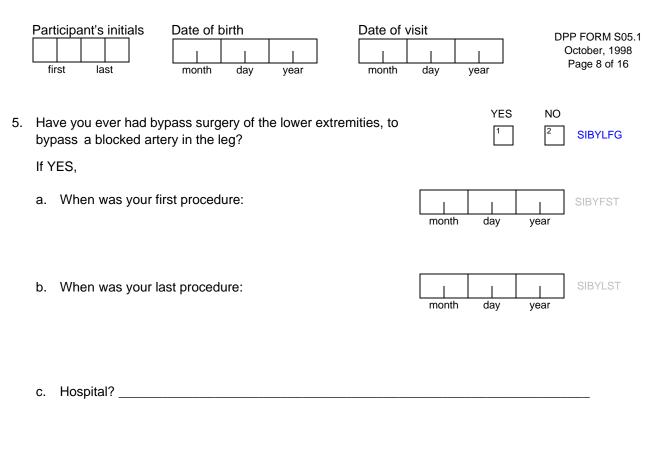
	check only o	one						
	1 No	acined						
	² Yes, a. H		pounds	SIWGTGN				
	a. 11	ow many pounds have you	yameu	ſ	YES NO	I		
	b. D	id you try to gain this weigh	1 2 SITRYGN					
SIWGTDF	³ Yes,	lost						
	с. H	ow many pounds have you	pounds SIWGTL					
			40		YES NO			
	d. D	id you try to lose this weigh	I. ?			RYLS		
	⁴ Don't	know						
2.	What did you weig	gh when you were 20 years	old (Pr	obe: weight before				
	pregnancy, what i	s your best estimate):				pounds	SIWGT20	
з	What is the most y	you have weighed as an ad	lult (and	20 or after)				
0.		lude the times you were pro				pounds	SIMAXWT	
4.	What is the least y	ou have weighed as an ad	ult (age	20 or after) :		pounds	SILSTWT	
5.	•	n your life have you lost at n't count the weight lost afte		•	tim	es sitoles	3	
	gamea it baok (do		er pregi					
6.	Have ever tried to	lose weight?			YES NO			
	If YES,					SWGT		
	Have you tried this	s by: (<i>check all that apply</i>)						
SIWDIET	-	· · · · · · · · · · · · · · · · · · ·	e.	Medication	1			
SIWEXE	b. Self-directed	exercise	f.	Surgery	1			
SIWCOM	c. Dieting and e	exercise combined.	g.	Formal weight loss proc	gram. <mark>SIW</mark> F	WL		
SIWFEEX	d. Formal exerc	ise program 🛄						

		Participant's initials Date of birth Date of visit DPP FORM \$05.1
F.	<u>Sm</u>	oking History YES NO
	1.	Have you smoked more than 100 cigarettes in your lifetime?
		If YES, a. What is your current smoking status: Former smoker 1 SISMOK
		If Former Smoker, i. How old were you when you most recently stopped smoking? age quit SIQOM
		b. How old were you when you started smoking cigarettes? years SISTRT
		c. On average, how many cigarettes per day do you smoke or did you smoke?
	2.	Do you currently smoke cigars? The second se
		a. How old were you when you started smoking cigars? age started SISGRST
		b. On average, how many cigars per week do you smoke? cigars/week SISGRWK
	3.	VES NO Do you currently smoke a pipe? 1 2 SIPIPE If YES,
		a. How old were you when you started smoking a pipe? age started SIPIPST
		b. On average, how many pipefuls do you smoke per week? pipes/week SIPIPWK
G.	<u>Asp</u>	irin History
	1. asp	During an average week, how often do you take one or more irin tablets? Never
		Less than 1 day per week
		1 or 2 days per week 3 SIASPIR
		3 to 4 days per week (includes every other day) 4 5 or 6 days per week 5
		Every day

		Par	ticipa	ant's in	<u>iti</u> als	D	ate of	birth			_	Date of	visit			DP	P FORM S05.1
							I			I						C	October, 1998
		fi	rst	last		L	month	day		year	1	month	day	yea	ır		Page 5 of 16
H.	Thir	nking	g ab	out the	past 1	l2 m	onths	please	e ansv	wer th	e follov	ving que	stions:		YES	NO	
	1.	Ha	ve y	ou had	any pa	ain o	r disco	omfort	in yo	ur che	est?				1	2	SIPAIN
	2.	Ha	ve y	ou had	any pi	ressi	ure or I	heavin	iess ii	n you	r chesť	?			1	2	SIPRES
				stions er are Y				skip to	o Sec	tion I							
		a.	Do	you ge	et it wh	en y	ou wal	k uphil	ll or h	urry?					YES 1	NO 2	SIHURRY
		b.	Do	you ge	et it wh	en y	ou wal	k at ar	n ordi	nary p	ace or	the leve	əl?		1	2	SILEVEL
		C.	Wh	ien you	ı get it	in yc	our che	est, wł	nat do	o you	do?	С	continue		Stop ow down me pace	1 2 3	SIDO
		d.		es it go ES, How \$	-	whe	n you	stand	still?				mo		YES 1 n. or less 10 min.	NO 2 1 2	SISTILL SISOON
		e.	i. ii.		um (ce	entral	l chest		comf	ort:					YES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	SISTER SILCHST SILARM
		f.		ve you ting for				•	acro	ss the	e front c	of your c	hest		YES 1	NO 2	SI30MIN

			ticipant's init	ials]	Date of month	birth day	year		Date of month	visit day	year		(PP FORM S05.1 October, 1998 Page 6 of 16
I.		На	vascular Hist s a doctor ev art attack?	-	you that	you hac	l a myoca	ardial ir	farction	or	-	/ES 1	NO 2	SIMI
			'ES, When was	your fi	rst heart a	attack:				month	n da	у	year	SIMIFST
			Exclude	if with	in the pas	st 6 mon	ths. Fill c	out Elig	ibility Ch	ecklist it	em D.3	3.a		
		b.	When was	your la	st heart a	attack:				mont	n da	y	year	SIMILST
			Exclude	if with	in the pas	st 6 mon	ths. Fill c	out Elig	ibility Ch	ecklist it	em D.3	3.a		
		c. d.	Hospital? _ Doctor? _											
	2.		ve you ever BG)?	had co	ronary ar	tery byp	ass surge	ery (gra	aft,			/ES 1	NO 2	SIBABG
			'ES, When was	your fi	rst surgei	'y:				month	n da	y	year	SICBFST
			Exclude	if with	in the pas	st 6 mon	ths. Fill c	out Elig	ibility Ch	ecklist it	em D.3	3.a		
		b.	When was	your la	st surger	y:				month	n da	y	year	SICBLST
			Exclude	if with	in the pas	st 6 mon	ths. Fill c	out Elig	ibility Ch	ecklist it	em D.3	3.a]	
		c.	Exclude]	

	Participant's initials Date of birth Date of vis	sit day year	DPP FORM S05.1 October, 1998 Page 7 of 16
3.	Have you ever had an angioplasty of the coronary arteries, which an opening of a blocked artery with a plastic tube in the blood ves	1	NO ² SIBLLN
	If YES, a. When was your first angioplasty:	month day	SIBLFST
	Exclude if within the past 6 months. Fill out Eligibility Cher	cklist item D.3.a	
	b. When was your last angioplasty:	month day	year SIBLLST
	Exclude if within the past 6 months. Fill out Eligibility Che	cklist item D.3.a	
	c. Hospital?		
	d. Doctor?		
4.	Have you ever had a carotid endarterectomy or any other procedure to open up the blood vessels in your neck?	YES	NO ² SINECK
	If YES, a. When was your first surgery:	month day	SINKFST year
	Exclude if within the past 6 months. Fill out Eligibility Che	cklist item D.3.a	
	b. When was your last surgery:	month day	year SINKLST
	Exclude if within the past 6 months. Fill out Eligibility Che	cklist item D.3.a	
	c. Hospital?		
	d. Doctor?		



d. Doctor? _____

	Participant's initials	Date of birth	year	Date of visit	ar	DPP FORM S05.1 October, 1998 Page 9 of 16
<u>Stro</u>	oke / TIA History					
1. ting	During the past 12 mor gling, or loss of feeling in	•	•	-	YES 1	NO ² SINUMB
	If YES, a. How long did the sy	mptoms last?		< 1 hour 1 - 24 hour(s) > 24 hours	1 2 3	SINUMBT
2.	During the past 12 mor paralysis, or loss of use				YES 1	NO ² SIPARL
	If YES, a. How long did the sy	/mptoms last?		< 1 hou 1 - 24 hour(s > 24 hours	2	SIPARLT
3.	During the past 12 mor or blurring of vision for		•	oss of eyesight	YES 1	NO ² SIBLUR
	If YES, a. How long did the sy	/mptoms last?		< 1 hou 1 - 24 hour(s > 24 hours	2	SIBLURT
4.	During the past 12 mor changes in speech, los than two minutes?	•	•		YES 1	NO 2 SISLUR
	If YES, a. How long did the sy	/mptoms last?		< 1 hou 1 - 24 hour(s > 24 hours	2	SISLURT
5.	During the past 12 mor difficulty in walking, ligh				YES	NO 2 SIDIZY

J.

	Particip first	oant's initials	Date of birth	year	Date of vis	it day ye	ar	DPP FORM October, Page 10	1998
6.			d you that you had ansient ischemic a		Ye		No es, stroke oke or TIA	1 2 3 SISTR	к
	lf YES a. Wi	, hen was your fi	rst stroke:				tain which	4 SISK	FST
		Exclude if wit	hin the past 6 mon	ths. Fill out El	igibility Che	cklist item	D.3.f		
	b. W	hen was your la	ast stroke:		[month	day yea	SISKI	LST
		Exclude if wit	hin the past 6 mon	ths. Fill out El	igibility Che	cklist item	D.3.f		
Has	a doct	or told you that	you had any of the	e following?					
						Ev	er	Past mon	
 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 	Angina High c Ulcer (Hepati Cance Gallsto Gout? Thyroid	a?	(hypertension)? n blood fats)? odenal), or intestin er disease, or gallb	al bleeding? bladder surgery	SIANGI1 SILIPI1 SIULCR1 SIHEP1 SICNCR1 ? SIGALL1 SIGOUT SITHYR1	YES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	YES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO 2 SIHYPE1 2 SIANGI2 2 SILIPI2 2 SIULCR2 2 SIHEP2 2 SICNCR2 2 SIGALL2 2 SIGOUT2 2 SIGOUT2 2 SITHYR2 2 SIOTH2

K.

	Participant's initials	Date of birth		Date of visit		DPP FORM S05.1
	first last	month day	year	month day	year	October, 1998 Page 11 of 16
Du	ing the past 12 months	have you experie	nced any of t	he following?	YES	NO
1.	Skin rashes?				1	² SIRASH
2.	Frequent stomach pai	ins, bloating, nause	ea, diarrhea,	or loss of appetite	? 1	² SISTOM
3.	Unexplained weight lo	oss?			1	² SILOSEW
4.	Increased thirst (drink	ing more liquids th	an usual)? .			² SITHRST
5.	Urinating more often t				1	² SIURINT

L.

М.	Diet	YES	NO	
	1. Are you now on a special diet for any reason?	1	2	SISPECD
	If YES, Specify (check all that apply)			
	a. Low cholesterol or low fat (for high cholesterol) 1 SILOWFT	-		
	b. Low salt (for high blood pressure)	A		
	c. Low calorie (for weight loss)	٩		
	d. Vegetarian	:		
	e. Other diet (specify:) 1 SIOTHD			

If FEMALE, continue	
If MALE, skip to Section O - Anthropometrics	

		Participant's initials Date of birth Date of visit		DPP FORM S05.1 October, 1998 Page 12 of 16
N.	Med	edical History Questionnaire for Women		
	1.	. Are you still having periods (menstrual bleeding)?	No	1 SIMENS
		Unce	Yes	3
		Never had a pe		4
		If NO or UNCERTAIN		
		a. How long ago was your last period?		
		< 6 mc		2
		6 - 12 mo 13 - 24 months (1 - 2 y		² SIMENST ³
		25 or more months (more than 2 y		4
		If 13 or more months i. At what age was your last period?		years _{SIMENSA}
		YE	S	NO
	2.	. Are you currently having hot flashes or night sweats?		² SIHOTFL
		If YES, a. What was your age when you first had symptoms?		years _{SIHOTAG}
	3.	. During most of your life, were your periods regular? That is, did they occur abou month? (Do not include any time when you were pregnant or taking birth control		a
		Sometimes regular, sometimes irre	No Yes gular	1 2 3 3
	4.	. Between the time you had your first and last period, did you ever go without any periods for at least one year? (Do not count times you were pregnant or breast-feeding).	s	NO ² SI1YR
		If YES, a. What is the longest interval? (Not counting pregnancy and breast-feeding).		
		12 - 23 mc	onthe	1

 12 - 23 months
 1

 24 - 48 months
 2

 more than 48 months (4 years)
 3

	Participant's initials Date of birth Date of visit	DPP FORM S05.1 October, 1998 Page 13 of 16
5.	Have you ever been pregnant?	YES NO 1 2 SIPRGEV
	If YES, a. How many times have you been pregnant?	times SIXPEG
	b. How many live births have you had?	live births SIBIRTH
	c. How many stillbirths, miscarriages, and abortions have you had?	total number SIABORT
6.	Have you ever tried to become pregnant for more than 1 year without becoming pregnant?	YES NO 1 2 SITRYPR
	If YES, a. Did you visit a doctor or clinic because you did not become pregnant?	YES NO 1 2 SIMDPRG
	If YES, i. Was a reason found for why you did not become pregnant?	YES NO 1 2 SIWHYPR
	If YES, a) Major reason (check only one):	
	Problem with your hormones or ovulation (producing eggs) Problem with your tubes or uterus Endometriosis Other problem with you Partner's problem Don't know	2 3 SIWHYSP 4 5
7.	Did you ever have an operation to have one or both of your ovaries taken out Yes, one taken out Yes, both taken Yes, part of an ovary taken Dom	No 1 ken out 2 ken out 3 SIOVAR
	If YES, a. How old were you at your last operation?	years _{SIOVARA}

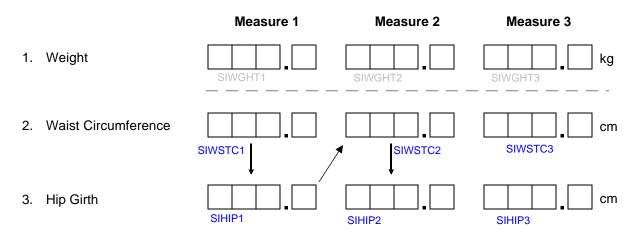
	Participant's initials Date of birth Date of visit	year	DPP FORM S05.1 October, 1998 Page 14 of 16
8.	Did you ever have an operation to remove your uterus (womb) (hysterectomy)?	YES	NO 2 SIHYST
	If YES, a. How old were you?		years _{SIHYSTA}
9. pre	Did you ever have an operation to have your tubes tied to prevent egnancy?	YES 1	NO ² SITUBAL
10.	Has a heath care provider ever told you that you had polycystic ovary syndrome or Stein-Leventhal syndrome?	YES	NO ² SIPCOS
	If YES, a. How old were you when you were told?		years _{SIPCOSA}
11.	Did you ever take any type of estrogen, such as Premarin for 1) relief of menopausal symptoms such as hot flashes or night sweats, or 2) after a hysterectomy with removal of ovaries, or 3) for prevention of disease such as bone loss? (This could include pills, vaginal creams or suppositories, injections, or skin patches.)	YES	NO ² SIESTR
	If YES, a. About how many years did you take this?		years SIESTRT
	b. Are you still taking estrogen replacement therapy?	YES	NO ² SIESTRN
12.	Did you ever take oral contraceptives (birth control pills)?	YES	NO ² SIBCP
	If YES, a. Altogether, about how long did you take oral contaceptives?		years _{SIBCPT}
	b. Are you still taking oral contraceptives?	YES	NO 2 SIBCPN

Participant's initials		Date of b	Date of birth		Date of visit			DPP FORM S05.1
								October, 1998
first	last	month	day	year	month	day	year	Page 15 of 16

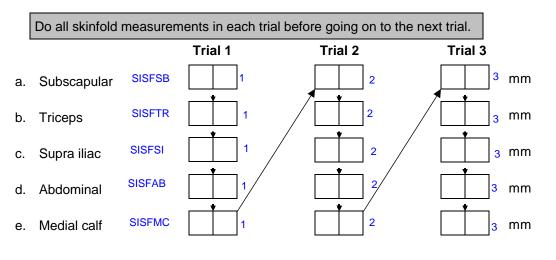
Part III / PHYSICAL

O. Anthropometrics

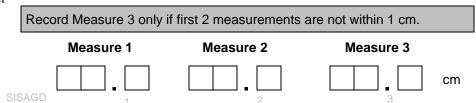
For O.1 - Weight, record Measure 3 only if first 2 measurements are not within 0.2 kilograms.
For O.2 - Waist Circumference, and O.3 - Hip Girth, record measure 1 for each before completing Measure 2 and only record Measure 3 if first 2 measurements are not within 0.5 cm.



4. Skin-fold Thickness



5. Sagittal Diameter



Participant's initials		Date of birth	Date of birth		visit	DPP FORM S05.1	
							October, 1998
first	last	month d	ay year	month	day	year	Page 16 of 16

P. Blood Pressure

1. Supine Ankle/Arm Systolic Blood Pressure

Right arm to be used unless left arm is \geq 10 mmHg higher, in which case wait 30 seconds, repeat left arm pressure, and enter the repeat result as the first arm pressure

Right arm SISSBPA SISSBP a. Arm mmHg Left arm **Right dorsalis pedis** b. mmHg SIADORR SIAPOSR Right tibialis posterior c. mmHg SIADORL d. Left dorsalis pedis mmHg Left tibialis posterior SIADOSL e. mmHg f. Arm (same arm as 1.a) SISSBPF mmHg Part IV / COMPLETION YES NO Q. Eligibility/Interest SIWILL 2 1. Is participant willing to continue with the screening process?

If YES, continue. If NO, STOP. Fill in Eligibility Checklist item E.1.

- R. Placebo Medication Dispensed
 - 1. Dispensing of Medication

Run-in 1

METFORMIN LABEL

Remove label from medication before dispensing and affix here. If not dispensed, check here $\begin{bmatrix} 1 \\ 1 \end{bmatrix}$

SINOMT1

Run-in 2

METFORMIN LABEL

