

Diabetes Prevention Program

SCREENING STEP 3 INVENTORY - END

This form is completed during the End-visit of Screening Step 3.
 Form S06 records the following: Run-in compliance and adverse event assessment; personal and socioeconomic information.

Part I / IDENTIFICATION

A. Participant Identification

- | | | |
|--------------------------------|---|--------|
| 1. Clinic number | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | CLINIC |
| 2. Screening number | <input style="width: 20px; height: 20px;" type="text" value="S"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | SCREEN |
| 3. Participant's initials | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
first last | INITS |
| 4. Participant's date of birth | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
month day year | DOB |
| 5. Participant's Sex | Male <input style="width: 20px; height: 20px;" type="text"/>
Female <input style="width: 20px; height: 20px;" type="text"/> | SEX |

B. Visit Information

- | | | |
|------------------|---|---------|
| 1. Date of visit | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
month day year | SEVSTDT |
|------------------|---|---------|

C. Instructions for Form S06 Completion

Complete all sections of Form S06 unless an EXCLUSION is encountered in section D or G.

Initials of person reviewing completed form
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 / RUN-IN COMPLETION INFORMATION

D. Run-in Compliance

1. Date run-in initiated

Run-in #1 SEDATE1			Run-in #2 (if repeated) SEDATE2		
month	day	year	month	day	year

2. Was participant compliant with placebo pill taking?

YES	NO		YES	NO	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	SEPILL1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	SEPILL2

3. Was participant compliant with keeping diet diary?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	SEDEIT1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	SEDIET2
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4. Was participant compliant with physical activity logs?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	SELOG1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	SELOG2
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5. Was participant compliant with keeping appointments?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	SEAPPT1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	SEAPPT2
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6. Did participant complete interim run-in visit?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	SEINT1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	SEINT2
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7. Was run-in completed satisfactorily?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	SESAT1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	SESAT2
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If NO,

a. Was run-in #2 started?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	SER12
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If Run-in #1 or Run-in #2 was completed satisfactorily, continue.
If neither Run-in was completed satisfactorily, STOP.
Fill out eligibility checklist item E.9.

E. Adverse Events

1. Since the physical exam, has the participant had any new symptoms, injuries, illness or side effects, or worsening of pre-existing conditions?

YES	NO	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	SEAEQ

If YES, an Adverse Event Report (Form EO1) MUST be completed.

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

F. Personal data & Socioeconomic Status

1. What is your current marital status or living arrangement?

Never married.	<input type="text" value="1"/>	Separated.	<input type="text" value="4"/>	SELVG
Living together.	<input type="text" value="2"/>	Divorced.	<input type="text" value="5"/>	
Married.	<input type="text" value="3"/>	Widowed.	<input type="text" value="6"/>	

2. What is the highest grade or year of school you have completed? (Code GED as 12)

	Elementary/ Junior High	High School	College	Graduate School	
No schooling	<input type="text" value="1"/>	9 <input type="text" value="5"/>	13 <input type="text" value="9"/>	17 <input type="text" value="13"/>	SEEDUC
≤ 6	<input type="text" value="2"/>	10 <input type="text" value="6"/>	14 <input type="text" value="10"/>	18 <input type="text" value="14"/>	
7	<input type="text" value="3"/>	11 <input type="text" value="7"/>	15 <input type="text" value="11"/>	19 <input type="text" value="15"/>	
8	<input type="text" value="4"/>	12 <input type="text" value="8"/>	16 <input type="text" value="12"/>	20+ <input type="text" value="16"/>	

3. Which of the following best describes your current employment status? (read responses)

Currently employed full or part-time.	<input type="text" value="1"/>	Seasonally employed.	<input type="text" value="5"/>	SEEMPL
Currently retired.	<input type="text" value="2"/>	Student.	<input type="text" value="6"/>	
Currently full-time homemaker.	<input type="text" value="3"/>	Other.	<input type="text" value="7"/>	
Currently not employed.	<input type="text" value="4"/>	Never worked.	<input type="text" value="8"/>	

4. How many individuals live in your household? people SEHOUSE

5. What is your annual household income from all sources? (show card)

less than \$10,000.	<input type="text" value="1"/>	\$35,000 to less than \$50,000.	<input type="text" value="5"/>	SEINC
\$10,000 to less than \$15,000.	<input type="text" value="2"/>	\$50,000 to less than \$75,000.	<input type="text" value="6"/>	
\$15,000 to less than \$20,000.	<input type="text" value="3"/>	\$75,000 to more.	<input type="text" value="7"/>	
\$20,000 to less than \$35,000.	<input type="text" value="4"/>	Refused.	<input type="text" value="8"/>	

G. Eligibility/Interest

1. Is participant willing to continue with the screening process? YES NO SEWILL

If YES, continue screening process. If NO, fill out eligibility checklist item E.1