

Diabetes Prevention Program  
PARTICIPANTS RANDOMIZED TO TROGLITAZONE  
FOLLOW-UP VISIT INVENTORY

This form is completed at all mid-year and annual follow-up visits for participants randomized to troglitazone. (End-month 6, 12, 18, ...)  
Form TR1 records the following: weight, blood pressure, adverse events and concomitant medications.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number

 CLINIC

2. Participant number

 PATID

3. Participant's initials

 INITS  
first last

4. Participant's date of birth

 DOB  
month day year

5. Participant's sex

Male  SEX  
Female 

B. Visit Information

1. Date of visit

 TRVSTDT  
month day year

2. Week of visit

 TRVSTWK

3. Type of visit

In Clinic  TVSTTYP  
Home Visit 

4. Outcome visit

 VISIT

5. End of Study

Yes  TREOS  
No 

C. Instructions for Form TR1 Completion

Complete all sections of Form TR1.

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 / PHYSICAL AND HISTORY

D. Anthropometrics

1. Weight

a. First measurement

			.	
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kg TRWGHT1

b. Second measurement

			.	
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kg TRWGHT2

Record c. only if first 2 measurements are not within 0.2 kilogram (200 gm).

c. Third measurement

			.	
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kg TRWGHT3

E. Blood Pressure

1. Seated Arm Blood Pressure

a. Blood Pressure Reading 1  
(after sitting 5 minutes)

Systolic	Diastolic
TRSBP1	TRDBP1

mmHg

b. Blood Pressure Reading 2  
(after waiting 30 seconds)

TRSBP2	TRDBP2

mmHg

Hypertension management aims at maintaining blood pressure < 140/90 mmHg.

Initials of data collector completing page 2 of this form

first		last	

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

F. Adverse Events

1. During the interval since the last visit, has the participant had any new symptoms, injuries, illness or side effects, or worsening of pre-existing conditions?

YES

NO

TRAEQ

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

G. Prescription Medications

1. Is the participant currently taking any PRESCRIPTION medications?  
If YES, list below:

YES

NO

TRRXDQ

	Medicine Description	Route
a.	TRRXDA	<del> </del>
b.	TRRXDB	<del> </del>
c.	TRRXDC	<del> </del>
d.	TRRXDD	<del> </del>
e.	TRRXDE	<del> </del>
f.	TRRXDF	<del> </del>
g.	TRRXDG	<del> </del>
h.	TRRXDH	<del> </del>
i.	TRRXDI	<del> </del>
j.	TRRXDJ	<del> </del>

Diuretic agents, beta blockers, and fluoxetine > 20 mg/day (or equivalent dose of SSRI) are discouraged.