

**Diabetes Prevention Program  
BRIDGE PERIOD - HELP PHYSICAL ACTIVITY LOG**

This form is completed for each supervised physical activity session. If more than 15 participants attend a

Part I / CLASS IDENTIFICATION

A. Clinic number

		CLINIC
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B. Date of exercise class

			PADATE
month	day	year	

C. Start time of exercise class

	:		PATIME
time (24 hour clock)			

D. Type of exercise  
(see code book; 500 series)

5			PATYPE
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E. Exercise Leader (s)

				PALEAD1
first		last		

				PALEAD2
first		last		

Part II / ATTENDEES

	Participant Identification Number	Initials										
Name		first    last										
1. _____ <span style="float: right; color: blue;">RELEASE_ID1</span>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table> <span style="float: right;">INITS1</span>				
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15. _____ <span style="float: right; color: blue;">RELEASE_ID15</span>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table> <span style="float: right;">INITS15</span>				

Note: Optional page 2 listed RELEASE\_ID16 - RELEASE\_ID30

Initials of person completing form	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td align="center">first</td> <td></td> <td align="center">last</td> <td></td> </tr> </table>					first		last		Form entered in computer?	<input style="width: 20px; height: 20px;" type="checkbox"/>
first		last									