

Date of session

month	day	year		

Time of session

		:		
hour			minutes	

Quarterly HELP (GLS) ¹

Semi-annual BOOST (BLS) **w/o exercise** ²

Semi-annual BOOST (BLS) **w/ exercise** ³

Additional Lifestyle Support ⁴

Diabetes Prevention Program Outcomes Study L07 LIFESTYLE SESSION LOG

This form is completed for each lifestyle session. If more than 30 participants attend a session, attach an additional form. For quarterly HELP group sessions, do not collect current weight or minutes of physical activity. Only record the minutes of physical activity for semi-annual BOOST sessions with exercise. Collect the physical activity minutes from the past 7 days before the session. Record the current weight at both types of BOOST sessions.

A. Group session identification

1. Clinic number

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CLINIC

2. Date of session

month	day	year		

PADATE

3. Time of session

PATIME

start time		:	end time	
hour	minute		hour	minute

PAENDTM

4. Type of session

- ¹ Quarterly HELP (GLS)
101 to 199 series
- ² Semi-annual BOOST (BLS) **w/o exercise**
See code book; 201 to 299 series
- ³ Semi-annual BOOST (BLS) **w/ exercise**
See code book; 301 to 399 series
- ⁴ Additional Lifestyle Support
Code: Use 401 only

PATYPE

4.a. Session code PASESS

5. Session leader(s)

PALEAD1

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1st leader

PALEAD2

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2nd leader

6. Number of participants attending this session

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PATTEND

IF ONLY ONE LIFESTYLE PARTICIPANT HAS ATTENDED, COMPLETE 6a, 6b, AND 6c AND CONTINUE WITH SECTION B. IF MORE THAN ONE, SKIP TO SECTION B.

6a. Was this scheduled as an individual session?

Yes ¹ No ² PAINDI

6b. Did the participant meet the DPP activity goal over the past week (≥ 150 minutes)?

Yes ¹ No ² PAGOAL

6c. Source of exercise report

Self report ¹ Log ² PASRCE

Identification code of person reviewing completed form

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FORMIN

Form entered in computer?

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Quarterly HELP (GLS)

Semi-annual BOOST (BLS) w/o exercise

Semi-annual BOOST (BLS) w/ exercise

Additional Lifestyle Support

B. Attendees

PATID1-30
replaced with
RELEASE_ID1-30

PANICK1-30

PAWGHT1-30

PAMIN1-30
Physical activity
(past 7 days for BOOST w/ exercise only)

	Identification #
1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
10.	<input type="text"/>
11.	<input type="text"/>
12.	<input type="text"/>
13.	<input type="text"/>
14.	<input type="text"/>
15.	<input type="text"/>

	Nickname
1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
10.	<input type="text"/>
11.	<input type="text"/>
12.	<input type="text"/>
13.	<input type="text"/>
14.	<input type="text"/>
15.	<input type="text"/>

	Current weight (pounds)
1.	<input type="text"/> . <input type="text"/> pounds
2.	<input type="text"/> . <input type="text"/> pounds
3.	<input type="text"/> . <input type="text"/> pounds
4.	<input type="text"/> . <input type="text"/> pounds
5.	<input type="text"/> . <input type="text"/> pounds
6.	<input type="text"/> . <input type="text"/> pounds
7.	<input type="text"/> . <input type="text"/> pounds
8.	<input type="text"/> . <input type="text"/> pounds
9.	<input type="text"/> . <input type="text"/> pounds
10.	<input type="text"/> . <input type="text"/> pounds
11.	<input type="text"/> . <input type="text"/> pounds
12.	<input type="text"/> . <input type="text"/> pounds
13.	<input type="text"/> . <input type="text"/> pounds
14.	<input type="text"/> . <input type="text"/> pounds
15.	<input type="text"/> . <input type="text"/> pounds

	minutes
1.	<input type="text"/> minutes
2.	<input type="text"/> minutes
3.	<input type="text"/> minutes
4.	<input type="text"/> minutes
5.	<input type="text"/> minutes
6.	<input type="text"/> minutes
7.	<input type="text"/> minutes
8.	<input type="text"/> minutes
9.	<input type="text"/> minutes
10.	<input type="text"/> minutes
11.	<input type="text"/> minutes
12.	<input type="text"/> minutes
13.	<input type="text"/> minutes
14.	<input type="text"/> minutes
15.	<input type="text"/> minutes

Date of session

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month day year

Time of session

		:		
--	--	---	--	--

hour minutes

Quarterly
HELP (GLS)

Semi-annual BOOST
(BLS) **w/o exercise**

Semi-annual BOOST
(BLS) **w/ exercise**

Additional Lifestyle
Support

	Identification #	Nickname	Current weight (pounds)	Physical activity (past 7 days for BOOST w/ exercise only)
16.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
17.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
18.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
19.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
20.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
21.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
22.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
23.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
24.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
25.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
26.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
27.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
28.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
29.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes
30.	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> pounds	<input type="text"/> minutes