

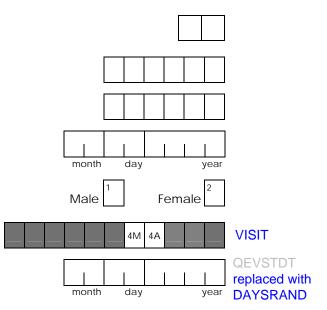
Diabetes Prevention Program Outcomes Study

Q16 Economic Evaluation Questionnaire

This self-administered form is completed once, in either 04A or 04M. When the participant finishes the questionnaire, a clinic staff member must check that each question has been completed. Blanks should be brought to the participant's attention with a request to try to complete the blank items.

A. Participant Identification

- 1. Clinic number
- 2. Participant number
- 3. Nickname
- 4. Date of randomization
- 5. Sex
- 6. Outcome visit
- 7. Date of visit



(
Identification code of person reviewing completed form		Form entered in computer?	
		-	

Participant ID					Nickname						

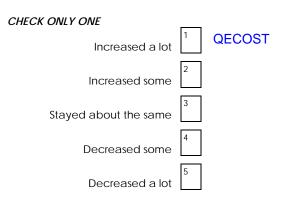
B. Economic Evaluation Questionnaire

Steakhouse)

Place an X in the box that corresponds to your answer.

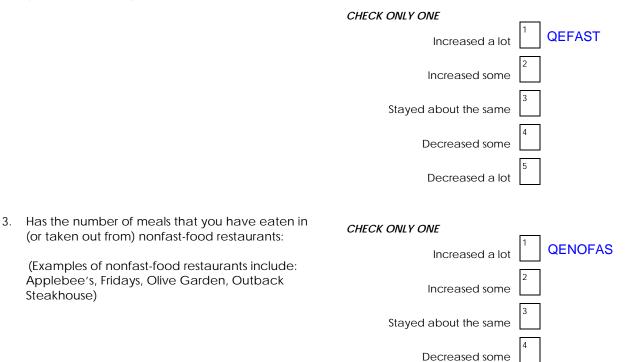
Unless otherwise specified, the following questions refer to the time period since the beginning of DPPOS.

> 1. Since the beginning of DPPOS, you may have changed the type of food you eat. Have the costs of the foods that you, yourself, have eaten at home:



Decreased a lot

2. Has the number of meals that you have eaten in (or taken out from) fast-food restaurants:

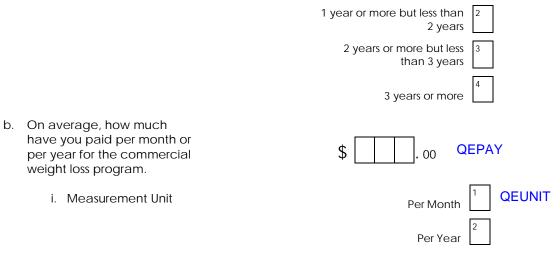




- 5. On average in a typical week, how many hours does your spouse, family and friends spend shopping and preparing food for you?
- Since the beginning of DPPOS, have you paid for a commercial weight loss program such as Weight Watchers, Jenny Craig, Optifast, NutraSystems or Overeaters Anonymous?

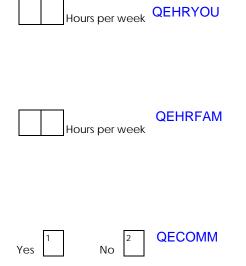
If NO, SKIP to question 7. If YES, CONTINUE.

a. Since the beginning of DPPOS, how long have you been in the commercial weight loss program (s):



CHECK ONLY ONE

QELONG



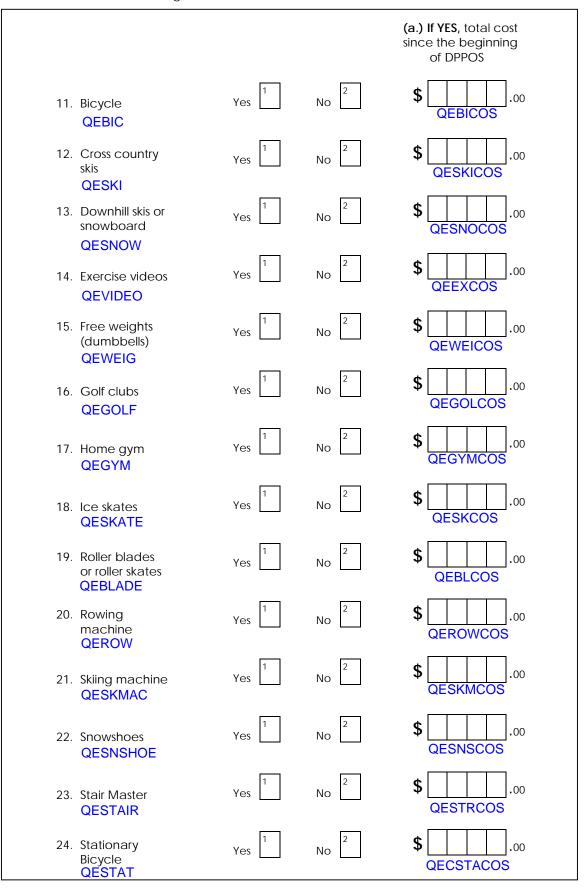
Less than 1 year

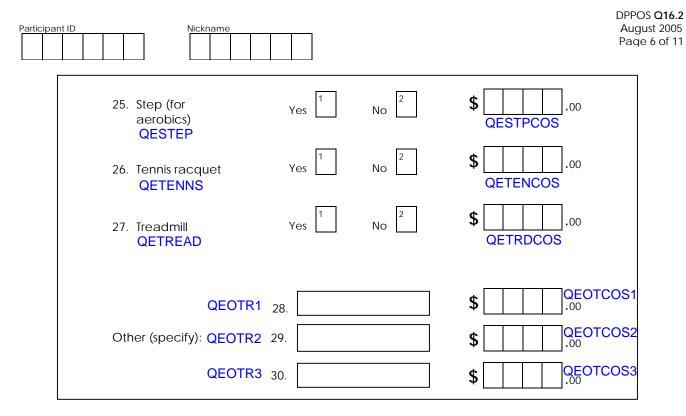
Participant ID			Nickr	ame				

7.	Think of all the exercise or physical activity that currently do outside of work for your health and rate them, as a group, according to the level of pleasure or satisfaction that you get from them	d of
8.	What would you usually be doing if you were n doing exercise or physical activity?	CHECK ALL THAT APPLY Working at a job outside the home 1 QEWORK Household activities 1 QEHOUSE Going to school 1 QESCHOOL Leisure activities 1 QELEIS
lf	f Other , please specify:	
9.	On average, in a typical week, how many hours do your spouse, family and friends spend exercising with you?	Hours per week QEGOYOU
10.	When you go to DPPOS visits, how often do your spouse, family and friends go with you?	CHECK ONLY ONE 1 QESPOUSE Most of the time 2 More than half of the time 3 Half the time 4 Less than half the time 5

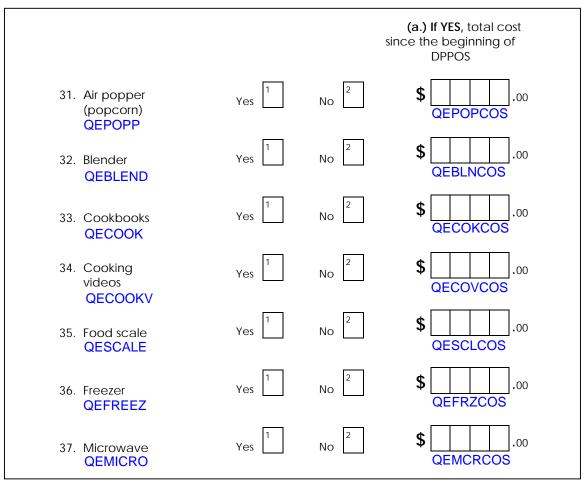


Since the beginning of DPPOS, have you purchased any of the following items to promote your fitness, health and well-being?





Since the beginning of DPPOS, have you purchased any of the following items to help you prepare foods for your own consumption?



Participant ID Ni	ckname		Au	POS Q16.2 Jgust 2005 Jge 7 of 11
38. Mixer QEMIXER	Yes 1	No 2	\$00 QEMIXCOS	
39. Steamer QESTEAM	Yes 1	No 2	\$00 QESTMCOS	
40. Wok QEWOK	Yes 1	No 2	\$00 QEWOKCOS	
	QEOH1 41.		\$QEOHCOS1	
Other (specify):	QEOH2 42.		\$ QEOHCOS2	
	QEOH3 43.		\$ QEOHCOS3	

Since the beginning of DPPOS, have you purchased any of the following services to promote your fitness, health and well being?

				(a) If YES, total cost since the beginning of DPPOS for this service (include items like initiation fees, monthly dues, locker fees, towel fees, etc.)
44.	Exercise or aerobics class QEAERO	Yes 1	No 2	\$00 QEAROCOS
45.	Health club or gym membership QECLUB	Yes 1	No 2	\$00 QECLBCOS
46.	Cooking class QECLASS	Yes 1	No 2	\$ QECLSCOS
47.	Weight loss spa or camp QESPA	Yes 1	No 2	\$ QESPACOS .00
48.	Personal trainer QETRAIN	Yes 1	No 2	\$00 QETRNCOS
49.	Other exercise related services QECIFY	Yes 1	No 2	\$ QECIFCOS



50. Over the past year, how many pairs **QESHOE** of exercise shoes (walking, running Pairs of shoes or sport-specific shoes) have you purchased for you own use? **QESHOCOS** 50a. If you bought shoes, what was the \$ 00 Per pair average cost per pair? The next two questions are about your health insurance coverage. Please follow the instructions for each question and place an X in the box that reflects your answer. CHECK ONLY ONE 51. Do you currently have any health insurance? QEHEALTH Yes No Unknown If NO or UNKNOWN, SKIP to question 54. IF YES, CONTINUE. 52. How would you describe your health insurance plan(s)? YES UNKNOWN NO a. An individual plan-the member pays for the entire plan QEINPLAN premium b. A group plan through an employer, union, etc.-QEGRPLAN the employer pays all or part of the plan premium QEGVPLAN c. A government plan-the government pays for the plan premium İ. U.S. Government Health Plan (e.g. Military, QEGOV CHAMPUS, VA, IHS) QEMECAID ii. Medicaid QEMECARE iii. Medicare

Participant ID				1	Nickn	ame		

QELIFE

No

Yes

VES

NO

Unknown

53. If you currently have health insurance, does it provide ANY coverage (complete coverage or partial coverage after co-payments or deductibles) for any of the following?

		163	110	onknown					
a.	Diet or nutrition advice	1	2	³ QEDIET					
b.	Physical activity advice	1	2	³ QEPHYS					
C.	Weight management advice	1	2	³ QEWEIADV					
d.	Access to physical activity resources (such as Health clubs, personal trainer or community exercise programs)	1	2	³ QEPAR					
e.	Weight loss programs	1	2	³ QEWLP					
f.	Prescription medications	1	2	³ QEMEDS					
At the beginning of DPP, intensive lifestyle participants were offered an individual diet, physical activity and weight loss program. At the beginning of DPPOS, all participants were offered a group lifestyle program. Please think back to your own experiences with the individual program (lifestyle participants) or the group program (metformin, troglitazone, and placebo participants).									
			h af wa						

As a part of the study, this program was offered to you at no charge. We are now interested in how much of your own money you would have been willing to pay to take part in this program if it were NOT given to you for free. Please follow the instructions below to help us learn how much you would be willing to pay for the lifestyle intervention program.

54. Did you attend any of the lifestyle sessions?

IF NO, SKIP to question 56. If YES, CONTINUE

Participant ID	Nickname							

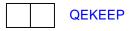
Answer the following questions based on how much of your <u>OWN MONEY</u> you would be willing to spend for EACH of the lifestyle sessions. Please assume that you would need to attend and pay for ALL of the sessions to get the full benefit. So, even though you may have found some of the sessions to be more helpful than others, please indicate the AVERAGE amount of your own money that you would be willing to pay for EACH session.

If it helps you to make a decision, the program included 12-16 sessions over 6 months and any money you choose to spend would mean less income to spend on other things.

55. Please place an 'X' in the box that corresponds to the MAXIMUM amount of money that you would be willing to pay for each lifestyle session. CHECK ONLY ONE QEOWNMON

	on Lon on
\$0.00	1
\$5.00	2
\$10.00	3
\$15.00	4
\$20.00	5
\$25.00	6
\$30.00	7
\$35.00	8
\$40.00	9
\$45.00	10
\$50.00	11
\$60.00	12
\$70.00	13
\$80.00	14
\$90.00	15
\$100.00	16
more than \$100.00	17
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a. Please look again at the list of dollar amounts above. Now choose the number (1 through 17) that corresponds to the amount that would make it MOST DIFFICULT for you to choose between paying for the session or keeping the money.



Participant ID				Nickname							

