Participant ID	Nickname	Date of treatment					
			j		1	1 1	
			month	dav		vear	_

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Diabetes Prevention Program Outcomes Study

E11 Gastric Reduction Surgery Event

This form is completed at any follow-up or interim visit if the participant reports having undergone any gastric reduction surgery in the past or if prior gastric reduction surgery was reversed (e.g. due to complications).

			()
A.	<u>Parti</u>	cipant Identification	
	1.	Clinic number	
	2.	Participant number	
	3.	Nickname	
	4.	Date of randomization	month day year
	5.	Sex	Male $\begin{bmatrix} 1 \\ \end{bmatrix}$ Female $\begin{bmatrix} 2 \\ \end{bmatrix}$
	6.	Date of treatment	E11TRTDT replace with month day year
	7.	Outcome visit	DAYSTRMT VISIT
	8.	Date of participant report	E11RPTDT replace with DAYSRPT month day year
	9.	Date of form completion	E11FORMDT
В.	<u>Ever</u>	nt Information	DAYSRAND
	1.	Specify type of gastric reduction surgery:	E11TYPE CHECK ONE ONLY Gastric band (e.g. Lap Band) Gastric bypass 2
			Other ³
			Reversal of prior surgery 4
		If option 3 (other) is selected,	
		a. Specify other surgery:	E11TYPESP
		If option 4 (reversal of prior surgery) is selected	, t
		b. Specify reason for reversal:	E11REVSP
		c. Date of original treatment:	E11ORIGDT replaced with DAYSOTRT month day year
Id	lentific	ation code of person reviewing completed form	11FORMIN Form entered in computer?