

Participant ID

Nickname

Outcome visit

Diabetes Prevention Program – Outcomes Study  
**Q03 MODIFIABLE ACTIVITY QUESTIONNAIRE**

**This form is completed at Annual Visits years 1- 7 and Mid-Year Visits years 8-12 (interview administered).**

A. Participant Identification

1. Clinic number

2. Participant number

3. Nickname

4. Date of randomization

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year		

5. Sex

Male <sup>1</sup>      Female <sup>2</sup>

6. Outcome visit

VISIT

7. Date of visit

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year		

KVSTDT  
replaced with  
DAYSRAND

FORMIN

Identification code of person reviewing completed form

Form entered in computer?

Participant ID  

--	--	--	--	--	--	--

Nickname  

--	--	--	--	--	--	--

Outcome visit  

--	--	--

**Part II / MODIFIABLE ACTIVITY QUESTIONNAIRE**

1. Please circle all activities listed below that you have done more than 10 times in the past year:

- |                                   |  |                              |
|-----------------------------------|--|------------------------------|
| 1. Jogging (outdoors, treadmill)  | 14. Racquetball/Handball/Squash        | 27. Stair Master             |
| 2. Swimming (laps/snorkeling)     | 15. Horseback Riding                   | 28. Fencing                  |
| 3. Bicycling (indoor & outdoor)   | 16. Hunting                            | 29. Hiking                   |
| 4. Softball/Baseball              | 17. Fishing                            | 30. Tennis                   |
| 5. Volleyball                     | 18. Aerobic Dance/Step Aerobic         | 31. Golf                     |
| 6. Bowling                        | 19. Water Aerobics                     | 32. Canoeing/Rowing/Kayaking |
| 7. Basketball                     | 20. Dancing (Square, Line, Ballrm)     | 33. Water Skiing             |
| 8. Wood chopping/Water hauling    | 21. Gardening or Yardwork              | 34. Jumping Rope             |
| 9. Skating (roller, ice, blading) | 22. Badminton                          | 35. Cross Country Skiing     |
| 10. Martial Arts                  | 23. Strength/Weight Training           | 36. Snow Skiing (Downhill)   |
| 11. Tai Chi                       | 24. Rock Climbing                      | 37. Yoga                     |
| 12. Calisthenics/Toning Exercises | 25. Scuba Diving                       | 38. Other _____              |
| 13. Football/Soccer               | 26. Walking (Outdoor, Treadmill, Mall) |                              |

List each activity that you circled in the "Activity" box below. Check the months you did each activity over the past year (12 months) and then estimate the average amount of time spent in that activity.

Code	Activity	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Average # of Times Per Month		Average # of Minutes Each Time	
A																	
B																	
C																	

  

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Participant ID

Nickname

Outcome visit

**PART II / MODIFIABLE ACTIVITY QUESTIONNAIRE (continued)**

2. In general, how many HOURS per DAY do you usually spend watching television? KTVHRS  
 .  hours
3. In general, how many HOURS per DAY do you usually spend on a computer doing non-work related activities (e.g. email, shopping, reading blogs, watching movies, playing electronic/video games)? KCOMPHRS  
 .  hours
4. Over the past year, have you spent more than one week confined to a bed or chair as a result of injury, illness or surgery? KBEDYN  
Yes  1 No  2

**If YES,**

- a. How many weeks over this past year were you confined to a bed or chair? KBEDWKS  weeks
5. Do you have difficulty doing any of the following activities?
- a. Getting in or out of a bed or chair? KDIFBED Yes  1 No  2
- b. Walking across a small room without resting? KDIFSWK  1  2
- c. Walking for 10 minutes without resting? KDIFLWK  1  2
6. Did you ever compete in an individual or team sports (not including any time spent in sports performed during school physical education classes)? KSPORT Yes  1 No  2

**If YES,**

- a. How many total years did you participate in competitive sports? KSPRTYR  .  years

Participant ID

Nickname

Outcome visit

**Part II / MODIFIABLE ACTIVITY QUESTIONNAIRE (continued)**

7. Have you had a job for more than one month over this past year from \_\_\_\_\_ to this \_\_\_\_\_ ?

List all JOBS that the individual held over the past year for more than one month. Account for all 12 months of the past year. If unemployed/disabled/retired/housewife during all or part of the past year, list as such and probe for job activities of a normal 8 hour, 5 day week.

Job Code	Job Name	Walk or bicycle to/from work  TOTAL MIN/DAY	JOB  MOS/YR Account for all 12 months	AVERAGE JOB SCHEDULE		*Hrs spent sitting at work  AVERAGE HRS/DAY	*Check the category that best describes job activities when not sitting		
KJACODE		KJAWALK	KJAMOS	KJADAYS	KJAHRS	KJASIT	A	B	C
a. <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
KJDCODE		KJDWALK	KJDMOS	KJDDAYS	KJDHRS	KJDSIT	KJDACTV		

\*Out of the total # of "Hrs/Day" reported working at this "job", how much of this time was usually spent sitting? Enter this # in the "Hrs Sitting" column, then place an "X" in the category which best describes their activities when not sitting.

JOB CODES	
<u>Not employed outside of the home</u>	<u>Employed (or volunteer)</u>
1. Student 2. Home Maker 3. Retired 4. Disabled 5. Unemployed	6. Armed Services 7. Office Worker 8. Non-office Worker

<u>Category A</u> (include all sitting activities)	<u>Category B</u> (include most indoor activities)	<u>Category C</u> (heavy industrial work, outdoor construction, farming)
Sitting Standing still w/o heavy lifting Light cleaning, ironing, cooking, washing, dusting Driving a tractor, harvester, bus, taxi Jewelry making/weaving General office work Occasional/Short distance walking	Carrying light loads Continuous walking Heavy cleaning-mopping, sweeping, scrubbing, vacuuming Gardening-planting, weeding Painting/plastering Plumbing/Welding Electrical work Sheep herding	Carrying moderate to heavy loads Heavy construction Farming-hoeing, digging, mowing raking Digging ditches, shoveling Chopping (ax), sawing wood Tree/pole climbing Water/coal/wood hauling