

Participant ID

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Nickname

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Outcome visit

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Diabetes Prevention Program Outcomes Study

Q16 Economic Evaluation Questionnaire

This self-administered form is completed in DPPOS Year 4 and Year 10 at either an annual or midyear visit. 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

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2. Participant number

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3. Nickname

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4. Date of randomization

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| | | | | | | | | | |
| month | | day | | year | | | | | |

5. Sex Male

| |
|---|
| 1 |
|---|

 Female

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|---|
| 2 |
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6. Outcome visit

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 VISIT

7. Date of visit

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| month | | day | | year | | | | | |

 QEVSTDT replaced with DAYSRAND

Identification code of person reviewing completed form

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 Form entered in computer?

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Participant ID

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Outcome visit

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B. Economic Evaluation Questionnaire

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

Unless otherwise specified, the following questions refer to the past 5 years.

- In the past 5 years, you may have changed the type of food you eat. Have the costs of the foods that you, yourself, have eaten at home:

CHECK ONLY ONE

QECOST

Increased a lot 1

Increased some 2

Stayed about the same 3

Decreased some 4

Decreased a lot 5

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

CHECK ONLY ONE

QEFAS

Increased a lot 1

Increased some 2

Stayed about the same 3

Decreased some 4

Decreased a lot 5

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

CHECK ONLY ONE

QENOFAS

Increased a lot 1

Increased some 2

Stayed about the same 3

Decreased some 4

Decreased a lot 5

(Examples of nonfast-food restaurants include: Applebee's, Fridays, Olive Garden, Outback Steakhouse)

Participant ID

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Outcome visit

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4. On average in a typical week, how many hours do you, yourself, spend shopping for and preparing food for yourself?

| | |
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| | |
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 Hours per week

QEHRYOU

5. On average in a typical week, how many hours does your spouse, family and friends spend shopping and preparing food for you?

| | |
|--|--|
| | |
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 Hours per week

QEHRFAM

6. In the past 5 years, have you paid for a commercial weight loss program such as Weight Watchers, Jenny Craig, Optifast, NutraSystems or Overeaters Anonymous?

Yes 1 No 2

QECOMM

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

a. In the past 5 years, how long have you been in the commercial weight loss program (s):

CHECK ONLY ONE

Less than 1 year 1
 1 year or more but less than 2 years 2
 2 years or more but less than 3 years 3
 3 years or more 4

QELONG

b. On average, how much have you paid per month or per year for the commercial weight loss program.

\$.00

QEPAY

i. Measurement Unit

Per Month 1
 Per Year 2

QEUNIT

Participant ID

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Outcome visit

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7. Think of all the exercise or physical activity that you 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:

CHECK ONLY ONE

Like/enjoy/get satisfaction from activities **QEPLEAS**

Neutral **2**

Do not like/enjoy/get satisfaction from activities **3**

8. What would you usually be doing if you were not doing exercise or physical activity?

CHECK ALL THAT APPLY

a. Working at a job outside the home..... **1** **QEWORk**

b. Household activities..... **1** **QEHOUSE**

c. Going to school..... **1** **QESCHOOL**

d. Leisure activities..... **1** **QELEIS**

e. Other..... **1** **QEOTR**

If Other, please specify:

| |
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QEOTHER

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

Most of the time **1** **QESPOUSE**

More than half of the time **2**

Half the time **3**

Less than half the time **4**

Never **5**

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Outcome visit

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In the past 5 years, have you purchased any of the following items to promote your fitness, health and well-being?

| | | | | (a.) If YES, total cost over the past 5 years | |
|------------------------------------|----------|------------------------------|-----------------------------|---|-----------|
| 11. Bicycle | QEBIC | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QEBICOS |
| 12. Cross country skis | QESKI | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QESKICOS |
| 13. Downhill skis or snowboard | QESNOW | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QESNOCOS |
| 14. Exercise videos | QEVIDEO | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QEEXCOS |
| 15. Free weights (dumbbells) | QEWEIG | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QEWECOS |
| 16. Golf clubs | QEGOLF | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QEGOLCOS |
| 17. Home gym | QEGYM | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QEGYMCOS |
| 18. Ice skates | QESKATE | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QESKICOS |
| 19. Roller blades or roller skates | QEBLADE | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QEBLCOS |
| 20. Rowing machine | QEROW | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QEROWCOS |
| 21. Skiing machine | QESKMAC | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QESKMCOS |
| 22. Snowshoes | QESNSHOE | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QESNSCOS |
| 23. Stair Master | QESTAIR | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QESTRCOS |
| 24. Stationary Bicycle | QESTAT | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ <input type="text"/> | QECSTACOS |

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| 25. Step (for aerobics) QESTEP | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QESTPCOS |
| 26. Tennis racquet QETENNS | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QETENCOS |
| 27. Treadmill QETREAD | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QETRDCOS |
| QEOTR1 | 28. | <input type="text"/> | | | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEOTCOS1 |
| Other (specify): QEOTR2 | 29. | <input type="text"/> | | | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEOTCOS2 |
| QEOTR3 | 30. | <input type="text"/> | | | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEOTCOS3 |

In the past 5 years, have you purchased any of the following items to help you prepare foods for your own consumption?

(a.) If YES, total cost over the past 5 years

| | | | | | | | | | | | |
|---|-----|--------------------------------|----|--------------------------------|----|----------------------|----------------------|----------------------|----------------------|-----|-----------------|
| 31. Air popper (popcorn) QEPOPP | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEPOPCOS |
| 32. Blender QEBLEND | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEBLNCOS |
| 33. Cookbooks QECOOK | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QECOKCOS |
| 34. Cooking videos QECOOKV | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QECOVCOS |
| 35. Food scale QESCALE | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QESCLCOS |
| 36. Freezer QEFREEZ | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEFRZCOS |
| 37. Microwave QEMICRO | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEMCRCOS |

Participant ID

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Outcome visit

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| 38. Mixer QEMIXER | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEMIXCOS |
| 39. Steamer QESTEAM | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QESTMCOS |
| 40. Wok QEWOK | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEWOKCOS |
| QEOH1 41. | | <input type="text"/> | | | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEOHCOS1 |
| Other (specify): QEOH2 42. | | <input type="text"/> | | | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEOHCOS2 |
| QEOH3 43. | | <input type="text"/> | | | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEOHCOS3 |

In the past 5 years, have you purchased any of the following services to promote your fitness, health and well being?

| | | | | | | | | | | | |
|---|-----|--------------------------------|----|--------------------------------|----|----------------------|----------------------|----------------------|----------------------|-----|---|
| | | | | | | | | | | | (a) If YES, total cost over the past 5 years for this service (include items like initiation fees, monthly dues, locker fees, towel fees, etc.) |
| 44. Exercise or aerobics class QEAERO | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QEAROCOS |
| 45. Health club or gym membership QECLUB | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QECLBCOS |
| 46. Cooking class QECLASS | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QECLSCOS |
| 47. Weight loss spa or camp QESPA | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QESPACOS |
| 48. Personal trainer QETRAIN | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QETRNCOS |
| 49. Other exercise related services QECIFY | Yes | <input type="text" value="1"/> | No | <input type="text" value="2"/> | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | QECIFCOS |

Participant ID

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Outcome visit

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50. Over the past year, how many pairs of exercise shoes (walking, running or sport-specific shoes) have you purchased for your own use? **QESHOE**

| | |
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 Pairs of shoes

a. If you bought shoes, what was the average cost per pair? **QESHOCOS**

\$

| | | | |
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 .00 Per pair

The next three 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.

51. Do you currently have any health insurance? **QEHEALTH**

CHECK ONLY ONE

Yes

| |
|---|
| 1 |
|---|

No

| |
|---|
| 2 |
|---|

Unknown

| |
|---|
| 3 |
|---|

If NO or UNKNOWN, SKIP to question 54. IF YES, CONTINUE.

52. How would you describe your health insurance plan(s)?

QEINPLAN

a. An individual plan-the member pays for the entire plan premium

| YES | NO | UNKNOWN | | | |
|---|----|---|---|---|---|
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QEGRPLAN

b. A group plan through an employer, union, etc.- the employer pays all or part of the plan premium

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QEGVPLAN

c. A government plan-the government pays for the plan premium

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If YES,

QEGOV

i. U.S. Government Health Plan (e.g. Military, CHAMPUS, VA, IHS)

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QEMECAID

ii. Medicaid

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QEMECARE

iii. Medicare

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Outcome visit

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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?

| | | YES | NO | Unknown |
|-----------------|---|--------------------------------|--------------------------------|--------------------------------|
| QEDIET | a. Diet or nutrition advice | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| QEPHYS | b. Physical activity advice | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| QEWEIADV | c. Weight management advice | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| QEPAR | d. Access to physical activity resources (such as Health clubs, personal trainer or community exercise programs) | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| QEWLP | e. Weight loss programs | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| QEMEDS | f. Prescription medications | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |

At the beginning of DPP, intensive lifestyle participants were offered an individual diet, physical activity and weight loss program. Beginning in January 2002, all participants were offered a group lifestyle program consisting of 16 sessions. Please think back to your own experiences with the individual program (lifestyle participants) or the group program (metformin, troglitazone, and placebo participants).

As a part of the study, these programs were 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 these programs 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?

QELIFE

Yes

No

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

Participant ID

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Outcome visit

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| | | | | | | | | 04M | 04A | | | | | |
| | | | | | | | | 10M | 10A | | | | | |

Answer the following questions based on how much of your **OWN MONEY** 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. **QEOWNMON**

CHECK ONLY ONE

| | |
|--------------------|--------------------------|
| \$0.00 | <input type="checkbox"/> |
| \$5.00 | <input type="checkbox"/> |
| \$10.00 | <input type="checkbox"/> |
| \$15.00 | <input type="checkbox"/> |
| \$20.00 | <input type="checkbox"/> |
| \$25.00 | <input type="checkbox"/> |
| \$30.00 | <input type="checkbox"/> |
| \$35.00 | <input type="checkbox"/> |
| \$40.00 | <input type="checkbox"/> |
| \$45.00 | <input type="checkbox"/> |
| \$50.00 | <input type="checkbox"/> |
| \$60.00 | <input type="checkbox"/> |
| \$70.00 | <input type="checkbox"/> |
| \$80.00 | <input type="checkbox"/> |
| \$90.00 | <input type="checkbox"/> |
| \$100.00 | <input type="checkbox"/> |
| more than \$100.00 | <input type="checkbox"/> |

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. **QEKEEP**

| | |
|--|--|
| | |
|--|--|

Participant ID

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Nickname

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Outcome visit

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|-----|-----|--|--|--|--|
| | | | | | | | 04M | 04A | | | | |
| | | | | | | | 10M | 10A | | | | |

There is a pill called Metformin that you could take to reduce your risk of developing diabetes. It is usually taken twice a day. You may or may not have taken metformin as a part of DPP. Taking Metformin alone might be easier than participating in the DPP lifestyle program, but Metformin alone is only about half as powerful as the diet and physical activity program for preventing diabetes.

56. Knowing what you know today, given the opportunity to choose, which intervention would you select?

QECHOOSE

CHECK ONLY ONE

- Take the drug (Metformin)
- Follow the diet and physical activity program (Lifestyle)
- Combination of Metformin and Lifestyle
- None

57. Before randomization, which intervention did you prefer?

QEINT

CHECK ONLY ONE

- Take Metformin
- Follow the diet and physical activity program (Lifestyle)
- Take Troglitazone (the drug that was discontinued early in DPP)
- No preference

58. How many adults live in your household?

QEADULT

a. Adults

How many children live in your household?

QECHILD

b. Children

59. What is your total annual household income from all sources before tax?

QEINCSRC

CHECK ONLY ONE

- Less than \$10,000
- More than \$10,000 but less than \$15,000
- More than \$15,000 but less than \$25,000
- More than \$25,000 but less than \$35,000
- More than \$35,000 but less than \$50,000
- More than \$50,000 but less than \$75,000
- More than \$75,000