

Participant ID

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Nickname

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Outcome Visit

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Diabetes Prevention Program Outcomes Study
Q19 Behavioral, Diet, and Activity Questionnaire

This form is self administered by the participant at all mid-year visits. Read and follow instructions given for each section.

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

month		day				year			

5. Sex

Male ¹ Female ²

6. Outcome visit

VISIT

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7. Date of visit

Q19VSTDT
replaced with
DAYSRAND

month		day				year			

Q19FORMIN

Identification code of person reviewing completed form

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Form entered in computer?

Participant ID

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Nickname

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Outcome Visit

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B. Exercise Self-Efficacy

Beside each item below, please mark an 'X' in the box indicating how much confidence you have about performing it. Rate your confidence on a scale of 1 – 7, where 1 indicates 'Not at all confident' and 7 indicates 'Very confident'.

I am confident that I can participate in regular exercise when:

CHECK ONLY ONE FOR EACH QUESTION

		Not at all confident						Very confident
1. I am tired	Q19TIRED	1	2	3	4	5	6	7
2. I am in a bad mood	Q19BDMOOD	1	2	3	4	5	6	7
3. I feel I don't have the time	Q19NOTIME	1	2	3	4	5	6	7
4. I am on vacation	Q19VAC	1	2	3	4	5	6	7
5. It is raining or snowing	Q19RAIN	1	2	3	4	5	6	7

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C. Low-Fat Diet Self-Efficacy

Beside each item below, please mark an 'X' in the box indicating how much confidence you have about performing it. Rate your confidence on a scale of 1 – 5, where 1 indicates 'Very little confidence' and 5 indicates 'Quite a lot of confidence'.

		CHECK ONLY ONE FOR EACH QUESTION				
		Very Little Confidence				Quite a Lot of Confidence
		1	2	3	4	5
1.	Reaching my ideal weight by eating healthy food Q19FOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Decreasing amount of fat and cholesterol in my diet Q19CHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Staying on a healthy diet when I am busy or in a rush Q19RUSH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Staying on a healthy diet when no one at home is on it Q19HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Staying on a healthy diet when I eat at a restaurant Q19EATOUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Staying on a healthy diet when I am not at home Q19NOTHOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Staying on a healthy diet on special occasions/holiday Q19HOLIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Knowing what foods I should eat on a healthy diet Q19HEALTHY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Cutting out unhealthy snacks during the day/evening Q19SNACK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Increasing amount of fiber and vegetables in my diet Q19VEGGIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Staying at an ideal weight once I have reached it Q19IDWGT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Knowing how to cook healthy meals Q19COOK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Preparing healthy meals for myself when I eat alone Q19ALONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Limiting the number of egg yolks I eat in a week Q19YOLKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Knowing what food to buy at the store Q19BUYFOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Decreasing the amount of sugar and sweets in my diet Q19SUGAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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D. Dietary Restraint

Rate each item below on a scale of 1 – 5, where 1 indicates 'Never', 2 - 'Seldom', 3 - 'Sometimes', 4 - 'Often', and 5 - 'Very often'.

		CHECK ONLY ONE FOR EACH QUESTION				
		Never	Seldom	Sometimes	Often	Very often
1.	When you have put on weight, do you eat less than you usually do? Q19EATLESS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2.	Do you try to eat less at mealtimes than you would like to eat? Q19MEAL	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	How often do you refuse food or drink offered because you are concerned about your weight? Q19REFUSE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	Do you watch exactly what you eat? Q19WATCH	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	Do you deliberately eat foods that are slimming? Q19SLIM	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	When you have eaten too much, do you eat less than usual the following day? Q19LESSDAY	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7.	Do you deliberately eat less in order not to become heavier? Q19HEAVY	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8.	How often do you try not to eat between meals because you are watching your weight? Q19WTCHWGT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9.	How often in the evenings do you try not to eat because you are watching your weight? Q19DUSK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10.	Do you take into account your weight with what you eat? Q19WGTEAT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>