

Participant ID

Nickname

Date of treatment

month day year

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. Participant Identification

- 1. Clinic number
- 2. Participant number
- 3. Nickname
- 4. Date of randomization
month day year
- 5. Sex Male Female
- 6. Date of treatment
month day year
E11TRTDT Replaced with DAYSRAND_TRT
- 7. Outcome visit VISIT
- 8. Date of participant report
month day year
E11RPTDT Replaced with DAYSRAND_RPT
- 9. Date of form completion
month day year
E11FORMDT Replaced with DAYSRAND

B. Event Information

- 1. Specify type of gastric reduction surgery:
E11TYPE CHECK ONE ONLY
Gastric band (e.g. Lap Band) 1
Gastric bypass 2
Other 3
Reversal of prior surgery 4

If option 3 (other) is selected,

a. Specify other surgery:

If option 4 (reversal of prior surgery) is selected,

b. Specify reason for reversal:

c. Date of original treatment:
month day year
E11ORIGDT Replaced with DAYSRAND_ORIG

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