

Participant ID

Nickname

Date of report

 month day year

E08 hospital admission date

 month day year

Diabetes Prevention Program Outcomes Study E15 Fracture Event Report

This form is completed at any follow-up or interim visit if the participant reports having a hospitalization caused by a fracture, or a fracture occurred during the hospitalization.

A. Participant Identification

1. Clinic number
2. Participant number
3. Nickname
4. Date of randomization
5. Sex
6. Outcome visit
7. Date of report
8. E08 hospital admission date (E08 question B.1.a)

month day year

Male Female

VISIT

month day year

month day year

month day year

VISIT

month day year

month day year

E15RPTDT
 Replaced with
 DAYSRAND

E15E8ADMDT
 Replaced with
 DAYSRAND_ADM

B. Fracture Classification

1. Date of fracture diagnosis
2. Location of fracture

E15FTDXDT
 Replaced with
 DAYSRAND_FRAC

month day year

MARK WITH AN 'X' ALL THAT APPLY

Lower extremity:

- a. Hip.....
- b. Ankle.....
- c. Toes.....
- d. Foot (e.g., tarsals, metatarsals).....
- e. Other lower extremity.....

E15HIPL

Left Right

1	1
1	1
1	1
1	1
1	1

E15HIPR

Upper extremity:

- f. Wrist.....
- g. Shoulder.....
- h. Hand (e.g., metacarpals, carpals).....

1	1
1	1
1	1

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

