

Participant ID

Nickname

Date of report

month day year

Admission date

month day year

Diabetes Prevention Program Outcomes Study E16 Joint Replacement Event Report

This form is completed at any follow-up or interim visit if the participant reports having a joint replacement. Joint replacements that include overnight or >24 hour hospitalizations should have a corresponding E08 Event Report form.

A. Participant Identification

- Clinic number
- Participant number
- Nickname
- Date of randomization

month day year
- Sex
Male Female
- Outcome visit
VISIT
- Date of report
E16RPTDT
Replaced with
DAYSRAND

month day year
- Admission date
E16E8ADMDT
Replaced with
DAYSRAND_ADM

month day year
- Discharge date (if overnight or >24 hr hospitalization, complete an E08)
E16DISCDT
Replaced with
DAYRAND_DIS

month day year

B. Joint Replacement Classification

- Indication for joint replacement

MARK WITH AN 'X' ALL THAT APPLY

- Osteoarthritis..... E16JROA
- Rheumatoid arthritis
- Unknown E16JRUNK
- Other E16JROTH

1. IF OTHER, specify:

- Is the location of joint replacement known? E16LOC Yes No
If YES, indicate the location

MARK WITH AN 'X' ALL THAT APPLY

- Hip
E16LCTHIPL Left Right
E16LCTHIPR
- Knee
E16LCTKNEL Left Right
E16LCTKNER

Identification code of person reviewing completed form

Form entered in computer?

