

Participant ID

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Nickname

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Date of visit

month		day		year			

Diabetes Prevention Program Outcomes Study

F07 Metformin Discontinuation Form

Complete this form at least once for all DPPOS MLS participants not taking study metformin. If a permanent condition is reported in section B, additional F07 forms are not required. For participants off metformin temporarily/eligible to restart, form should be completed every time study metformin is not dispensed. This form can be completed at an annual, mid-year, interim, or PNP outcome visit. PNP (Participant Not Present) should be marked as outcome visit if this form is completed without the participant's presence. If PNP is entered as outcome visit, the visit date will be the date of form completion.

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

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 Female ²

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6. Outcome visit

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 VISIT

7. Date of visit

month		day		year			

 F7VSTDT replaced with DAYSRAND

8. Reason for visit completion

MARK WITH AN 'X' ONLY ONE

Initial assessment.....

1

 F7REA

Reassessment

2

Identification code of person reviewing completed form

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 Form entered in computer?

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Participant ID

Nickname

Date of visit

month day year

B. Metformin Dispensing Information

1. Study metformin was **not** dispensed due to the following:

MARK WITH AN 'X' ALL THAT APPLY

- a. Hba1c \geq 7.0% in DPPOS..... F7BHBA1C
- b. Confirmed congestive heart failure..... F7CHF
- c. Prohibitive liver condition..... F7LIVER
- d. eGFR value <30..... F7EGFRVL
- e. Other permanent medical condition..... F7OPERM

1. **If OTHER**, specify:

If any of responses a. – e. are checked, this is a permanent condition. If any of responses f.-o. are checked, this is a temporary/behavioral condition.

- f. Participant is prescribed metformin outside of study..... F7MTOTSD
- g. Directive of participant's physician..... F7PHYDIR
- h. Pregnancy/Breastfeeding..... F7PREG
- i. Alcohol usage in excess of protocol guidelines..... F7ALCOHOL
- j. Evaluation of possible medical condition(s) prohibitive of taking study metformin..... F7EVAL
- k. Participant is Inactive..... F7INACT
- l. Other medical condition..... F7OMED

1. **If OTHER**, specify:

- m. GI Symptoms/problems..... F7GI
- n. Other (temporary conditions)..... F7OTEMP

1. **If OTHER**, specify:

- o. Behavioral issues (participant chooses not to take metformin)..... F7BEHAV