

Participant ID

Nickname

Outcome Visit

Diabetes Prevention Program Outcomes Study P14 Neuropathy Procedure Log

This form is completed at Annual visits starting at Year 17.

A. Participant Identification

1. Clinic number

2. Participant number

3. Nickname

4. Date of randomization month day year

5. Outcome visit **P14VISIT**

6. Date of report **P14RPTDT replaced with DAYSRAND** month day year

7. Start time of assessment **P14START** :
24 hour clock

B. 10-Gram Monofilament Test

1. The 10-gram monofilament test was: **P14FILR** **P14FILL**

RIGHT FOOT	LEFT FOOT
CHECK ONLY ONE	CHECK ONLY ONE
Completed without problem <input type="text"/>	Completed without problem <input type="text"/>
Completed with problem <input type="text"/>	Completed with problem <input type="text"/>
Not Completed <input type="text"/>	Not Completed <input type="text"/>

If either foot is marked COMPLETED WITH PROBLEM or NOT COMPLETED (options 2 or 3), answer question 1a. THEN if both feet are marked NOT COMPLETED, SKIP to Section C.

a. Reason:

If COMPLETED WITHOUT PROBLEM or COMPLETED WITH PROBLEM (options 1 or 2), CONTINUE.

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

Participant ID

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Nickname

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Outcome Visit

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b. 10-gram monofilament test

For each trial, mark YES if the participant feels the application of the monofilament. If the participant does not feel the monofilament application, mark NO.

		RIGHT FOOT				LEFT FOOT					
1.	Trial 1	P14FILR1	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	P14FILL1	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
2.	Trial 2	P14FILR2	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	P14FILL2	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
3.	Trial 3	P14FILR3	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	P14FILL3	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
4.	Trial 4	P14FILR4	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	P14FILL4	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
5.	Trial 5	P14FILR5	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	P14FILL5	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
6.	Trial 6	P14FILR6	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	P14FILL6	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
7.	Trial 7	P14FILR7	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	P14FILL7	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
8.	Trial 8	P14FILR8	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	P14FILL8	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
9.	Trial 9	P14FILR9	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	P14FILL9	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
10.	Trial 10	P14FILR10	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	P14FILL10	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>

Calculated fields
(totals out of first 8, last 2 and all 10 trials)

Right:
P14NUMFILR8
P14NUMFILR2
P14NUMFILR

Left:
P14NUMFILL8
P14NUMFILL2
P14NUMFILL

C. Pinprick Sensation Test

1. The pinprick sensation test

		RIGHT FOOT		LEFT FOOT		
		P14PRIKR	CHECK ONLY ONE	P14PRIKL	CHECK ONLY ONE	
Completed	without problem	<input type="text" value="1"/>		Completed	without problem	<input type="text" value="1"/>
Completed	with problem	<input type="text" value="2"/>		Completed	with problem	<input type="text" value="2"/>
	Not Completed	<input type="text" value="3"/>			Not Completed	<input type="text" value="3"/>

If either foot is marked COMPLETED WITH PROBLEM or NOT COMPLETED (options 2 or 3), answer question 1a. THEN if both feet are marked NOT COMPLETED, SKIP to Section D.

a. Reason:

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If COMPLETED WITHOUT PROBLEM or COMPLETED WITH PROBLEM (options 1 or 2), CONTINUE.

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b. Pinprick sensation test

For each trial, mark YES if the participant feels the applied sharp or dull sensation. If the participant does not feel the sensation, mark NO.

		RIGHT FOOT				LEFT FOOT				
1. Trial 1	P14PRIKRC1 (Dull)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	P14PRIKLC1 (Sharp)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Trial 2	P14PRIKRC2 (Dull)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	P14PRIKLC2 (Dull)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Trial 3	P14PRIKRC3 (Sharp)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	P14PRIKLC3 (Dull)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Trial 4	P14PRIKRC4 (Dull)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	P14PRIKLC4 (Sharp)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Trial 5	P14PRIKRC5 (Sharp)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	P14PRIKLC5 (Dull)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Trial 6	P14PRIKRC6 (Sharp)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	P14PRIKLC6 (Sharp)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Trial 7	P14PRIKRC7 (Sharp)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	P14PRIKLC7 (Sharp)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Trial 8	P14PRIKRC8 (Dull)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	P14PRIKLC8 (Dull)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

D. Vibratory Sensation Test

1. The vibratory sensation test was:

RIGHT FOOT		LEFT FOOT	
P14VIBR	CHECK ONLY ONE	P14VIBL	CHECK ONLY ONE
Completed without problem	<input type="checkbox"/>	Completed without problem	<input type="checkbox"/>
Completed with problem	<input type="checkbox"/>	Completed with problem	<input type="checkbox"/>
Not Completed	<input type="checkbox"/>	Not Completed	<input type="checkbox"/>

If either foot is marked COMPLETED WITH PROBLEM or NOT COMPLETED (options 2 or 3), answer question 1a. THEN if both feet are marked NOT COMPLETED, STOP: FORM IS COMPLETE.

a. Reason:

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If COMPLETED WITHOUT PROBLEM or COMPLETED WITH PROBLEM (options 1 or 2), CONTINUE.

b. Vibration sensation test

For each trial, ask the participant if they feel vibration or pressure. Mark YES if the participant feels vibration. If the participant does not feel vibration, mark NO. Do not record YES if the participant feels only pressure.

	P14VIBR1	RIGHT FOOT		P14VIBL1	LEFT FOOT	
1. Trial 1		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
				Yes	<input type="checkbox"/>	No
						<input type="checkbox"/>

If YES (participant indicates feeling the vibration),

i. Record the intersect value (the value adjacent to the intersection of the black triangles at the moment when vibration sensation has stopped) to the nearest 0.5

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P14VIBRIV1		

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P14VIBLIV1		

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2. Trial 2

P14VIBR2 RIGHT FOOT
Yes 1 No 2

P14VIBL2 LEFT FOOT
Yes 1 No 2

If YES (participant indicates feeling the vibration),

- i. Record the intersect value (the value adjacent to the intersection of the black triangles at the moment when vibration sensation has stopped) to the nearest 0.5

. **P14VIBRIV2**

P14VIBLIV2
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