

Participant ID

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Outcome visit

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Diabetes Prevention Program Outcomes Study

Q01 BECK QUESTIONNAIRE

This self-administered form is completed at mid-year follow-up visits. The participant should complete the questionnaire on the following 7 pages. When the participant finishes the questionnaire, a clinic staff member must check that each question has been completed. Blanks should be brought to the participant's attention with a request to try to complete the blank items.

PART I / IDENTIFICATION

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 Female ²

6. Outcome visit

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VISIT

7. Date of visit

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| | | | | | | | |
| month | day | year | | | | | |

BVSTDT
replaced with
DAYSRAND

BDFORMIN

Identification code of person reviewing completed form

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Form entered in computer?

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Part II / BECK QUESTIONNAIRE

This questionnaire consists of groups of statements. Please read each group of statements carefully, then pick the one statement in each group that best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY. Place an X in the box beside the statement you picked. If several statements in the group seem to apply equally well, place an X in each one. Be sure to read all the statements in each group before making your choice.

1.

I do not feel sad.

BDFLSAD

I feel sad.

I am sad all the time and I can't snap out of it.

I am so sad or unhappy that I can't stand it.

2.

I am not particularly discouraged about the future.

BDFUTUR

I feel discouraged about the future.

I feel I have nothing to look forward to.

I feel that the future is hopeless and that things cannot improve.

3.

I do not feel like a failure.

BDFAILR

I feel I have failed more than the average person has.

As I look back on my life, all I can see is a lot of failures.

I feel I am a complete failure as a person.

4.

I get as much satisfaction out of things as I used to.

BDSATIS

I don't enjoy things the way I used to.

I don't get real satisfaction out of anything anymore.

I am dissatisfied or bored with everything.

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Part II / BECK QUESTIONNAIRE (continued)

- 5.
- I don't feel particularly guilty. 0 **BDGUILT**
- I feel guilty a good part of the time. 1
- I feel quite guilty most of the time. 2
- I feel guilty all of the time. 3

- 6.
- I don't feel I am being punished. 0 **BDPUNISH**
- I feel I may be punished. 1
- I expect to be punished. 2
- I feel I am being punished. 3

- 7.
- I don't feel disappointed in myself. 0 **BDDISAP**
- I am disappointed in myself. 1
- I am disgusted with myself. 2
- I hate myself. 3

- 8.
- I don't feel I am any worse than anybody else. 0 **BDFault**
- I am critical of myself for my weaknesses or mistakes. 1
- I blame myself all the time for my faults. 2
- I blame myself for everything bad that happens. 3

- 9.
- I don't have thoughts of killing myself. 0 **BDSUICD**
- I have thoughts of killing myself, but I would not carry them out. 1
- I would like to kill myself. 2
- I would kill myself if I had the chance. 3

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Part II / BECK QUESTIONNAIRE (continued)

10. I don't cry any more than usual. **BDCRYTM**
- I cry more now than I used to.
- I cry all the time now.
- I used to be able to cry, but now I can't even though I want to.
11. I am no more irritated now than I ever am. **BDIRRIT**
- I get annoyed or irritated more easily than I used to.
- I feel irritated all the time now.
- I don't get irritated at all by the things that used to irritate me.
12. I have not lost interest in other people. **BDPEOPL**
- I am less interested in other people than I used to be.
- I have lost most of my interest in other people.
- I have lost all of my interest in other people.
13. I make decisions about as well as I ever could. **BDDECIS**
- I put off making decisions more than I used to.
- I have greater difficulty in making decisions than before.
- I can't make decisions at all anymore.
14. I don't feel I look any worse than I used to. **BDLOOKS**
- I am worried that I am looking old or unattractive.
- I feel that there are permanent changes in my appearance that make me look unattractive.
- I believe that I look ugly.

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Part II / BECK QUESTIONNAIRE (continued)

15.
I can work about as well as before. 0 **BDWRKEF**
It takes an extra effort to get started at doing something. 1
I have to push myself very hard to do anything. 2
I can't do any work at all. 3
16.
I can sleep as well as usual. 0 **BDSLEEP**
I don't sleep as well as I used to. 1
I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. 2
I wake up several hours earlier than I used to and cannot get back to sleep. 3
17.
I don't get more tired than usual. 0 **BDTIRED**
I get tired more easily than I used to. 1
I get tired from doing almost anything. 2
I am too tired to do anything. 3
18.
My appetite is no worse than usual. 0 **BDAPPET**
My appetite is not as good as it used to be. 1
My appetite is much worse now. 2
I have no appetite at all anymore. 3
- 19a.
I haven't lost much weight, if any, lately. 0 **BDWEIGH**
I have lost more than 5 pounds. 1
I have lost more than 10 pounds. 2
I have lost more than 15 pounds. 3

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Part II / BECK QUESTIONNAIRE (continued)

19b. I am purposely trying to lose weight by eating less.

| | | |
|-----|--------------------------------|----------------|
| Yes | <input type="text" value="1"/> | BDLSWHT |
| No | <input type="text" value="2"/> | |

20.

I am no more worried about my health than usual.

I am worried about physical problems such as aches and pains;
or upset stomach; or constipation.

I am very worried about physical problems and it's hard to think of
much else

I am so worried about physical problems that I cannot think about
anything else.

BDHELTH

21.

I have not noticed any recent change in my interest in sex.

I am less interested in sex than I used to be.

I am much less interested in sex now.

I have lost interest in sex completely.

BDINTSX

Part III / SUPPLEMENTAL QUESTIONNAIRE

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the PAST WEEK:

| | | Rarely or none of the time (less than 1 day) | Some or a little of the time (1 – 2 days) | Occasionally or a moderate amount of time (3 – 4 days) | All of the time (5 – 7 days) |
|-----------------|---|---|--|---|---------------------------------|
| BDEFFORT | 1. I felt that everything I did was an effort | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |
| BDGETGO | 2. I could not "get going" | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> |

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Part IV / BECK QUESTIONNAIRE

Below is a list of common symptoms of anxiety. Please read each item in the list carefully. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY. Place an X in the corresponding box next to each symptom.

| | Not at all | Mildly It did not bother me | Moderately It was very unpleasant but I could stand it | Severely I could barely stand it |
|--|--------------------------|-----------------------------------|---|---|
| 1. Numbness or tingling BANMB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Feeling hot BAHOT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wobbliness in legs BALEGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Unable to relax BARLX | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Fear of the worst happening BAFEAR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Dizzy or lightheaded BADIZZ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heart pounding or racing BAHRT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Unsteady BAUNST | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Terrified BATERR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Nervous BANRV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Feelings of choking BACHOK | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Hands trembling BATRMB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Shaky BASHKY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Fear of losing control BACTRL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Difficulty breathing BABRTH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Fear of dying BADIE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Scared BASCRD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Indigestion or discomfort in abdomen BAINDG | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Faint BAFNT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Face flushed BAFLSH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Sweating (not due to heat) BASWT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |