

Participant ID

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Nickname

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Outcome visit

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Diabetes Prevention Program Outcomes Study
Q21 Activities of Daily Living Questionnaire

This form is interviewer-administered in person or over the phone at the 15A and 17A visit.

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

VISIT

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7. Date of visit

Q21VSTDT
Replaced with
DAYSRAND

month	day			year			

B. Activities Assessment

Ask the participant if they need help to do any of the following activities. Record ANY help the participant needs as 'With help'.

At the present time do you need help to do the following...	MARK WITH AN 'X' ONLY ONE				If 'Without help' (option 1), a. How much difficulty, on average, do you have doing this?					
	Without help	With help	Unable to do	Don't know /refused	No difficulty at all	A little difficulty	Some difficulty	A lot of difficulty	Don't know /refused	
1. Walking across a small room? Q21WALK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q21WALKDIF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bathing, either a sponge bath, tub bath, or shower? Q21BATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q21BATHDIF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal grooming like brushing hair, brushing teeth, or washing your face? Q21HAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q21HAIRDIF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identification code of person reviewing completed form

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Form entered in computer?

