

Participant ID

Nickname

Outcome visit

Diabetes Prevention Program Outcomes Study
Q24 Respiratory Questionnaire

This form is self-administered at the 15A and 18A visits.

A. Participant Identification

1. Clinic number

2. Participant number

3. Nickname

4. Date of randomization month day year

5. Sex Male Female

6. Outcome visit **VISIT**

7. Date of visit month day year

Q24VSTDT
Replaced with
DAYSRAND

B. COPD Assessment Test (CAT)

For each item below, select the number that best describes your experience. Mark the number with an 'X'. Be sure to only select one response for each question.

Q24COGH	1.	I never cough	0	1	2	3	4	5	I cough all the time
Q24MCUS	2.	I have no phlegm (mucus) in my chest at all	0	1	2	3	4	5	My chest is completely full of phlegm (mucus)
Q24CHST	3.	My chest does not feel tight at all	0	1	2	3	4	5	My chest feels very tight
Q24WKBTH	4.	When I walk up a hill or one flight of stairs I am not breathless	0	1	2	3	4	5	When I walk up a hill or one flight of stairs I am very breathless
Q24ACTVT	5.	I am not limited doing any activities at home	0	1	2	3	4	5	I am very limited doing activities at home
Q24LGCOD	6.	I am confident leaving my home despite my lung condition	0	1	2	3	4	5	I am not at all confident leaving my home because of my lung condition
Q24SLSDY	7.	I sleep soundly	0	1	2	3	4	5	I don't sleep soundly because of my lung condition
Q24ENGY	8.	I have lots of energy	0	1	2	3	4	5	I have no energy at all

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