

Participant ID

Nickname

Outcome Visit

Diabetes Prevention Program Outcomes Study
Q26 Economics Survey

This form is completed at the DPPOS Year 16 and Year 18 annual visit. 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.

This form is self-administered and can be completed in-person by the participant or via mail. For Year 18, this form can also be interview-administered by phone for participants who completed their Year 18 visit by phone.

A. Participant Identification

1. Clinic number
2. Participant number
3. Nickname
4. Date of randomization month day year
5. Sex Male ¹ Female ²
6. Outcome visit VISIT
7. Date of visit month day year
Q26VSTDT
Replaced with DAYRAND
8. Was this form self-administered or interview-administered? Q26MODE Self ¹ Interview ²

Identification code of person reviewing completed form

Form entered in computer?

Participant ID

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Nickname

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B. Economic Survey

Place an X in the box that corresponds to your answer.

1. Think of all the exercise or physical activity that you currently do outside of work for your health and rate them, as a group, according to the level of pleasure or satisfaction that you get from them:

Q26PLEAS

CHECK ONLY ONE

Like/enjoy/get satisfaction from activities 1

Neutral 2

Do not like/enjoy/get satisfaction from activities 3

2. Do you currently have any health insurance?

CHECK ONLY ONE

Q26HEALTH Yes 1

No 2

Unknown 3

If NO or UNKNOWN, SKIP to Section C.
 If YES, CONTINUE.

3. How would you describe your health insurance plan(s)?

CHECK ALL THAT APPLY

a. An individual plan – the member pays for the entire plan premium Q26INPLAN 1

b. A group plan through an employer, union, etc. – the employer pays all or part of the plan premium Q26GRPLAN 1

c. The Marketplace with or without subsidy Q26MARKET 1

d. Medicaid Q26MECAID 1

e. Medicare Q26MECARE 1

f. Other U.S. Government Health Plan (e.g. Military, CHAMPUS, VA, IHS) Q26GOVOT 1

1. If **OTHER U.S. GOVERNMENT HEALTH PLAN**, specify:

g. Other (not U.S. Government Plan) Q26OTH 1

1. If **OTHER (NOT U.S. GOVERNMENT HEALTH PLAN)**, specify:

h. Unknown Q26UNK 1

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4. If you currently have health insurance, does it provide ANY coverage (complete coverage or partial coverage after co-payments or deductibles) for any of the following?

	YES	NO	UNKNOWN	
a. Diet or nutrition advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q26DIET
b. Physical activity advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q26PHYS
c. Weight management advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q26WEIADV
d. Access to physical activity resources (such as Health clubs, personal trainer or community exercise programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q26PAR
e. Weight loss programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q26WLP
f. Prescription medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q26MEDS

C. Living Situation and Caregiver Support

Place an X in the box that corresponds to your answer.

1. What is your **current** living arrangement?

Q26LIVING

CHECK ONLY ONE

At home, independent living

At home, with assistance

Independent living in an aging/retirement/senior community

Assisted living facility

Nursing home or skilled nursing facility

If 'Assisted living facility' or 'Nursing home or skilled nursing facility,'

a. Are you living in a memory care unit? Q26MEMCARE Yes No

2. During the **past 3 months**, did you ever require assistance with basic personal care (e.g., eating, grooming, bathing, dressing, toileting, walking, or transferring) from another person? Q26PERSONAL Yes No

3. During the **past 3 months**, did you ever require assistance with routine household chores (e.g., shopping, meal preparation, using the telephone, house cleaning, doing laundry, managing medications, transportation, or handling finances) from another person? Q26CHORES Yes No

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If 'YES' to Questions C2 or C3:

- a. On average, how many **days in a typical week** did you receive assistance with basic personal care and/or routine household chores?

Q26HELPCOST

day(s) per week

- b. On average, how many **hours per day** did you receive assistance on the days that you received assistance with basic personal care and/or routine household chores?

Q26HELPHOUR

hour(s) per day

- c. Think about the assistance you received with basic personal care and/or routine household chores. Approximately what proportion of time was provided by **UNPAID** assistants (e.g., family members or friends) at no financial cost to you and what proportion of time was provided by **PAID** assistants?

Q26PROPHELP **CHECK ONLY ONE**

- All of the time (100%) was provided by **UNPAID** assistants AND none (0%) was provided by **PAID** assistants
- Most of the time (75%) was provided by **UNPAID** assistants AND some (25%) was provided by **PAID** assistants
- Half of the time (50%) was provided by **UNPAID** assistants AND half (50%) was provided by **PAID** assistants
- Some of the time (25%) was provided by **UNPAID** assistants AND most (75%) was provided by **PAID** assistants
- None of the time (0%) was provided by **UNPAID** assistants AND all (100%) was provided by **PAID** assistants

- d. On average, how much money did you pay the assistants **in a typical week**?

Q26HELPCOST \$. per week

4. What is your annual household income from all sources?

CHECK ONLY ONE

Q26INC

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 to less than \$100,000
- \$100,000 or more