

Participant ID

Nickname

DPPOS Phase 1

DPPOS Phase 2

DPPOS Phase 3

Diabetes Prevention Program Outcomes Study

R16 OUTCOMES STUDY ENROLLMENT / CONTINUATION FORM

Complete this form once the participant has consented to the DPPOS for Phase 1, Phase 2, or Phase 3 of the study. This form may be completed at any scheduled or interim visit.

A. Participant Identification

1. Clinic number

2. Participant number

3. Nickname

4. Date of randomization

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year			

5. Sex

Male  Female

6. Type of consent completed

RPCNST DPPOS Phase 1

DPPOS Phase 2

DPPOS Phase 3

7. Is this a new enrollment?

RPNEWEN Yes  No

B. Visit Information

1. Date of visit

RPDTVST  
Replaced by  
DAYSRAND

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year			

2. Outcome visit

VISIT

Identification code of person reviewing completed form

Form entered in computer?

Participant ID

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C. Personal Data

1. What is your current marital status or living arrangement?  
*CHECK ONLY ONE*

RPMSLA

Never married .....	<input type="text" value="1"/>	Separated .....	<input type="text" value="4"/>
Living together .....	<input type="text" value="2"/>	Divorced .....	<input type="text" value="5"/>
Married .....	<input type="text" value="3"/>	Widowed .....	<input type="text" value="6"/>

2. What is the highest grade or year of school you have completed? (Code GED as 12)  
*CHECK ONLY ONE*

RPEDUC

Elementary/ Junior High		High School		College		Graduate School	
No Schooling	<input type="text" value="1"/>	9 .....	<input type="text" value="5"/>	13 .....	<input type="text" value="9"/>	17 .....	<input type="text" value="13"/>
≤ 6 .....	<input type="text" value="2"/>	10 .....	<input type="text" value="6"/>	14 .....	<input type="text" value="10"/>	18 .....	<input type="text" value="14"/>
7 .....	<input type="text" value="3"/>	11 .....	<input type="text" value="7"/>	15 .....	<input type="text" value="11"/>	19 .....	<input type="text" value="15"/>
8 .....	<input type="text" value="4"/>	12 .....	<input type="text" value="8"/>	16 .....	<input type="text" value="12"/>	20+ .....	<input type="text" value="16"/>

3. Which of the following best describes your current employment status? (read responses)  
*CHECK ONLY ONE*

RPEMPL

Currently employed full or part-time ...	<input type="text" value="1"/>	Seasonally employed .....	<input type="text" value="5"/>
Currently retired .....	<input type="text" value="2"/>	Student .....	<input type="text" value="6"/>
Currently full-time homemaker .....	<input type="text" value="3"/>	Other .....	<input type="text" value="7"/>
Currently not employed .....	<input type="text" value="4"/>	Never worked .....	<input type="text" value="8"/>

4. How many individuals live in your household (including yourself)?..... **RPHOUSE**  people

Complete section D only if this is a new enrollment. If this is not a new enrollment, skip to section E.

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D. Demographics

1. Are you of Spanish, Hispanic, or Latino origin?

Yes

No

**If YES,**

a. Do you consider yourself:

**CHECK ONLY ONE**

Mexican, Mexican American, Chicano

Puerto Rican.....

Cuban.....

Other Spanish, Hispanic, or Latino.....

(Specify: )

2. What ethnic or racial group do you consider yourself a member of:

**CHECK ALL THAT APPLY**

a. White.....

b. Black or African American.....

c. American Indian or Alaska Native....

d. Chinese.....

e. Filipino.....

f. Native Hawaiian.....

g. Korean.....

h. Vietnamese.....

i. Japanese.....

j. Asian Indian.....

k. Samoan.....

l. Guamanian or Chamorro.....

m. Other Asian .....

(Specify: )

n. Other Pacific Islander.....

(Specify: )

o. Other race.....

(Specify: )

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DPPOS Phase 1

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E. Parental History

1. **Natural** (related by blood) mother's history

a. Did your mother have diabetes?

RPSIMDIAB Yes 

1
---

 No 

2
---

 Don't Know 

3
---

If YES,

1. Age at diagnosis

RPSIMDAGE 

--	--	--

 years

b. Did your mother ever have a heart attack?

RPSIMMI Yes 

1
---

 No 

2
---

 Don't Know 

3
---

If YES,

1. Age at first heart attack

RPSIMMIAG 

--	--	--

 years

c. What is your mother's **year** of birth?

RPSIMYOB 

--	--	--	--

d. Is your mother still alive?

RPSIMALV Yes 

1
---

 No 

2
---

 Don't Know 

3
---

If NO,

1. Year of death

RPSIMYOD 

--	--	--	--

2. To the best of your knowledge, did she die from:

CHECK ONLY ONE

RPSIMCDTH

Heart disease or stroke..... 

1
---

Alzheimer's disease or dementia.... 

6
---

Cancer..... 

2
---

Influenza or pneumonia..... 

7
---

Lung disease (e.g. COPD, chronic bronchitis, smoking-related disorders)... 

3
---

Kidney disease (e.g. nephritis, nephrotic syndrome, nephrosis)..... 

8
---

Accidents (unintentional injuries), suicide, or violence..... 

4
---

Don't know..... 

9
---

Diabetes..... 

5
---

Other..... 

10
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i. If **OTHER**, specify:

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2. **Natural** (related by blood) father's history

a. Did your father have diabetes?  
**If YES,**

RPSIFDIAB Yes  No  Don't Know

1. Age at diagnosis

RPSIFDAGE   
years

b. Did your father ever have a heart attack?  
**If YES,**

RPSIFMI Yes  No  Don't Know

1. Age at first heart attack

RPSIFMIAG   
years

c. What is your father's **year** of birth?

RPSIFYOB

d. Is your father still alive?  
**If NO,**

RPSIFALV Yes  No  Don't Know

1. Year of death

RPSIFYOD

2. To the best of your knowledge, did he die from:

*CHECK ONLY ONE*

RPSIFCDTH

Heart disease or stroke.....

Alzheimer's disease or dementia....

Cancer.....

Influenza or pneumonia.....

Lung disease (e.g. COPD, chronic bronchitis, smoking-related disorders)...

Kidney disease (e.g. nephritis, nephrotic syndrome, nephrosis).....

Accidents (unintentional injuries), suicide, or violence.....

Don't know.....

Diabetes.....

Other.....

i. **If OTHER,** specify:

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DPPOS Phase 1 

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2
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3
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F. Siblings' History

1. How many **natural** (related by blood) brothers and sisters do you have (including all living and deceased)? .....

RPSISIBS

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**IF ONE OR MORE SIBLINGS,**

RPSISIBDI

- a. How many of your brothers and sisters have or had diabetes?.....

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RPSISIBMI

- b. How many of your brothers and sisters have had a heart attack?.....

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