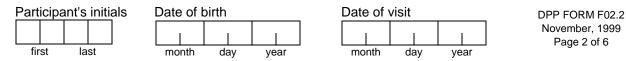
Diabetes Prevention Program MAJOR FOLLOW-UP VISIT INVENTORY

This form is completed at Major follow-up visits: annual follow-up visits (End-months $12, 24, \dots$) and the End of Study visit.

Form F02 records the following: anthropometrics, arm/ankle blood pressures, adverse events, pregnancy information, coded and concomitant medications and local CBC results.

Part I /	<u>IDENTIFICATION</u>
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<u>. u</u>	1111	IDENTIFICATION								
A.	<u>Par</u>	ticipant Identification								
	1.	Clinic number				CLINIC				
	2.	Participant number				PATID				
	3.	Participant's initials		first	last	INITS				
	4.	Participant's date of birth			last	DOB				
	5.	Participant's sex	month	day Fe	year Male $\begin{bmatrix} 1 \\ \end{bmatrix}$ emale $\begin{bmatrix} 2 \\ \end{bmatrix}$	SEX				
В.	<u>Visi</u>	t Information								
	1.	Date of visit	month	day	year	AVSTDT replaced with DAYSRAND				
	2.	Week of visit				AVSTWK				
	3.	Type of visit		In C		AVSTTYP				
	4.	Outcome visit				VISIT				
	5.	End of Study			Yes 1	AVEOS				
C.	Inst	ructions for Form F02 Completion			No 2					
	 Complete all sections of Form F02 with the following exceptions: Sections D.4 - skin-fold thickness and D.5 - sagittal diameter are completed at End-month 12 and End of Study visits. Section E.2 - supine ankle-arm systolic blood pressure is completed at End-months 12 and 36, and End of Study visits. Part IV - Local Laboratory Results is completed for participants assigned to the pharmacological treatment. 									
	Initi	als of person reviewing completed form first last	m entere	ed in con	nputer?					
	Sig	nature of P.I	Date	:						

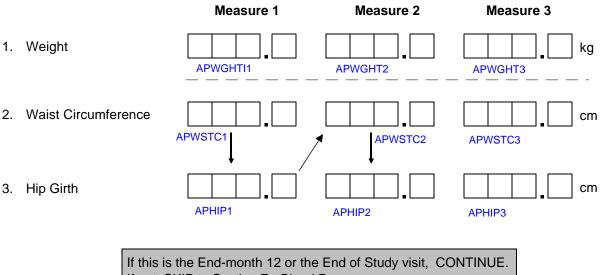


Part II / PHYSICAL AND HISTORY

D. Anthropometrics

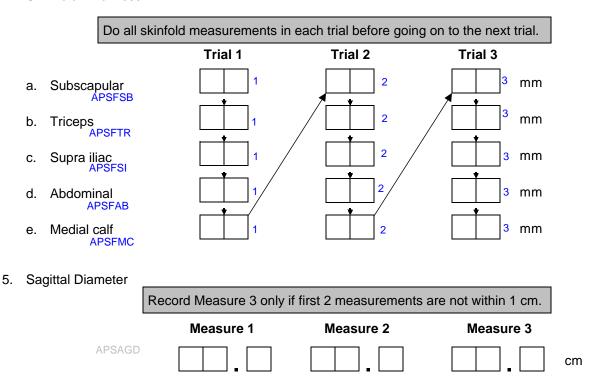
- For D.1 Weight, record Measure 3 only if first 2 measurements are not within 0.2 kilograms.
- For D.2 Waist Circumference, and D.3 Hip Girth, record measure 1 for each before completing Measure 2 and only record Measure 3 if first 2 measurements are not within 0.5 cm.

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If not, SKIP to Section E - Blood Pressure.

4. Skin-fold Thickness



		Participant's initials first last Date of birth month da		e of visit	DPP FORM F02.2 November, 1999 Page 3 of 6
E.	Blo	od Pressure			
	1.	Seated Arm Blood Pressure	Syst	olic Diastolic	
		Blood Pressure Reading 1 (after sitting 5 minutes)	APSBF	1 APDBP1	mmHg
		b. Blood Pressure Reading 2 (after waiting 30 seconds)	APSB	P2 APDBP2	mmHg
		Hypertension management aims	at maintaining blood p	pressure < 140/90 mm	nHg.
	2.	If this is the End-months 12 If not, SKIP to Section F - Address of the Supine Ankle/Arm Systolic Blood Pr	dverse Events. essure		
		Right arm to be used unless left a seconds, repeat left arm pressure			
		a. Arm		APSSBP mmH APADORR	g Right arm APSSBPA Left arm
		b. Right dorsalis pedis		mmH	g
		c. Right tibialis posterior		APAPOSR mmH	g
		d. Left dorsalis pedis		APADORL mmH	g
		e. Left tibialis posterior		APADOSL mmH	g
		f. Arm (same arm as 2.a)		APSSBPF mmHe	g
	Init	ials of data collector completing page	s 2 and 3 of this form	first last	

		Participant's initials Date of birth Date of visit I I I I I I I I I I I I I I I I I I I	year	DPP FORM F02.2 November, 1999 Page 4 of 6
F.	<u>Ad</u> 1. 2.	had any new symptoms, injuries, illness or side effects, or	YES N 1 2 1 2	APQ08
		worsening of pre-existing conditions? If YES to F.2, an Adverse Event Report (Form E01) MUST be complete.	leted.	
G.	<u>Pre</u>	egnancy Questions Does the participant have reproductive potential?	YES N	APREM
		If YES, review menstrual diary and confirm use and form of contraception If NO, SKIP to Part III - Medications.	and CONTINU	E.
	2.	Date of last menstrual period	day year	APDOLM
		If participant is assigned to pharmacologic treatment, answer 2.0 If participant is assigned to intensive lifestyle treatment, answer		
		a. Menstrual period more than one week late?	YES N	AP1WK
		b. Menstrual period more than two weeks late?	1 2	AP2WK
		If 2.a or 2.b. is YES, a pregnancy test must be performed. If NO, skip to question G.5.		
	3.	Date of pregnancy test month	day year	APDOPT
	4.	Result of pregnancy test	Positive Described Positive Po	APREG
		If POSITIVE, coded metformin must be discontinued and complete Pregnancy Confirmation Report (Form E04). Skip to Section H.		
	5.	Does the participant plan on becoming pregnant within the next 3 months	1 2	APLAN

		firs	st la	ast		 month	day	year		month	day	yea	r	November, 1 Page 5 of	
Pa	rt III ,	ME!	<u>DICATI</u>	<u>ONS</u>											
				Co	mplete	Section	H if ass	signed th	e pharr	macologi	cal treat	ment			
Н.	Cod	ded N	/ledicat	<u>ion</u>									YES	NO	
	1.	Has	s the pa	articip	ant tak	en any d	coded M	IETFORI	MIN sin	ce the la	st visit?		1	² AMTAKM	
		If Y a.	ES, Daily o	dose (of MET	FORMI	N per pro	otocol			850	mg 1	1700 mg	MDOSE	
		b.		-		estimate rmin per		oarticipa ol?	nt's leve	el of		: 80% : 80%	2	AMCOMPM	
									did n	ot return	pill con	tainer	3		
			estimat	te of t	he <u>num</u>		<u>lays</u> whe	hat is then the materials	•	•			A	AMDAYSM days	
	2.	Disp	ensing	of Me	edicatio	on									

Date of visit

METFORMIN LABEL AMPATID

AMNOMET

Remove label from medication before dispensing and affix here. If not dispensed, check here

DPP FORM F02.2

Participant's initials Date of birth

first	last	month day	year	month day	year	November, 1999 Page 6 of 6
medica	articipant curre	ently taking any PRE n the coded metforn	nin?		YES 1	NO ² AMRXDQ
	ΔΛ	Medicine Descr	iption		Route	
a.∟ ⊏	7 (17					
b		В				
c		С			\blacksquare	
d. L		D				
e		E				
f		F				
g.		G			Щ	
h		Н				
···-					\mathcal{H}	
i.∟ 		I			\coprod	
j.		J				
	(or equival	ents, beta blockers, ent dose of SSRI) a				
Part IV / LOCAL	. LABORATOR	RY RESULTS				
If the participal If not, STOP.	nt was assigne	d to the pharmacolo	ogical treatmen	t, RECORD 1	THE CBC RESU	JLTS.
J. Complete B	lood Count					
1. Hemog	lobin		ALH	GLOB		g/dL
2. Hemato	ocrit		ALF	ICRIT		%
3. Platelet	Count		ALP	LATE		x10³/ml

Date of visit

DPP FORM F02.2

Participant's initials

Date of birth