

Diabetes Prevention Program

LIFESTYLE CONTACT - IN PERSON

This form is completed for all in-person contacts with participants in the Intensive Lifestyle Intervention. Form L03 records the following: nature of session, self-monitoring information and the physical activity and weight status.

A. Participant Identification

1. Clinic number

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 CLINIC

2. Participant number

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 PATID

3. Participant's initials

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 INITs
first last

4. Participant's date of birth

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 DOB
month day year

B. Contact Information

1. Date of In-Person Contact

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 ZVSTDT
replaced with
DAYSRAND
month day year

2. Week of In-Person Contact
(weeks since randomization, refer to participant calendar)

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 ZVSTWK

C. Instructions For Form Completion

Complete all sections of Form L03 - Lifestyle Contact - In Person.

Initials of person completing form

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first last

Form entered in computer?

Participant's initials

first	last		

Date of birth

month	day	year	

Date of visit

month	day	year

Part II / LIFESTYLE CONTACT - IN PERSON

D. Nature of Session

1. Attendance (check only one)

- alone ¹ ZNATTEN
- with significant other ²
- with other participants ³

2. Type (check only one)

- core curriculum ¹ (go to 2a.) ZNTYPE
- continued contact after core ² (go to 2c.)

If CORE CURRICULUM,

2a. Session #	<input type="checkbox"/>	<input type="checkbox"/>	ZNLSS
i. If session #1, which topic did the participant choose?			
diet /weight loss	<input type="checkbox"/>	<input type="checkbox"/>	ZNTOPIC
physical activity	<input type="checkbox"/>	<input type="checkbox"/>	
2b. Repeat		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		ZNREV	
Skip to question 3.			

If CONTINUED CONTACT AFTER CORE,

2c. Majority of contact time devoted to:	
diet	<input type="checkbox"/> ¹ ZNMAJOR
physical activity	<input type="checkbox"/> ²
participant support	<input type="checkbox"/> ³
other	<input type="checkbox"/> ⁴
Several topics may have been addressed; indicate which topic received the greatest amount of attention.	

3. Duration of contact

- less than 5 minutes ¹ ZNDUR
- 5 - 14 minutes ²
- 15 - 30 minutes ³
- more than 30 minutes ⁴

Participant's initials

first		last	

Date of birth

month	day	year	

Date of visit

month	day	year	

Part II / LIFESTYLE CONTACT - IN PERSON (continued)

E. Self-Monitoring Information

1. Has the participant self-monitored diet since the last In-Person Contact? ZSDIET

Yes	No
1	2

2. Has the participant self-monitored physical activity since the last In-Person Contact? ZSEXER

1	2
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If YES to either question 1 or 2, continue.
If NO to both question 1 and 2, skip to question 5.

3. Self-monitoring data (from written record only) from the most recent week available since the last In-Person Contact:

DAY	FAT (g) ZSGFAT	CALORIES ZSGCAL	MINUTES OF PHYSICAL ACTIVITY ZSGEX
a. GOAL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> NA ZSGFNA	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> NA ZSGCNA	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> NA ZSGENA
b. DAY 1	<input type="text"/> <input type="text"/> <input type="text"/> ZSD1FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZSD1CAL	<input type="text"/> <input type="text"/> <input type="text"/> ZSD1EX
c. DAY 2	<input type="text"/> <input type="text"/> <input type="text"/> ZSD2FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZSD2CAL	<input type="text"/> <input type="text"/> <input type="text"/> ZSD2EX
d. DAY 3	<input type="text"/> <input type="text"/> <input type="text"/> ZSD3FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZSD3CAL	<input type="text"/> <input type="text"/> <input type="text"/> ZSD3EX
e. DAY 4	<input type="text"/> <input type="text"/> <input type="text"/> ZSD4FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZSD4CAL	<input type="text"/> <input type="text"/> <input type="text"/> ZSD4EX
f. DAY 5	<input type="text"/> <input type="text"/> <input type="text"/> ZSD5FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZSD5CAL	<input type="text"/> <input type="text"/> <input type="text"/> ZSD5EX
g. DAY 6	<input type="text"/> <input type="text"/> <input type="text"/> ZSD6FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZSD6CAL	<input type="text"/> <input type="text"/> <input type="text"/> ZSD6EX
h. DAY 7	<input type="text"/> <input type="text"/> <input type="text"/> ZSD7FAT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZSD7CAL	<input type="text"/> <input type="text"/> <input type="text"/> ZSD7EX
TOTAL (sum of Day 1 through Day 7)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZSTOTEX		

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

Part II / LIFESTYLE CONTACT - IN PERSON (continued)

4. Is more than one week of dietary self-monitoring available since the last In-Person Contact?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
ZSDIARY	

If NO, skip to Question 5.

a. If YES, did other records look similar?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	ZSSIMIL

i. If NO, how much did the other diaries differ from this one?

other diaries show less success at behavior change	<input type="checkbox"/>	ZSDIFER
other diaries show more success at behavior change	<input type="checkbox"/>	

5.

If this contact is for the CORE CURRICULUM, skip to section F.
If this contact is CONTINUED CONTACT AFTER CORE, continue.

If a written record is not available, indicate how many minutes of physical activity the participant verbally reported during the previous week (one week only).

Start date

month	day	year

ZSEX1ST

End date

month	day	year

ZSEX1EN

Minutes

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ZSEX1MN

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

F. Physical Activity Status

1. Is the participant at study goal for physical activity?

Yes	No	
<input type="checkbox"/> ¹	<input type="checkbox"/> ²	ZEXGOAL

2. What are the barriers?
(see code book; 100 series)

a.	<input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/>	ZEXBAR1
b.	<input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/>	ZEXBAR2
c.	<input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/>	ZEXBAR3

3. What approaches are taken to improve or maintain?
(see code book; 200 series)

a.	<input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/>	ZEXAPP1
b.	<input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/>	ZEXAPP2
c.	<input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/>	ZEXAPP3

G. Weight Status

1. Study weight goal?
(based on the line of reduction during core or 7% loss post-core)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/>	ZWTGOAL
			pounds

2. Current weight?

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/>	ZWTCURR
			pounds

3. Is the participant at weight goal?

Yes	No	
<input type="checkbox"/> ¹	<input type="checkbox"/> ²	ZWEIGHT

4. Is the participant self-monitoring weight?

Yes	No	
<input type="checkbox"/> ¹	<input type="checkbox"/> ²	ZWTSELF

5. What are the barriers?
(see code book; 300 series)

a.	<input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/>	ZWTBAR1
b.	<input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/>	ZWTBAR2
c.	<input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/>	ZWTBAR3

6. What approaches are taken to improve or maintain?
(see code book; 400 series)

a.	<input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/>	ZWTAPP1
b.	<input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/>	ZWTAPP2
c.	<input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/>	ZWTAPP3