

Diabetes Prevention Program

BRIDGE PERIOD - INTENSIVE LIFESTYLE CONTACT - ONLY

This form is completed for all in-person contacts with participants in the Lifestyle Intervention. Form L06 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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 INITIS
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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 L6VSTDT
replaced with
DAYSRAND
month day year

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

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 L6VSTWK

C. Instructions For Form Completion

Complete all sections of Form L06 - Bridge Period INTENSIVE Lifestyle Contact.

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

D. Physical Activity Status

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

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	L6EXGO

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

a.	<input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/>	L6EXB1
b.	<input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/>	L6EXB2
c.	<input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/>	L6EXB3

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"/>	L6EXAP1
b.	<input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/>	L6EXAP2
c.	<input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/>	L6EXAP3

E. 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"/>	L6WTGO
			pounds

2. Current weight?

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/>	L6WTCUR
			pounds

3. Is the participant at weight goal?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	L6WEIGH

4. Is the participant self-monitoring weight?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	L6WTSEL

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

a.	<input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/>	L6WTB1
b.	<input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/>	L6WTB2
c.	<input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/>	L6WTB3

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"/>	L6WTAP1
b.	<input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/>	L6WTAP2
c.	<input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/>	L6WTAP3

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

F. Minutes of Physical

1. Report minutes of physical activity, written or verbal, during the previous week (one week only).

Start date

month	day	year

L6EXST

End date

month	day	year

L6EXEN

Minutes

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L6EXMN