

Diabetes Prevention Program
MODIFIABLE ACTIVITY QUESTIONNAIRE

This interview administered form is to be completed at Screening Step 3 - Start, and Major Follow-up Visits.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number

<input type="text"/>	<input type="text"/>	CLINIC
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2. Participant Identification Number (Complete a **OR** b)

a. If before randomization, Screening number

S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SCREEN
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b. If after randomization, Participant number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PATID
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3. Participant's initials

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	INITS
first		last		

4. Participant's date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DOB
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B. Visit Information

1. Date of visit

<input type="text"/>	<input type="text"/>	<input type="text"/>	KVSTDT replaced with DAYSRAND
month	day	year	

2. Type of visit

Screening Step 3 - Start ¹ KVSTTYP
Major Follow-up ²

3. Week of visit (If Major Follow-up)

<input type="text"/>	<input type="text"/>	<input type="text"/>	KVSTWK
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4. Outcome visit

<input type="text"/>	<input type="text"/>	<input type="text"/>	VISIT
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5. End of Study

Yes ¹ KVEOS
No ²

C. Instructions For Administration

Complete the form on the following 3 pages (interview administered).

Initials of person completing form

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 / MODIFIABLE ACTIVITY QUESTIONNAIRE

1. Please circle all activities listed below that you have done more than 10 times in the past year:

- | | | |
|----------------------------------|---------------------------------------|--------------------------------------|
| 1 Jogging (outdoor, treadmill) | 14 Racquetball/Handball/Squash | 27 Stair Master |
| 2 Swimming (laps/snorkeling) | 15 Horseback riding | 28 Fencing |
| 3 Bicycling (indoor & outdoor) | 16 Hunting | 29 Hiking |
| 4 Softball/Baseball | 17 Fishing | 30 Tennis |
| 5 Volleyball | 18 Aerobic Dance/Step Aerobic | 31 Golf |
| 6 Bowling | 19 Water Aerobics | 32 Canoeing/Rowing/Kayaking |
| 7 Basketball | 20 Dancing (Square, Line, Ballrm) | 33 Water Skiing |
| 8 Wood Chopping/Water hauling | 21 Gardening or Yardwork | 34 Jumping Rope |
| 9 Skating (roller, ice, blading) | 22 Badminton | 35 Cross Country Skiing/Nordic Track |
| 10 Martial Arts | 23 Strength/Weight training | 36 Snow Skiing (downhill) |
| 11 Tai Chi | 24 Rock Climbing | 37 Yoga |
| 12 Calisthenics/Toning exercises | 25 Scuba Diving | 38 Other _____ |
| 13 Football/Soccer | 26 Walking (outdoor, mall, treadmill) | |

List each activity that you circled in the "Activity" box below, check the months you did each activity over the past year (12 months) and then estimate the average amount of time spent in that activity.

Note: Variables are named by the prefix and then the month, e.g. KAACODE, KAAJAN, KAAFEB... KAADec, KAATIME and KAAMIN for the first row

CODE	ACTIVITY	TIME												MIN				
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Average # of Times Per Month	Average # of Minutes Each Time			
KAA a.		1	1	1	1	1	1	1	1	1	1	1	1	1				
KAB b.																		
KAC c.																		
KAD d.																		
KAE e.																		
KAF f.																		
KAG g.																		
KAH h.																		
KAJ i.																		
KAI j.																		
KAK k.																		
KAL l.																		

Participant's initials

first		last	

Date of birth

month	day	year	

Date of visit

month	day	year	

Part II / MODIFIABLE ACTIVITY QUESTIONNAIRE (continued)

2. In general, how many HOURS per DAY do you usually spend watching television?

		.		hours
KTVHRS				

3. Over this past year, have you spent more than one week confined to a bed or chair as a result of injury, illness or surgery ?

Yes	No
1	2
KBEDYN	

If **YES**,

a. How many weeks over this past year were you confined to a bed or chair?

		weeks
KBEDWKS		

4. Do you have difficulty doing any of the following activities?

a. getting in or out of a bed or chair?

Yes	No
1	2
KDIFBED	

b. walking across a small room without resting?

Yes	No
1	2
KDIFSWK	

c. walking for 10 minutes without resting?

Yes	No
1	2
KDIFLWK	

5. Did you ever compete in an individual or team sport (not including any time spent in sports performed during school physical education classes)?

Yes	No
1	2
KSPORT	

If **YES**,

a. How many total years did you participate in competitive sports?

		.		years
KSPRTYR				

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

Part II / MODIFIABLE ACTIVITY QUESTIONNAIRE (continued)

6. Have you had a job for more than one month over this past year from _____ to this _____?

List all **JOBS** that the individual held over the past year for more than one month. Account for all 12 months of the past year. If unemployed/disabled/retired/housewife during all or part of the past year, list as such and probe for job activities of a normal 8 hour day, 5 day week.

Note: Variables are named by the prefix and then the column, eg. KJACODE, KJAWALK, KJAMOS, KJADAYS, KJAHRS, KJASIT and KJaACTV for the first row

CODE		WALK	MOS	DAYS	HRS	SIT	ACTV
Job Code	Job Name	Walk or bicycle to/from work TOTAL MIN/DAY	JOB MOS/YR account for all 12 months	AVERAGE JOB SCHEDULE DAYS/WK HRS/DAY		* Hrs spent sitting at work AVERAGE HRS/DAY	* Check the category that best describes job activities when not sitting A B C
KJA	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
KJB	b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
KJC	c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
KJD	d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

* Out of the total # of "Hrs/Day" reported working at this "job", how much of this time was usually spent sitting? Enter this # in "Hrs Sitting" column, then place an "X" in the category which best describes their activities when not sitting.

JOB CODES

Not employed outside of the home

1. Student
2. Home Maker
3. Retired
4. Disabled
5. Unemployed

Employed (or volunteer):

6. Armed Services
7. Office Worker
8. Non-office Worker

Category A

(includes all sitting activities)

- Sitting
- Standing still w/o heavy lifting
- Light cleaning-ironing, cooking, washing, dusting
- Driving a tractor, harvester, bus, taxi
- Jewelry making/weaving
- General office work
- Occasional/Short distance walking

Category B

(includes most indoor activities)

- Carrying light loads
- Continuous walking
- Heavy Cleaning-mopping, sweeping, scrubbing, vacuuming
- Gardening-planting,weeding
- Painting/Plastering
- Plumbing/Welding
- Electrical Work
- Sheep herding

Category C

(heavy industrial work, outdoor construction, farming)

- Carrying moderate to heavy loads
- Heavy construction
- Farming-hoeing, digging, mowing raking
- Digging ditches, shoveling
- Chopping (ax), sawing wood
- Tree/pole climbing
- Water/coal/wood hauling