

Diabetes Prevention Program LOW LEVEL PHYSICAL ACTIVITY RECALL

This interview administered form is completed at Screening Step 3 - Start, End-month 6 Visit, and Major Follow-up Visits.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number

		CLINIC
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2. Participant Identification Number (Complete a **OR** b)

a. If before randomization, Screening number

S						SCREEN
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b. If after randomization, Participant number

						PATID
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3. Participant's initials

				INITS
first		last		

4. Participant's date of birth

			DOB
month	day	year	

B. Visit Information

1. Date of visit

			LVSTDT replaced with DAYSRAND
month	day	year	

2. Type of visit

Screening Step 3 - Start	1	LVSTTYK
End-month 6 Follow-up	2	
Major Follow-up	3	

3. Week of visit (If Follow-up)

			LVSTWK
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4. Outcome visit

			VISIT
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5. End of Study

Yes	1	LREOS
No	2	

C. Instructions For Administration

Determine for each major category (sleep, work, house or yard, recreation or leisure) the estimated number of hours/week spent within that category during the preceding week. Then using the cards as prompts, ask about specific activities within each intensity of activity (heavy to very light). It is not expected that every hour of the week can be accounted for. However, asking the participant to estimate their total sleep hours, and the total expected hours within each major category of activity (168 hrs/wk), as compared to the break-down of activities within each major category of activity, helps the participant remember their activities more reliably. Instructions for question 3 pertain to all three major categories of activity.

Initials of person completing form

				first	last
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Form entered in computer?

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Participant's initials

first		last	

Date of birth

month	day	year	

Date of visit

month	day	year	

Part II / LOW LEVEL PHYSICAL ACTIVITY RECALL

1. How many hours do you sleep a night, on average?

LSLPHD

		.		hours/day
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x 7

a. Calculate average sleep hours per week.

LSLPHW

			.		hours/week
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Explain to the participant that you are going to ask about typical **WORK** activities during the past week (includes work for pay or regular volunteer activities).

2. Did you **WORK** during the past week?

LWORKYN

Yes		No	
	1		2

If **NO**, go to question # 4.

If **YES**,

a. How many total hours did you work during the past week?

_ _ _ . _ _ hours/week

Here is a listing of typical work activities (**SHOW PARTICIPANT CARD A**). Activities are classified as heavy, moderate, light and very light depending on their average energy demands. With your job, time may be spent in more than one category of activity. Let's start with heavy activities and then go on to moderate, light, and then very light activities. Please tell me the number of days during the last week you performed heavy activities at work. Please tell me the average length of time you performed heavy activities in a day. (Then, repeat above directions for all intensities of activity.)

3. **INTENSITY OF ACTIVITY**

DAYS/WEEK
(.5 to 7.0)

HOURS/DAY
(nearest 0.5 hr)

HOURS/WEEK

a. HEAVY (6.0 METs)

_ . _

X

_ _ . _

LWHEVHW

=

			.	
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b. MODERATE (4.0 METs)

_ . _

X

_ _ . _

LWMODHW

=

			.	
--	--	--	---	--

c. LIGHT (2.5 METs)

_ . _

X

_ _ . _

LWLTHW

=

			.	
--	--	--	---	--

d. VERY LIGHT (1.5 METs)

_ . _

X

_ _ . _

LWVLTHW

=

			.	
--	--	--	---	--

e. **TOTAL** (sum of a. through d.)

LWTOTHW

			.	
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Compare 2a to 3e.

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

Part II / LOW LEVEL PHYSICAL ACTIVITY RECALL (continued)

4. Did you perform **HOUSEHOLD CHORES OR YARD WORK** around the home during the past week? Yes No
(Follow instructions given above, except refer to Card B) LHOUSYN

If **NO**, go to question # 6.

If **YES**,

a. How many total hours did you spend in household chores? _____ hours/week

5. INTENSITY OF ACTIVITY	DAYS/WEEK (.5 to 7.0)	X	HOURS/DAY (nearest 0.5 hr)	HOURS/WEEK
a. HEAVY (6.0 METs)	___ .. ___	X	___ ___ .. ___	LHHEVHW = <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
b. MODERATE (4.0 METs)	___ .. ___	X	___ ___ .. ___	LHMODHW = <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
c. LIGHT (2.5 METs)	___ .. ___	X	___ ___ .. ___	LHLTHW = <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
d. VERY LIGHT (1.5 METs)	___ .. ___	X	___ ___ .. ___	LHVLTHW = <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
e. TOTAL (sum of a. through d.)				LHTOTHW <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

Compare 4a to 5e.

6. Did you perform **RECREATIONAL OR LEISURE TIME-ACTIVITIES** during the past week? Yes No
(Refer to Card C) LRECRYN

If **NO**, then go to question # 8.

If **YES**,

a. How many total hours did you spend in leisure activities? _____ hours/week

7. INTENSITY OF ACTIVITY	DAYS/WEEK (.5 to 7.0)	X	HOURS/DAY (nearest 0.5 hr)	HOURS/WEEK
a. HEAVY (6.0 METs)	___ .. ___	X	___ ___ .. ___	LRHEVHW = <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
b. MODERATE (4.0 METs)	___ .. ___	X	___ ___ .. ___	LRMODHW = <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
c. LIGHT (2.5 METs)	___ .. ___	X	___ ___ .. ___	LRLTHW = <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
d. VERY LIGHT (1.5 METs)	___ .. ___	X	___ ___ .. ___	LRVLTHW = <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
e. TOTAL (sum of a. through d.)				LRTOTHW <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

Compare 6a to 7e.

8. Total activity hours (sum of 1a + 3e + 5e + 7e)
Should not exceed 168 hrs/week.