Diabetes Prevention Program

INTERVAL HISTORY QUESTIONNAIRE

This form is completed at Major Follow-up Visits.
Form Q08 records medical and cardiovascular interval history during the past 12 months. In addition, drinking, smoking, aspirin and routine medical care interval information is recorded.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number [ ][ ] CLINIC
2. Participant number [ ][ ][ ][ ][ ][ ] PATID
3. Participant's initials [ ][ ][ ][ ] INITS (first last)
4. Participant's date of birth [ ][ ] / [ ][ ] / [ ][ ] DOB (month day year)
5. Participant's sex SEX
   - Male [1]
   - Female [2]

B. Visit Information

1. Date of visit [ ][ ] / [ ][ ] / [ ][ ] IVSTDT replaced with DAYSRAND (month day year)
2. Week of visit [ ][ ][ ] IVSTWK
3. Outcome visit [ ][ ][ ] VISIT
4. End of Study IMEOS
   - Yes [1]
   - No [2]

C. Instructions for Form Q08 Completion

Complete all sections of Form Q08.

Initials of person reviewing completed form [ ][ ][ ][ ] (first last) Form entered in computer? [ ]

Part II / INTERVAL MEDICAL HISTORY

D. During the past 12 months has a doctor told you that you had any of the following?

	YES	NO	
1. High blood pressure (hypertension)?	1	2	IHYPER
2. Heart Attack (myocardial infarction, coronary occlusion, or coronary thrombosis)?	1	2	IHMI
3. Angina?	1	2	IHANGI
4. Stroke, transient ischemic attacks (TIA), or mini stroke?	1	2	IHSTRK
5. Diabetes (sugar in blood or urine)?	1	2	IHDIAB
6. High cholesterol (high blood fats)?	1	2	IHLIPID
7. Ulcer (stomach or duodenal), or intestinal bleeding?	1	2	IHULCR
8. Hepatitis?	1	2	IHEPAT
9. Cancer?	1	2	IHCNCR
10. Gallstones, gallbladder disease, or gallbladder surgery?	1	2	IHGALL
11. Coronary artery bypass surgery (graft, CABG)?	1	2	IHCABG
12. Angioplasty of the coronary arteries?	1	2	IHBLLN
13. Carotid endarterectomy or other procedure to open blood vessels in neck?	1	2	IHNECK
14. Bypass surgery of the lower extremities, to bypass blocked artery in leg?	1	2	IHBYLEG
15. Gout?	1	2	IHGOUT
16. Thyroid disease?	1	2	IHTHYR
17. Other major diseases?	1	2	IHOTH

a. If YES, specify _____

E. During the past 12 months have you experienced any of the following?

	YES	NO	
1. Skin rashes?	1	2	IHRASH
2. Frequent stomach pains, bloating, nausea, diarrhea, or loss of appetite?	1	2	IHSTOM
3. Unexplained weight loss?	1	2	IHLOSEW
4. Increased thirst (drinking more liquids than usual)?	1	2	IHTHRST
5. Urinating more often than usual?	1	2	IHURINT

Part III / INTERVAL CARDIOVASCULAR HISTORY

F. Thinking about the past 12 months please answer the following questions:

	YES	NO	
1. Have you had any pain or discomfort in your chest?	1	2	IRPAIN
2. Have you had any pressure or heaviness in your chest?	1	2	IRPRES

If Questions 1 AND 2 are NO, skip to Section G.
If either are YES, continue.

	YES	NO	
a. Do you get it when you walk uphill or hurry?	1	2	IRHURRY
b. Do you get it when you walk at an ordinary pace on the level?	1	2	IRLEVEL

c. When you get it in your chest, what do you do?

Stop 1 IRDO
Slow down 2
Continue at same pace 3

	YES	NO	
d. Does it go away when you stand still?	1	2	IRSTILL

If YES,

i. How Soon?

10 min. or less 1 IRSOON
more than 10 min. 2

	YES	NO	
e. Where do you get this pain or discomfort:			
i. Sternum (central chest)?	1	2	IRSTER
ii. Left anterior chest?	1	2	IRLCHST
iii. Left arm?	1	2	IRLARM
f. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?	1	2	IR30MIN

G. Stroke / TIA

1. During the past 12 months, have you had any sudden feeling of numbness, tingling, or loss of feeling in either arm, hand, leg, foot, or face? YES [1] NO [2] ISNUMB

   If YES,

   a. How long did the symptoms last?

   < 1 hour [1]
   1 - 24 hour(s) [2]
   > 24 hours [3]
   ISNUMBT

2. During the past 12 months, have you had any sudden attacks of paralysis, or loss of use of either arm, hand, leg, or foot? YES [1] NO [2] ISPARL

   If YES,

   a. How long did the symptoms last?

   < 1 hour [1]
   1 - 24 hour(s) [2]
   > 24 hours [3]
   ISPARLT

3. During the past 12 months, have you had any sudden loss of eyesight or blurring of vision for a short period of time? YES [1] NO [2] ISBLUR

   If YES,

   a. How long did the symptoms last?

   < 1 hour [1]
   1 - 24 hour(s) [2]
   > 24 hours [3]
   ISBLURT

4. During the past 12 months, have you had any sudden attacks of changes in speech, loss of speech or inability to say words for more than two minutes? YES [1] NO [2] ISLUR

   If YES,

   a. How long did the symptoms last?

   < 1 hour [1]
   1 - 24 hour(s) [2]
   > 24 hours [3]
   ISLURT

5. During the past 12 months, have you had any spells or dizziness, difficulty in walking, lightheadedness or loss of balance? YES [1] NO [2] ISDIZY

Part IV / INTERVAL DRINKING, SMOKING, ASPIRIN, & ROUTINE CARE HISTORY

H. Drinking Status

1. During the past 12 months, have you consumed an average of at least one alcoholic beverage per week? — YES [1] NO [2] IDWK

   If YES, for the most recent normal (i.e., usual) week:

   a. How many 12 oz bottles of beer did you consume during the past 7 days? — [ ][ ] 12 oz Bottles IDBEER

   b. How many 4 oz glasses of wine did you consume during the past 7 days? — [ ][ ] 4 oz Glasses IDWINE

   c. How many 1.5 oz shots of hard liquor or mixed drinks did you consume during the past 7 days? — [ ][ ] 1.5 oz Shots IDMIXD

2. During the past 12 months have you ever consumed 7 or more alcoholic beverages (including mixed drinks, shots, beer, and/or wine) within a 24-hour period? — YES [1] NO [2] IDBINGE

   If YES,

   a. About how often is this (that you have had 7 or more drinks within a 24-hour period)?

   Once a week or more [1] IDBTIME
   No answer [2]
   Less than once a month [3]
   1 - 3 times per month [4]

I. Smoking Status

1. During the past 30 days have you ever smoked cigarettes? — YES [1] NO [2] IDSMOK

   If YES,

   a. On average, how many cigarettes per day? — [ ][ ] cigarettes per day IDSDAY

J. Aspirin Status

1. During an average week, how often do you take one or more aspirin tablets?

Never	1	IASPIR
Less than 1 day per week	2	
1 or 2 days per week	3	
3 to 4 days per week (includes every other day)	4	
5 or 6 days per week	5	
Every day	6	

K. Routine Medical Care

1. During the past 3 months, how many times have you outside the DPP: (none = 0)
   a. called a health care provider? [ ][ ] time(s) IMCHCD
   b. had a regularly scheduled out-patient visit(s)? [ ][ ] time(s) IMCOPV
   c. had urgent care visit(s)? [ ][ ] time(s) IMUCV
   d. had emergency room visit(s)? [ ][ ] time(s) IMCERV

2. During the past 3 months, how many days have you lost from school, work, or household activities due to illness or injury or medical care including visits related to the DPP? (round to nearest half day) [ ][ ].[ ] day(s) IMCLOST