

## Diabetes Prevention Program

### DPP-SPECIFIC SUPPORT MEASURE - FOLLOW-UP VISITS

This self-administered form is completed at Major Follow-up Visits.

#### Part I / IDENTIFICATION

##### 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

--	--	--

 DOB  
month day year

##### B. Visit Information

1. Date of visit

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 FVSTDT  
replaced with  
DAYSRAND  
month day year

2. Week of visit

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 FVSTWK

3. Outcome visit

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 VISIT

4. End of Study

Yes <sup>1</sup>

No <sup>2</sup>

FPEOS

##### C. Instructions For Administration

The participant should complete only one of the questionnaires on the following pages. Intensive Lifestyle participants should complete section A and DPP medication participants should only complete section B. When the participant finishes the questionnaire, a clinic staff member must be sure each question has been completed. Blanks should be brought to the participant's attention with a request to try to complete the blank items.

Initials of person reviewing completed 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 / DPP SPECIFIC SUPPORT MEASURE - FOLLOW-UP VISITS**

**A. Intensive Lifestyle Participants.**

Think about your friends and relatives and the things you have been doing as part of the DPP.

Not At All ←————→ Very Much

1. How much have your friends and relatives supported your attending regularly scheduled sessions with DPP staff?

1	2	3	4	5	6	7	FLSESS
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2. How much have your friends and relatives supported your changing your eating habits to lose weight as encouraged by the DPP?

1	2	3	4	5	6	7	FLEAT
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3. How much have your friends and relatives supported your exercising regularly every week?

1	2	3	4	5	6	7	FLEXER
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4. The DPP requires a lot of your time and effort. Friends and family can help a lot, but it's not always easy for them to do so. Sometimes they can even make it harder to do things.

To what extent do your friends or family sometimes make it harder to remain in the DPP or to do the things it asks?

1	2	3	4	5	6	7	FLTIME
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Not At All ←————→ Very Much

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

**Part II / DPP SPECIFIC SUPPORT MEASURE - FOLLOW-UP VISITS (continued)**

**B. DPP Medication Participants.**

Think about your friends and relatives and the things you have been doing as part of the DPP.

**Not At All** ←————→ **Very Much**

1. How much have your friends and relatives supported your attending regularly scheduled sessions with DPP staff?

1	2	3	4	5	6	7	FPSESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. How much have your friends and relatives supported your taking your DPP medications as prescribed?

1	2	3	4	5	6	7	FPMEDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. The DPP requires a lot of your time and effort. Friends and family can help a lot, but it's not always easy for them to do so. Sometimes they can even make it harder to do things.

To what extent do your friends or family sometimes make it harder to remain in the DPP or to do the things it asks?

1	2	3	4	5	6	7	FPTIME
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Not At All** ←————→ **Very Much**