# **Diabetes Prevention Program**

# PARTICIPANTS RANDOMIZED TO TROGLITAZONE FOLLOW-UP VISIT INVENTORY

This form is completed at all mid-year and annual follow-up visits for participants randomized to troglitazone. (End-month 6, 12, 18, ...) Form TR1 records the following: weight, blood pressure, adverse events and concomitant medications.

## Part I / IDENTIFICATION

## A. Participant Identification

- 1. Clinic number
- 2. Participant number
- 3. Participant's initials
- Participant's date of birth 4.
- 5. Participant's sex

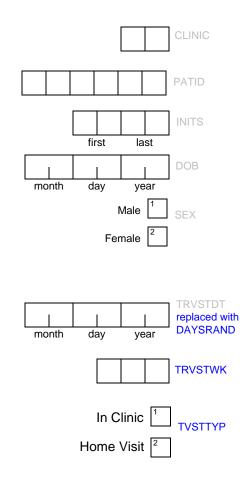
#### B. Visit Information

- 1. Date of visit
- 2. Week of visit
- 3. Type of visit
- 4. Outcome visit
- 5. End of Study

## C. Instructions for Form TR1 Completion

Complete all sections of Form TR1.

Initials of person re





/es	1	TF
No	2	

eviewing completed form				Form entered in computer?	
	first	la	ast		

			rst last	Date of bin	rth   day	year	Date o		year		PP FORM TR1.1 November, 1999 Page 2 of 3
<u>Pa</u>	<u>rt II /</u>	<u>' PH'</u>	YSICAL AND HIST	ORY							
D.	<u>Ant</u>	hrop	ometrics								
	1.	We	ight								
		a.	First measuremer	nt						kg	TRWGHT1
		b.	Second measurer	ment						] kg	TRWGHT2
			Record c. only if f	irst 2 meas	uremer	nts are not	within 0.2 k	ilogram	(200 gm).		
		C.	Third measureme	nt						kg	TRWGHT3
E.	Bloc	od P	<u>ressure</u>								
	1.	Sea	ated Arm Blood Pre	essure			Systolic		Diastolic		
		a.	Blood Pressure R (after sitting 5 min	-			TRSBP1		RDBP1	mmHg	
		b.	Blood Pressure R (after waiting 30 s							mmHg	

D.

Ε.

Hypertension management aims at maintaining blood pressure < 140/90 mmHg.

Initials of data collector completing page 2 of this form				
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Participant's initials	Date of birth		Date of visit	DPP FORM TR1.1	
					November, 1999
first last	month day	year	month day	year	Page 3 of 3

# F. Adverse Events

1. During the interval since the last visit, has the participant had any new symptoms, injuries, illness or side effects, or worsening of pre-existing conditions?

If YES, an Adverse Event Report (Form EO1) MUST be completed.

#### G. Prescription Medications

1. Is the participant currently taking any PRESCRIPTION medications?

NO

 2
 TRRXDQ

YES

1

YES

NO

2

TRAEQ

	Medicine Description	Route
a.	TRRXDA	
b.	TRRXDB	
c.[	TRRXDC	
d.	TRRXDD	
e.	TRRXDE	
f.	TRRXDF	
g.	TRRXDG	
h.[	TRRXDH	
i.[	TRRXDI	
i. [	TRRXDJ	
J. <u>–</u>		

Diuretic agents, beta blockers, and fluoxetine > 20 mg/day (or equivalent dose of SSRI) are discouraged.