

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

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

Male SEX
Female ²

B. Visit Information

1. Date of visit

TRVSTDT
month day year replaced with DAYSRAND

2. Week of visit

TRVSTWK

3. Type of visit

In Clinic TVSTTYP
Home Visit ²

4. Outcome visit

VISIT

5. End of Study

Yes TREOS
No ²

C. Instructions for Form TR1 Completion

Complete all sections of Form TR1.

Initials of person reviewing completed form

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 / PHYSICAL AND HISTORY

D. Anthropometrics

1. Weight

a. First measurement

			.	
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kg TRWGHT1

b. Second measurement

			.	
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kg TRWGHT2

Record c. only if first 2 measurements are not within 0.2 kilogram (200 gm).

c. Third measurement

			.	
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kg TRWGHT3

E. Blood Pressure

1. Seated Arm Blood Pressure

a. Blood Pressure Reading 1
(after sitting 5 minutes)

Systolic	Diastolic
TRSBP1	TRDBP1

mmHg

b. Blood Pressure Reading 2
(after waiting 30 seconds)

TRSBP2	TRDBP2

mmHg

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

Initials of data collector completing page 2 of this form

first		last	

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

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?

YES

NO

TRAEQ

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

G. Prescription Medications

1. Is the participant currently taking any PRESCRIPTION medications?
If YES, list below:

YES

NO

TRRXDQ

	Medicine Description	Route
a.	TRRXDA	
b.	TRRXDB	
c.	TRRXDC	
d.	TRRXDD	
e.	TRRXDE	
f.	TRRXDF	
g.	TRRXDG	
h.	TRRXDH	
i.	TRRXDI	
j.	TRRXDJ	

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