Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail niddk-cr@imsweb.com. Include the Web site and filename in your message.

Participant ID | Nickname | Date of treatment (month day year)

Diabetes Prevention Program Outcomes Study

E11 Gastric Reduction Surgery Event

This form is completed at any follow-up or interim visit if the participant reports having undergone any gastric reduction surgery in the past or if prior gastric reduction surgery was reversed (e.g. due to complications).

A. Participant Identification

1. Clinic number
2. Participant number
3. Nickname
4. Date of randomization (month day year)
5. Sex — Male 1 Female 2
6. Date of treatment — E11TRTDT replace with DAYSTRMT (month day year)
7. Outcome visit — VISIT
8. Date of participant report — E11RPTDT replace with DAYSRPT (month day year)
9. Date of form completion — E11FORMDT replaced with DAYSRAND (month day year)

B. Event Information

1. Specify type of gastric reduction surgery: E11TYPE — ***CHECK ONE ONLY***
   - Gastric band (e.g. Lap Band) 1
   - Gastric bypass 2
   - Other 3
   - Reversal of prior surgery 4

If option 3 (other) is selected,

a. Specify other surgery: E11TYPESP

If option 4 (reversal of prior surgery) is selected,

b. Specify reason for reversal: E11REVSP

c. Date of original treatment: E11ORIGDT replaced with DAYSOTRT (month day year)

Identification code of person reviewing completed form E11FORMIN | Form entered in computer?