

# Diabetes Prevention Trial - Type 1 PERFORMANCE QUESTIONNAIRE

Complete this form at baseline and annually thereafter.

Period covered includes 12 months prior to today's date unless specifically noted otherwise.

Subject ID #:       Subject Initials:       Date:  /  /   
F M L      M M      D D      Y Y

Name of person completing form (please print): \_\_\_\_\_

Date of Visit:  /  /   
M M      D D      Y Y

If subject is in school: \_\_\_\_\_

Grade:  (0=Kindergarten 1,2,3,4,5,6,7,8,9,10,11,12 13=college and beyond)

Has the subject had the following problems in school?

1=No 2=Yes 3=Don't know

- |                       |                          |
|-----------------------|--------------------------|
| Referral to parents   | <input type="checkbox"/> |
| Behavior problem      | <input type="checkbox"/> |
| Attention deficit     | <input type="checkbox"/> |
| Hyperactivity         | <input type="checkbox"/> |
| Learning difficulties | <input type="checkbox"/> |

If subject operates a vehicle: \_\_\_\_\_

# occurrences in past 12 mos.

Number of traffic violations (tickets)

Number of vehicular accidents       If  $\geq 1$ , number of accidents with injury to subject or others requiring medical treatment

General Health: \_\_\_\_\_

# occurrences in past 12 mos.

- |  |   |
|--|---|
| Doctor's office visits   | <input type="text"/> <input type="text"/> |
| Emergency room visits  | <input type="text"/> <input type="text"/> |
| Hospitalizations (excluding hospitalizations for insulin infusion) | <input type="text"/> <input type="text"/> |

Number of work/school days missed due to illness this year:

- |  |  |   |
|--|--|---|
| <input type="text"/> <input type="text"/> January  | <input type="text"/> <input type="text"/> May    | <input type="text"/> <input type="text"/> September |
| <input type="text"/> <input type="text"/> February | <input type="text"/> <input type="text"/> June   | <input type="text"/> <input type="text"/> October   |
| <input type="text"/> <input type="text"/> March    | <input type="text"/> <input type="text"/> July   | <input type="text"/> <input type="text"/> November  |
| <input type="text"/> <input type="text"/> April    | <input type="text"/> <input type="text"/> August | <input type="text"/> <input type="text"/> December  |

Complete only for Parenteral Antigen/Experimental Treatment Group subjects: \_\_\_\_\_

Number of work/school days missed due to hospitalization for insulin infusion this year:

|  |   |   |   |
|--|---|---|---|
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">P</td> <td style="width: 20px; height: 20px; text-align: center;">Q</td> </tr> </table> | P | Q | <p style="margin: 0;">DMU Use Only</p> <p style="margin: 0;">Date rcvd: _____</p> |
| P  | Q |   |   |