

TODAY Form TLP, TODAY Lifestyle Program Visit Form

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Release Participant ID

1. Days since randomization:

Instructions: This form is completed at every TLP scheduled contact.

Physical Exam Measurements

2. Location of contact:

- | | |
|--|--|
| <input type="checkbox"/> ₁ Clinic | <input type="checkbox"/> ₄ Phone |
| <input type="checkbox"/> ₂ Community location | <input type="checkbox"/> ₅ Via telemedicine |
| <input type="checkbox"/> ₃ Home | <input type="checkbox"/> ₆ Mail (including electronic messaging [i.e. text, email]) |

3. Phase of program:

- | | |
|--|---|
| <input type="checkbox"/> ₁ Lifestyle change (LC) | <input type="checkbox"/> ₃ Continued contact (CC) |
| <input type="checkbox"/> ₂ Lifestyle maintenance (LM) | <input type="checkbox"/> ₄ Extended continued contact (EXCC) |