



The Diabetes Prevention Program's
Lifestyle Change Program

Appendix F: Lifestyle Intervention Forms

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Appendix F: Lifestyle Intervention Forms

F.1. General Instructions

The Lifestyle Coaches will be responsible for completing four of the five Lifestyle Intervention Forms: L02, L03, L04, and L05. The individual who performs the exercise stress test will complete the form (L01) using that data.

The Lifestyle Intervention Forms should be completed *as soon as possible* after the contact with the participant so that the data will be available for reports generated by the Coordinating Center.

Please note:

- Several of the forms include a code for “Other” (for barriers or approaches to improve adherence). **Whenever you choose “Other,” please FAX a New Codes Needed Form to the Lifestyle Resource Core so that we can create new codes as necessary (see Code Book).**
- **Remember that it is *essential* to obtain physical activity data, whether in writing or as a verbal estimate, to determine whether or not participants are reaching their study goal for physical activity.**
 - During the core: If no written record is available, ask participants to verbally estimate their activity for the previous week and record the number of minutes on their Update sheet. However, this data is *not entered* on the In-Person Contact Form (L03) (see instructions for E3 below).
 - After the core: If no written record is available, ask participants to verbally estimate their activity for the previous week. This data *is entered* on the In-Person Contact Form (L03) (see instructions for E5 below).

The completion of the forms is self-explanatory other than where indicated as follows.

Form L02: Lifestyle Contact--Telephone

This form is to be completed for every telephone contact between a participant and DPP staff member *except for* routine calls between a secretary and participant to schedule visits, remind participants of appointments, or reschedule visits (for example, due to illness, weather, etc.).

Part I. Identification

- A. Participant Identification
- B. Contact Information

Item 3: Complete according to the 24-hour clock.

Item 5: Check “scheduling/attendance” if the call is to discuss scheduling or attendance as a barrier to adherence. **Do NOT check this, or for that matter, complete this form at all (no form is necessary), for routine calls to schedule visits, remind participants of appointments, or reschedule visits.**

Check “information/content” if the majority of the contact is spent providing or discussing information about a topic or topics, teaching, planning, or problem solving.

Check “personal discussion” if the majority of the contact is spent dealing with a *personal issue or providing general support* to a participant.

Form L03: Lifestyle Contact--In Person

Note: Use the second edition of the Lifestyle Contact In-Person Form (numbered L03.2) for any In-Person Contacts dated July 28, 1997 or beyond. After that point, do not use the first edition (numbered L03.1).

The In-Person Contact Form (L03) is to be completed for standard In-Person contacts between a participant and DPP staff member.

Note for items 4 and 6 in Part II:

It is *very important* to collect physical activity data to determine whether participants are reaching their physical activity goal. If the data is not available in written form on a self-monitoring record, ask the participant to give you the data verbally (or, if necessary, phone the participant to get the information.)

Part I. Identification

B2. “Week of in-person contact” is the same as weeks since randomization, as indicated on the participant’s study calendar provided by the Coordinating Center. Please consult the participant calendar each time you complete this question. Note:” Week of in-person contact” is not the same as the Week of Core Curriculum as indicated on the Lifestyle Balance Update.

Part II. Lifestyle Contact--In Person

D1. Check “with other participants” if you see two or more participants together for regular intervention sessions. This is NOT the same as an after-core group class.

D2a-b Complete D2a and b only if the contact is during the Core Curriculum. (If after-core, skip this box.) Be sure to complete D2 b (is the session a “repeat?”). Check yes if the content of the entire session was repeated (don’t check yes if it was reviewed only briefly.) Otherwise, check no.

E1-2. If you answer No to both question 1 and 2, do NOT go on to questions 3 and 4. Skip to question 5.

- E3. Interpret this question as “Self-monitoring data (**from written record only**) from the most recent week available since the last In-Person Contact.” That is, if the participant has no written record of physical activity, do **not** record the participant’s verbal estimate here.
- E3a. Do not enter “1” for NA (not available) in the goal boxes (please remind data entry staff about this). Rather, check the box labeled “NA.”

The goal for minutes of physical activity corresponds to the goal line on the How Am I Doing? graph for activity (that is, where we expect the participant’s activity to be at this point in the intervention). On the most recent revision of the How Am I Doing? graph for activity, we’ve drawn in a **dotted line at 150 minutes**. You should **add a solid line for the activity goal line**. During the core, start the line whenever the participant is expected to have returned his or her first self-monitored minutes of activity (this will vary based on which goal the participant begins with and how often you see the participant). Then draw in the upward slope over 4 weeks, from 60 to 90, then to 120, and finally to 150 minutes. After the core, the activity goal will remain 150 minutes for the purposes of completing the L03 form, regardless of whether the participant wishes to go beyond that.

- E3b-h. For the fat gram and calorie data, leave blank if the self-monitoring record does not provide data or if the participant has not otherwise provided data. (If the participant has recorded fat and/or calories but simply not totalled or transferred the totals to the back of the record, do this and record the data. On the other hand, you are not expected to extensively look up foods in the Fat Counter in order to complete the record for the participant.) **For the physical activity data, do not record verbally reported data here. If no written record of physical activity is available, leave this column blank.** If written data is available, enter it here and check to be sure that the Total minutes of activity is the sum of Days 1 through 7.
- E4. Watch the “skip pattern” on this question. If you answer No to question 4 (not more than one week of records was available), skip to question 5 (do not complete 4a and 4ai). But if you answer Yes to question 4, complete 4a. If you answer yes to 4a, skip to question 5. But if you answer No to question 4a, complete 4ai.
- E5. Answer this question only if the contact is after the core. Interpret this question as “If a written record is **not** available, indicate how many minutes of physical activity the participant **verbally reported** during the previous week (**one week only**). [That is, do **not** collect data from the entire period since the last In-Person Contact. And do not record data from written records here.]

F. Physical Activity Status

- F1. **During the Core, the goal for minutes of physical activity corresponds to the goal line on the How Am I Doing? graph for activity.** See the above instructions for question E3a for details. The answer to F1 will be checked against the answer to question E3a for consistency. **After the Core, check Yes (participant is at goal) if the average weekly minutes since the last In-person Contact was 150 minutes or more.** That is, some weeks may be less than 150 and some more, but if the average is 150 minutes or greater since the last L03 was completed, consider the participant at goal.
- F2-3. Code at least one and up to three barriers to physical activity and approaches to improve or maintain physical activity **whether or not the participant is at goal.** See the introduction to the Code Book (Section F2) for detailed instructions.

G. Weight Status

- G1-3: **During the Core Curriculum, the weight goal corresponds to the goal line (line of reduction) on the How Am I Doing? graph for weight (that is, where we expect a participant's weight to be at this point during the Core).** Use the participant's individualized weight graph to determine his or her goal in pounds for each session. **At Session 1, the participant's weight goal will be the same as his or her current weight.** The Session 1 weight is also the weight that will be used to calculate the 7% weight loss goal which is the weight goal for session 16 and thereafter.

Related note: On the most recent revision of the How Am I Doing? weight graph, the horizontal axis is in weeks since randomization which is the "Week of In- Person Contact" from the Coordinating Center's participant calendar. (Do not confuse this with session numbers or "week of Core Curriculum" from the Lifestyle Balance Update. For example, when you weigh Mrs. Smith at Session 5, you would graph that weight at week 8 on the How Am I Doing? graph if it has been 8 weeks since she was randomized.)

After the Core Curriculum, the weight loss goal is the 7% study goal, regardless of any other personal goals that the participant may set.

- G4. Complete this question whether or not the participant is at goal.
- G5-6. Code at least one and up to three barriers to weight loss and approaches to improve or maintain weight loss **whether or not the participant is at goal.** See the introduction to the Code Book (Section F2) for detailed instructions.

Form L04: Lifestyle Physical Activity Log

Complete this form for any supervised physical activity sessions with participants (including if you walk for part of a session with an individual participant or if a participant comes in to weigh-in and then walks with you).

Part I.D. Type of exercise:

If a code for the type of exercise is not provided in the Code Book (Section F.2), use the code for “Other” and FAX a New Codes Needed Form (see Code Book) to the LRC.

Form L05: Lifestyle Group Session Log

Use this form only to document **after-core group classes**.

If during the Core you conduct a regular session with two or more participants, complete the L03 form for each of them and code attendance (question D1) as “with other participants.” Do NOT complete a group session log.

If during the Core, you conduct an extra small group meeting, such as a one-time low-fat cooking demonstration with several participants, code the approach to improve/maintain weight loss as code 429 (schedule a small group visit to reinforce content of the core curriculum) on each participant’s L03 form. Do NOT complete a group session log.

Part I.D. Type of session: If a code for the type of session is not provided in the Code Book (Section F.2), use the code for “Other” and FAX a New Codes Needed Form (see Code Book) to the LRC.

F2. Code Book

Use the following codes when completing the Lifestyle In-Person Contact Form (L03), Lifestyle Physical Activity Log (L04), and the Lifestyle Group Session Log (L05), as indicated on the forms. For your reference, Tool Box levels are given where applicable (see Appendix G for details).

Important: When coding barriers (series 100 and 300) and approaches to improve/maintain (series 200 and 400), keep in mind the following:

- **Remember to FAX the LRC a New Codes Needed Form (attached) whenever you use a code for “Other.** The LRC will help you identify an existing code to use or will create a new code. For example, if you aren’t sure of what’s standing in the way of a participant losing weight but you have some idea, code the barrier as “Other” (rather than using the code for “None”) and use the New Codes Needed Form to let us know what you’re thinking.
- **Although older age, genetics, certain medications (e.g., steroids), or physical changes (e.g., menstrual cycle) may be reported as problems by participants, we do not want to code these as barriers.** We feel that these types of long-term or ongoing problems should be handled as follows:
 - Acknowledge that the participant experiences the problem.
 - Provide any related facts. (For example, it *is* more difficult to lose weight as we age. Women on hormone replacement therapy have *not* been shown to gain any more weight than women who do not take hormones.)
 - Express confidence that participants can reach the study goals despite these problems. Help them realize that in all these cases, eating less and exercising more will indeed produce weight loss and may prevent diabetes.
 - Encourage participants to focus on things that they can change.We want to code as barriers the types of problems that a participant (or we) can change (e.g., little or no access to exercise facilities) or the kind of problems that may impede a participant’s progress temporarily but that can either be planned for or recognized as unusual (e.g., illness, weather, or significant life events).
- **Continue to code any barriers or approaches to improve/maintain as long as they apply.**
 - When you first identify something that is getting in the way of a participant’s weight loss or physical activity, code it as a barrier at that contact and *continue to code it* at ongoing contacts as long as the participant experiences it as a barrier. The data will be used **to document how long the barrier was experienced.** For

example, if a participant loses a job at the beginning of July and experiences it as a barrier to weight loss at every contact during July and August, continue to code it throughout this time.

- When you first initiate an approach to improve/maintain weight loss or physical activity, code it as an approach taken at that contact and *continue to code it* as long as the participant uses it. The data will be used **to document how long the approach was used**. For example, if a participant meets with the behaviorist on July 8, again two weeks later, and again, two weeks later, code it on the L03 forms once for each time that the participant met with the behaviorist. Or if a participant uses Slim Fast for two meals a day over a period of two months, code it on the L03 forms at each contact during that time.
- **Use codes 198, 298, 398, or 498 (“None”) only if you can identify absolutely NO barriers or approaches to improve or maintain weight loss or physical activity (remember to consider any approaches that you are continuing to use, as explained above).** For example, if a participant started the core curriculum with weight loss and has not yet received a goal for activity, code “None” for the barrier to physical activity (198) and approach to improve/maintain physical activity (298). If a participant has been losing weight steadily but progress is slow and the participant is not at goal, AND you can think of no barrier, code “None” for the barrier to weight loss (398).

100 Series: Revised August 1999

What are the barriers to physical activity? (See question F.1.a, Lifestyle In-Person Contact Form, L03.)

Code	Barrier	Date Added
101	Illness	March 1996
102	Vacation/holiday/atypical work or family demands causing significant disruptions in usual routine	March 1996
103	Injury	March 1996
104	Participant reports diminished/no motivation to pursue activity goal, bored with exercise, dislikes exercise	March 1996
105	Chronic time management problems (difficulty finding time to exercise due to typical family, work, or social demands)	March 1996
106	Increase in significant life events causing pt. to neglect self-care (e.g., death of a spouse, divorce, marriage, being fired from work, retirement, major change in living conditions/working conditions/financial state, etc.)	March 1996
107	Little or no access to place, equipment, or facilities to exercise	March 1996
108	Weather	March 1996
109	Internal cues (positive or negative thoughts or emotions, e.g., perceived stress, depression, anxiety, anger, boredom, loneliness, happiness, relief) prompting sedentary behavior or a change in activity plan.	Rev. Nov. 1997
110	Exercise temporarily restricted by physician or other health professional for health reasons.	October 1997
111	Aches and pains (for example, due to arthritis, previous activity)	Nov. 1997
112	Inaccurate or not consistent self-monitoring of physical activity.	Oct. 1998
113	Expected social cues for physical activity become unavailable (e.g., a regular walking partner is ill or moves away, a seasonal exercise class ends) (Note: Do not use this code for the chronic absence of social cues for activity such as an unsupportive spouse or sedentary job.)	NEW: August 1999
198	None	July 1997
199	Other barrier (please FAX the LRC a New Codes Needed Form)	March 1996

200 Series: Revised January 2001

What approaches are taken to improve (or maintain) physical activity? (See question F.1.b on the Lifestyle In-Person Contact Form, L03)

Code	Level	Tool	Date Added
201	1	Problem solving (outlining the behavior chains associated with inactivity, that is, the antecedents (cues), behaviors, and consequences, as well as making and evaluating related action plans) Examples of specific problem solving strategies include: encouraging participant to attend DPP activity sessions, recommending music or books on tape, discussing priority of exercise and time management skills, recommending finding help with child/elder care, suggesting activities to do with child or elder.	March 1996
202	1	Increased frequency of phone calls and/or visits to cue increased activity	March 1996
203	2	Exercised with the participant during or outside of regular session time	March 1996
204	1	Developed a plan for someone other than yourself (e.g., another participant or DPP staff person) to exercise with participant	Rev. March 1998
205	2	Provided transportation to exercise, child/elder care (DPP pays)	March 1996
206	2	Bought the participant an item to support physical activity for \$100 or less (e.g., heart rate monitor, exercise tape, hand weights, clothing) (DPP pays)	Rev. Dec. 1998
207	1	Referred participant to non-DPP exercise class, facility, or trainer in the community or non-DPP personal trainer/exercise expert (no cost to DPP). This includes referral to a physical therapist or rehabilitation program.	Rev. March 1998
208	1	Identified exercise event in local area and set up a training schedule for the participant	March 1996

209	1	Set up motivational strategy/incentive/contract that does NOT involve spending DPP money or extra staff time (for example, Coach initiates Map of Miles, Miles to Go Before I Sleep, or Spell DPP but doesn't buy prizes); encouraged participant to identify self-reward for attaining a specific behavioral or weight loss goal.	March 1996
210	2	Scheduled a meeting with exercise physiologist on DPP staff	March 1996
211	2	Scheduled a meeting with behavior therapist on DPP staff	March 1996
212	3	Enrolled participant in health club , YMCA, Exercise Class, cardiac rehabilitation program (DPP pays)	March 1996
213	3	Purchased home exercise equipment for the participant (DPP pays)	March 1996
214	3	Provided a " personal trainer " for the participant (DPP pays to have someone <i>other than the exercise specialist on the DPP staff</i> to exercise with participant)	Rev: Oct. 1997
215	NA	No approach taken --participant is ill or injured	March 1996
216	1	Actively involved significant other in the exercise program (e.g., scheduled a session with the significant other and participant)	July 1997
217	3	Set up motivational strategy/incentive/contract that DOES involve spending DPP money or extra staff time (for example, using DPP Dollars or buying prizes for a lottery or reaching milestones on Map of Miles, Miles to Go Before I Sleep, or Spell DPP)	July 1997
218	1	Loaned the participant an item (worth \$100 or less) to support physical activity (e.g., heart rate monitor, exercise tape, hand weights). (<i>This does not include large exercise equipment such as a treadmill, stationary bike, or stepper.</i>)	REV: Dec. 1998
219	2	Enrolled participant in local exercise event (DPP pays)	July 1997
220	1	Mailed the participant a card, note, <i>educational material</i> (e.g., <i>journal article</i>) or other mailing to provide additional cues, <i>education</i> , and encouragement	Rev. Jan. 2001
221	3	Paid for child or elder care	July 1997

222	1	Loaned the participant self-help materials such as books or tapes (e.g., Keeping It Off Today with Art Ulene) <i>or gave recent journal article to provide participant education and encouragement</i>	Rev. Jan. 2001
223	2	Gave the participant a pedometer (provided by DPP).	March 1998
224	3	Loaned the participant home exercise equipment (such as a treadmill, stationary bike, stepper)	Oct. 1998
225	1	Recommended new approach to self-monitoring physical activity (e.g., devise an alternate form or calendar)	Oct. 1998
226	1	Scheduled a meeting between the participant and the PI	May 1999
227	1	Temporary/permanent transfer of lifestyle participant to another Coach as an approach to improve adherence (this does <i>not</i> apply to situations in which a Coach transfer is done as a result of staff turnover, pregnancy leave, etc.)	NEW: Jan. 2001
298	NA	None	July 1997
299	NA	Other approach taken (please FAX the LRC a New Codes Needed Form)	March 1996

300 Series: Revised October 1998

What are the barriers to weight loss? (See question G.3.b, In-Person Contact Form, L03.)

Code	Barrier	Date Added
301	Inaccurate or not consistent self-monitoring of foods eaten, portion sizes, and/or body weight (<i>e.g., this includes suspected underreporting of foods or portion sizes eaten</i>)	Rev: Oct. 1997
302	Poor cooking or food shopping skills (self or others in the home)	March 1996
303	Social cues prompting poor food choices or overeating away from home (<i>e.g., restaurants/parties/buffets</i>)	March 1996
304	Vacation/holiday/atypical work or family demands causing significant disruptions in usual routine	March 1996
305	Internal cues (positive or negative thoughts or emotions, <i>e.g.,</i> perceived stress, depression, anxiety, anger, boredom, loneliness, happiness, relief) prompting poor food choices or overeating. Note: This encompasses what has been described as night eating, emotional eating, binge eating in response to positive or negative affect.	Rev. Nov. 1997
306	Increase in significant life events causing poor food choices or overeating (<i>e.g.,</i> death of a spouse, divorce, marriage, being fired from work, retirement, major change in living conditions/working conditions/financial state, etc.)	March 1996
307	Bored or dissatisfied with diet or meal plan	March 1996
308	Illness	March 1996
309	Participant reports diminished/no motivation to pursue weight loss goal	March 1996
310	Insufficient calorie expenditure (not enough exercise or exercise not intense enough)	Rev: Oct 1997
311	Chronic time management problems (<i>eg.</i> difficulty finding time to food shop, prepare food, go to appropriate restaurants, pack lunches).	July 1997
312	Participant quit smoking within the last four to six months.	Jan. 1998
313	Pregnancy (weight loss goal suspended)	Oct. 1998

398	None	July 1997
399	Other barrier (please FAX the LRC a New Codes Needed Form)	March 1996

400 Series: Revised January 2001

What approaches are taken to improve or maintain weight loss? (See question G.3.c on the Lifestyle In-Person Contact Form, L03.)

Code	Level	Tool	Date Added
401	1	Problem solving (outlining the behavior chains associated with problem eating, that is, the antecedents (cues), behaviors, and consequences, as well as making and evaluating related action plans) other than problems related to self-monitoring (see code 403) Examples of specific problem solving strategies include: focusing on problem meals, number of meals eaten out, food choices made when eating out.	March 1996
402	1	Increased frequency of calls/visits to cue more structured eating	March 1996
403	1	Reviewed skills for standard self-monitoring (e.g., label reading; weighing, measuring, and estimating portion sizes; remembering to monitor foods that may have been omitted from Keeping Track) and encouraged more accurate, consistent monitoring	March 1996
404	1	Recommended new approach to self-monitoring (e.g., Quick Track, Personal Fat Counter)	March 1996
405	1	Actively involved significant other in the program (e.g., scheduled the next session with the participant and the significant other)	March 1996
406	1	Provided recipes or loaned the participant a cookbook	March 1996
407	1	Provided structured meal plans	March 1996
408	3	Bought the participant actual food for \$100 or less (e.g., frozen entrees, fruit basket, gift certificate to grocery store).	REV: Dec. 1998
409	1	Assigned calorie goal or lowered fat/calorie goal	March 1996
410	2	Scheduled a meeting with the dietitian on DPP staff	March 1996
411	2	Scheduled a meeting with the behavioral therapist on staff	March 1996

412	1	Developed motivational strategy/incentive/contract that does NOT involve spending DPP money or extra staff time (for example, using Spell DPP without DPP-purchased prizes); encouraged participant to identify self-reward for attaining a specific behavioral or weight loss goal.	March 1996
413	2	Scheduled a visit at the participant's home (or nearby).	March 1996
414	3	Enrolled participant in non-DPP class (e.g. low fat cooking class at a community college) (DPP pays)	March 1996
415	1	Recommended participant buy Slim Fast (<i>or other similar product such as Sweet Success</i>) to replace one meal per day	Rev: Oct. 1997
416	1	Recommended participant buy Slim Fast (<i>or other similar product such as Sweet Success</i>) to replace two meals per day	Rev: Oct. 1997
417	3	Provided Slim Fast or coupons to replace one meal per day (DPP pays)	May 1997
418	3	Provided Slim Fast or coupons to replace two meals per day (DPP pays)	May 1997
419	3	Set up motivational strategy/incentive/contract that DOES involve spending DPP money or extra staff time (for example, using a lottery, DPP Dollars or purchasing prizes or rewards for reaching milestones on Spell DPP)	July 1997
420	2	Provided food samples to taste	July 1997
421	2	Scheduled a visit to a grocery store with the participant	July 1997
422	2	Scheduled a visit to the participant's work place (or nearby) with the participant	July 1997
423	2	Scheduled a visit to a restaurant with the participant	July 1997
424	2	Bought the participant a belt to mark changes in waist size over time	July 1997
425	3	Provided liquid formula (other than Slim Fast)	July 1997

426	1	Referred participant to a provider of social, medical, and/or mental health services for multiple somatic complaints including, but not limited to, symptoms of depression (e.g., to primary care provider for antidepressant therapy) that appear to be interfering with participant's attempts to make healthy lifestyle changes	Rev: May 2000
427	1	Scheduled the participant to come in before the next contact to be weighed	July 1997
428	1	Mailed the participant a card, note, or other mailing to provide personal support and encouragement	July 1997
429	2	Schedule a small group visit to reinforce content of the core curriculum (e.g., a one-time low-fat cooking demonstration) (Note: This is NOT an after-core class.)	July 1997
430	1	Loaned the participant self-help materials such as books or tapes (e.g., Keeping It Off Today with Art Ulene)	July 1997
431	1	Recommended increased physical activity (or increased intensity).	October 1997
432	1	Deleted November 1997. Was redundant with code 210.	Del. Nov. 1997
433	1	Recommended participant buy calorie/fat-controlled frozen entrees (<300 calories, 10 gram fat) to use for several meals per week.	October 1997
434	2	Bought the participant an item to support healthy eating for \$100 or less that was not actual food (e.g., subscription to low-fat cooking magazine, cook book, kitchen appliance).	December 1998
435	1	Scheduled a meeting between the participant and the PI	May 1999
436	1	Referred for medical and physiological tests (e.g., basal metabolic rate, thyroid level) beyond routine tests done in the DPP to promote education and adherence	May 2000
437	1	Provided computerized nutritional analysis of food intake	May 2000
438	1	Temporary/permanent transfer of lifestyle participant to another Coach as an approach to improve adherence (this does <i>not</i> apply to situations in which a Coach transfer is done as a result of staff turnover, pregnancy leave, etc.)	NEW: Jan. 2001

439	1	Recommended participant attend a nonDPP class (e.g., nutrition, low-fat cooking, meditation, yoga) (DPP does not pay)	NEW: Jan. 2001
440	1	Provided calorie-controlled meals at no cost to the DPP (e.g., meals provided by the CRC).	NEW: Jan. 2001
498	NA	None	July 1997
499	NA	Other approach taken (please FAX the LRC a New Codes Needed Form)	March 1996

500 Series: Revised January 2001

Note: Some of the codes (e.g., yoga, softball) are not equivalent to brisk walking. We have added these codes because some centers want to offer these types of activities occasionally as social events which do provide some physical activity. We strongly recommend that you choose aerobic activities whenever possible for supervised activity sessions.

Types of exercise (See question D on the Lifestyle Physical Activity Log, L04.1.)

Code	Type of Exercise	Date Added
501	Walking (outdoor route)	March 1996
502	Aerobic Dance	March 1996
503	Resistance	March 1996
504	Step Aerobics	March 1996
505	Competitive Sport (e.g., tennis, basketball, racketball; this does not include community-sponsored competitive events such as walk/runs or cycling races)	March 1997
506	Walking (indoor route)	May 1997
507	Walking (treadmill)	May 1997
508	Stationary bike	May 1997
509	Biking (outdoors)	May 1997
510	Stair master	July 1997
511	Rowing Machine	July 1997
512	Nordic Track	July 1997
513	Aerobic Circuit Training (e.g., combination of various aerobic activities)	July 1997
514	Water Aerobics (includes hydrotone). Caution: Be sure the intensity is equivalent to brisk walking. Most water aerobics classes focus on toning rather than developing aerobic fitness and would not meet this criteria.	November 1997

515	Yoga (Note: Yoga is not equivalent to brisk walking, is not to be counted toward DPP activity minutes, and should not be offered as one of the two supervised activity sessions per week required by the protocol. Should only be offered as an occasional <i>social event</i> .)	March 1998
516	Community-Sponsored Physical Activity Event (registration paid by DPP) Examples: city-sponsored walk or biking race, ADA walking event, Race for the Cure.	March 1998
517	Community-Sponsored Physical Activity Event (registration not paid by the DPP) Examples: city-sponsored walk or biking race, ADA walking event, Race for the Cure.	March 1998
518	Softball/baseball (Note: Softball/baseball are not equivalent to brisk walking, are not to be counted toward DPP activity minutes, and should not be offered as one of the two supervised activity sessions per week required by the protocol. Should only be offered as an occasional <i>social event</i> .)	March 1998
519	Skating (roller skating, roller blading, ice skating, etc.)	February 1999
520	Snowshoeing	February 1999
521	Jogging/running	August 1999
522	Boxing	August 1999
523	Kickboxing (e.g., Tae Bo)	August 1999
524	Swimming	November 1999
525	Aerobic Cross Trainer (Seated Elliptical)	November 1999
526	Elliptical Trainer	November 1999
527	Social and recreational dance (e.g., line dancing)	May 2000
528	Bowling (Note: Bowling is not equivalent to brisk walking, is not to be counted toward DPP activity minutes, and should not be offered as one of the two supervised activity sessions required by the protocol. Should only be offered as an occasional <i>social event</i> .)	May 2000

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- 529 **Tai Chi** (Note: Tai Chi is **not** equivalent to brisk walking, is **not** to be counted toward DPP activity minutes, and should **not** be offered as one of the two supervised activity sessions required by the protocol. Should only be offered as an occasional *social event*.) **NEW: Jan. 2001**
- 599 **Other** type of exercise (**please FAX the LRC a New Codes Needed form**) March 1996

600 Series: Revised May 2001

Types of class offered (See question D on the Lifestyle Group Session Log, L05.1)

Code	Type of Class	Date Added
601	Winning at Losing	May 1997
602	Getting Ready for a Walking Event	May 1997
603	Low-Fat Cooking Class	July 1997
604	Muscle Training	October 1997
605	Considering Vegetarian Food Options	March 1998
606	Being Assertive	June 1998
607	Family Support	June 1998
608	Stress Management	June 1998
609	Time Management	June 1998
610	Walks	October 1998
611	Lifestyle Balance During the Holidays	October 1998
612	Eating on the Town	October 1998
613	Food Tastings	October 1998
614	Ready to Restart	October 1998
615	Maintaining Motivation in the After-Core: Setting Goals, Keeping Track of Success, Problem Solving, and Reaping Rewards	December 1998
616	The Management of Emotional Eating	May 1999
617	Fantastic Fiber	August 1999
618	Planning for the Holidays the Low-Fat Way	May 1999
619	Aerobic Exercise Class	November 1999

620	Making Sense of Health News and Popular Diets	July 2000
650	One-Time Group Get-Together (this includes social gatherings such as picnics, holiday parties, and dinners as well as events at which study data are presented--as opposed to the other classes which focus on specific educational content)	Rev: July 2000
651	One Session Class on a Nutrition Topic	November 1997
652	One Session Class on a Physical Activity Topic (If part of the class is a supervised activity session, code that separately on the Physical Activity Log.)	November 1997
653	One Session Class on a Behavioral Topic	November 1997
654	One Session Class on Diabetes Education/Diabetes Complications	November 1999
655	DPP Spring Training	March 2000
656	One Session Class on Combination Topic (combines healthy eating, physical activity, and behavioral topics)	July 2000
657	10,000 Steps Campaign	July 2000
658	Food Shopping the DPP Way (from UCLA)	Jan. 2001
659	DPP Lifestyle Survival Skills	Jan. 2001
660	DPP Lifestyle World Series	Feb. 2001
661	DPP Peak Performance Campaign	NEW: May 2001
698	Combination Class (Pulls together several sessions from other classes or reviews core materials for a combination of healthy eating, physical activity, and behavioral topics. <i>Also includes ongoing group motivational/educational meetings, support groups, etc.</i> As always, send us an outline of what you are planning before you offer the class.)	Rev. Jan. 2001
699	Other	

