



Diabetes Prevention Program Outcomes Study A02 Ancillary Study Data Request Form

Title of Proposed Ancillary Study _____
 Principal Investigator: _____
 Co-Investigator(s): _____
 Request Date: _____

Please provide data (variables) requested under each outcome category. If you are not requesting data for a specific outcome category please type NONE.

Note: In accordance with HIPPA regulations all participant identifiers such as Participant Id, Nickname etc. will be removed from data that will be released to an ancillary study unless otherwise approved. Please refer to DPPOS Ancillary Studies Policy for further information

A. Type of Identification:

1. De-Identified Yes ___ No ___

If No, Type of Identification needed:

Patid ___ Nickname ___ Other ___

B. Requested Data Specifications:

Type of Outcome (Categories)	Time Assessed E.g. Baseline, Annual, Mid-Year, 01A, 01M, etc	Notes
<i>Treatment Assignment Group</i>		
A. Adherence Measures		
B. Anthropometrics / Obesity		
C. Blood Pressure		
D. Cardiovascular		
E. Demographic		
F. Economic evaluation		

CoC Use Only Ancillary Study No. _____

Ancillary Study Committee Action-Approval: Yes / No Date ____ / ____ / ____



Diabetes Prevention Program Outcomes Study
A02 Ancillary Study Data Request Form

Type of Outcome (Categories)	Time Assessed E.g. Baseline, Annual, Mid-Year, 01A, 01M, etc	Notes
<i>Treatment Assignment Group</i>		
G. Fibrinolysis and Clotting Factors		
H. Glycemia		
I. History		
J. Insulin Secretion and Sensitivity		
K. Kidney function		
L. Lipids at fasting		
M. Liver function & Other chemistries		
N. Other chemistries		
O. Neurologic		
P. Nutrition [Q07]		
Q. Physical activity		

CoC Use Only Ancillary Study No. _____
 Ancillary Study Committee Action-Approval: Yes / No Date ____ / ____ / ____



Diabetes Prevention Program Outcomes Study
A02 Ancillary Study Data Request Form

Type of Outcome (Categories)	Time Assessed E.g. Baseline, Annual, Mid-Year, 01A, 01M, etc	Notes
<i>Treatment Assignment Group</i>		
R. Quality of life		
S. Serologic IDDM evidence		
U. Visual		

CoC Use Only Ancillary Study No. _____
 Ancillary Study Committee Action-Approval: Yes / No Date ____ / ____ / ____