



Participant ID: _____

Intervention Data Collection Form PREMIER C

Session TypeGroup 1
Individual 2

Session Number: ____

Date of Scheduled Session: ____/____/____

Session Attendance

Attended Scheduled Session.....Yes 1
No 2

Weight..... _____ lbs.

If the participant did not attend the session:	
Reason for Missed Session:	Was this a planned absence? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
	Follow-up Intervention Face to Face <input type="checkbox"/> 1
	Contacts: Telephone <input type="checkbox"/> 2
	Mail <input type="checkbox"/> 3
	Other <input type="checkbox"/> 4
	Unable to Contact/Schedule <input type="checkbox"/> 5 Chose Not to Contact <input type="checkbox"/> 6
Follow-up Contact Date: ____/____/____	

Food Record Completed.....Yes 1
No 2

Number of Days of Food Records since the last time records were recorded..... _____

Day of Week	Calories (Kcal)	Fat (grams)	Sodium (mg)	F&V Servings	Dairy Servings
Day 1	_____	_____	_____	_____	_____
Day 2	_____	_____	_____	_____	_____
Day 3	_____	_____	_____	_____	_____

Physical Activity Record CompletedYes 1
No 2

Number of Days of Exercise since the last time records were recorded..... _____

Total Physical Activity Points for one week..... _____

Completed by (Staff ID): _____
Reviewed by (staff ID): _____
Entered by (staff ID): _____

PREMIER C Intervention Data Collection Form

Overview

This form will be completed for each participant regardless of attendance after each scheduled group and individual intervention session. For PREMIER B participants, this will be at the R/I visit and the conclusion of each subsequent group or individual session.

Windows for Completion:

Phase I and II: Complete and turn in form within 2 weeks or by the next scheduled visit (I or G) whichever occurs first.

Phase III: Complete and turn in this form within 4 weeks or by the next scheduled visit (I or G) whichever occurs first.

Follow-up contacts can occur outside of the visit window, however, attendance, weight, and follow-up visit information cannot be edited after the visit window has passed. Nutrient and physical activity data can be edited at any time.

Administration Instructions

Place an ID label at the top of Page 1.

Using a blue or black pen, complete the form as outlined below:

<u>Question</u>	<u>Special Administration Instructions</u>
Session Type	Check one box. Check "Group" if the session was a scheduled group session or "Individual" if the visit was a scheduled individual visit.
Session Number	Use two digits (01, 02, 03, etc.) for individual visits and group sessions. Use the numbering system from the Intervention Contact Schedule in the Protocol. Example: "01" for the R/I visit, "02" for the second individual visit, "01" for the first group session, "02" for the second group session.
Date of Scheduled Session	Using the format mm/dd/yyyy, fill in the date the scheduled session occurred. Remember to use a four digit year.
Attended Scheduled Session	Check on box. Check "YES" if the participant attended the scheduled session or "NO" if the participant did not attend the scheduled session.
Weight	Record weight using a calibrated scale with participant wearing indoor clothing, but without shoes. Use decimals and round to the nearest .25 pound.

If the participant did not attend the session:

Was this a planned Absence?	Check one box. Check "yes" if the participant informed the interventionist before the scheduled group session of their plans to miss the session. Check "no" if the participant did not contact the interventionist prior to the scheduled session.
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Question**Special Administration Instructions**

Reason for missed session

Write a brief description of why the visit was missed.

Follow-up Intervention Contact

Note: This section is to be completed for participants who did not attend the scheduled session, but for whom there is a follow-up intervention contact scheduled within the visit window. Complete the form after the follow-up intervention contact has occurred or by the next scheduled session (if the scheduled follow-up contact is missed), whichever occurs first. Follow-up intervention contacts (especially “Face to Face” and “Telephone”) should include some behavior change aspects of the intervention (progress check, problem solving, goal setting, action planning, and self-monitoring).

Check one box.

Check “**Face to Face**” if the intervention contact is made in person with the participant.

Check “**Telephone**” if an intervention contact is made by having a conversation with the participant over the telephone. Do not count telephone messages or telephone calls to set up Face to Face intervention contacts as “Telephone” intervention contacts.

Check “**Mail**” if the intervention contact consisted of mailing the session materials.

Check “**Other**” if any other means was used to made an intervention contact. E-mail falls under this category.

Check “**Unable to Contact/Schedule**” if the participant has not responded to contact attempts or the follow-up intervention contact cannot be scheduled within the visit window (the visit can still occur, however).

Check “**Chose not to contact**” if the decision was made not to contact the participant about the missed session.

Follow-up Contact Date:

Fill in mm/dd/yyyy of the *actual* date the intervention follow-up contact occurred. (Leave blank if checked “unable to contact” or “chose not to contact”).

For the Remaining Items refer to the participants Food & Fitness Diary

Food Record Completed

Check one box, either “YES” if at least one completed food record is turned in since the last session for which food records were recorded. Check “NO” if incomplete or no records were kept. Note: A completed food record is one that lists all foods eaten in at least one day, regardless of whether nutrient records or calculations were listed.

Days of Food Records

Record the number of complete days Food Records were logged. This is the number of food records completed since the last session for which food records were recorded. Use two digits (01, 02, 03, etc.).

Question Special Administration Instructions

Dietary Measures	If no food records were kept, leave blank. If food records were kept, fill in the data using whole numbers for up to the first three days food records were kept.
Physical Activity Records Completed	Check one box. Check “YES” if at least one day of physical activity records were recorded since the last session for which physical activity records were recorded. Check “NO” if incomplete or no records were kept.
Days of Exercise	Record the number of complete days physical activity was logged. This is the number of days of physical activity records completed since the last session for which physical activity was recorded. Use two digits (01, 02, 03, etc.).
Total Physical Activity Points	Complete using two digits (01, 02, 03, etc.). Record the number of physical activity points recorded for the <i>first week</i> of records turned in at this session.

After completing the form record your PREMIER Staff ID number in the “form completed by” section at the bottom of the page and send the form to data entry.