



SV1
 ID: _____
 Date: ____ / ____ / _____

Diet and Physical Activity Change Checklist

Please read the PREMIER SV1/SV2 Activity Fact Sheet (form #106) before completing this checklist. If you join the PREMIER study, you will be placed randomly into one of three groups and you will be asked to make diet and physical activity changes.

Are you willing and able to:	Yes	Maybe	No
1. Attend regular group and individual sessions if asked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lose weight if you are overweight according to the study recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reduce your dietary sodium (salt) intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Limit your alcohol intake to less than two drinks per day? (if you drink) <i>(one drink = 1 can of beer or 1 glass of wine or 1 shot of liquor)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participate in regular moderate intensity physical activity? <i>(moderate intensity is like a brisk walk)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Eat at least 9 servings of fruits and vegetables each day? <i>(a serving is one piece of fruit, 1/2 cup of cooked vegetables, or 1 cup of raw vegetables)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7a. Eat at least 3 servings of dairy foods each day? <i>(a serving is 8 oz. milk or 1 cup yogurt)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If no to 7a , is this because you are lactose intolerant? <i>(being lactose intolerant means you have problems digesting dairy foods)</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
c. If yes to 7b , are you willing to take Lactaid (provided by the study) to help you digest dairy foods?	Yes <input type="checkbox"/>	Maybe <input type="checkbox"/>	No <input type="checkbox"/>

Office use only

Outcome eligible
 ineligible

Interventionist signature: _____

Reviewed by (staff ID): _____

Diet and Physical Activity Change Checklist

Overview

This form will typically be completed at the SV1 visit.

The purpose of this self-administered form is to identify the participant's willingness to comply with the study guidelines. It will be used at screening to help determine eligibility by identifying participants who are unwilling to change their diet and/or physical activity for the course of the study.

Administration Instructions

Using a blue or black pen, fill out the visit date on pages 1. Be sure to use a four digit year.

Place ID labels on page 1.

The remaining items can be completed by the participant or by the interviewer. All questions on this form should be completed, except Q7b and Q7c, which depend on the answer to Q7a.

<u>Page</u>	<u>Question</u>	<u>Special Administration Instructions (if any)</u>
1	1-6	If No, get an explanation from the participant and try to clarify their answer. Make sure the participant is clearly understands the question, and knows that by answering No they will be excluded. In particular, it may be necessary to clarify how large a serving size is in order to get an accurate answer to questions 6 and 7.
	7a	If "Yes" or "Maybe", Stop. If No, Q7b should be completed.
	7b	If Q7a = "No", this question may not be left blank. If Yes, Q7c should be completed. If No, get an explanation from the participant and try to clarify their answer. Make sure the participant is clearly understands the question, and knows that by answering No they will be excluded.
	7c	If Q7a = "No", and Q7b = "Yes" this question may not be left blank. If No, get an explanation from the participant and try to clarify their answer. Make sure the participant is clearly understands the question, and knows that by answering No they will be excluded.
	Office Use:	If you have gotten to this point without reaching a "No" response, except for Q7a, enter "eligible". If participant responded "No" to any questions above (except Q7a), and the answer was not recoded after reviewing it with the participant, enter "ineligible".

Coding Instructions

After the form is completed, the interviewer should review all “Maybe” and “No” responses with the participant.

For “No” responses, confirm that they meant to say “No.” If so, get an explanation and explain that this response may make the participant ineligible. Then have an interventionist review the form. If possible, this should be done while the participant is still in the clinic. If not, the interventionist can call the participant if needed. This review must be completed before the participant’s next visit. If the form is reviewed by the interventionist, they should sign the form in the space provided. Unless the interventionist decides the response should be recoded to “Yes” or “Maybe,” the participant will be ineligible.

For “Maybe” responses, find out the reason for the response and note it on the form. This will help the interventionist to prepare for the SV3 Motivational Interview. Remind the participant that they will eventually have to say “Yes” to this question to continue in the study.

Recode the answers as needed following review by the interviewer and interventionist. Add an explanation, and initial and date the revision.

Review Instructions

If the participant is INELIGIBLE (at least one question = No in (Q1-6) or Q7a = “No” and Q7b = “No” or Q7b = “Yes” and Q7c = “No”), enter “ineligible” on the SV1 Visit Form (#03) for the SV1 Diet and Physical Activity Change Checklist outcome.

If the participant is ELIGIBLE (Office use only box is marked eligible), check the following items:

- Page 1 should be dated.
- Page 1 should have correct ID# label.
- Q1-6 = “Yes” or “Maybe”
- Q7a = “Yes” or “Maybe” **OR** if “No”, Q7b should = “Yes” and Q7c = “Yes” or “Maybe”.
- If all of the above items look acceptable, enter your Staff ID in the “reviewed by” section at the bottom of page 1, and enter “eligible” on the SV1 Visit Form (#03) for the SV1 Diet and Physical Activity Change Checklist outcome.

Additional Instructions

This form is not entered. The outcome is reported and entered on the SV1 Visit Form.

At the SV3 visit, an interventionist follows up on these same questions via the Motivations Script and Notes (Form #41) and the Diet and Physical Activity Change Questionnaire (Form #40).