

**INSTRUCTIONS:**

Form must be completed when a required individual contact is made with a DM Intervention participant. Required individual DM Intervention contacts include: missed session make-up; individual session (required between Sessions 9 and 10); and IIP contacts. Form may be completed (at CC discretion) when an optional individual contact is made with a DM Intervention participant. Optional individual DM Intervention contacts include: any non-required individual DM Intervention contact.

**Group #:** \_\_\_\_\_ (optional).

- Affix label here-

Clinical Center/ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

1. Date of contact: --  
Month Day Year

2. Completed by:

3. Type of contact:

- <sub>1</sub> Phone
- <sub>2</sub> Mail
- <sub>3</sub> Visit (In person)
- <sub>8</sub> Other

4. Visit type:

<sub>6</sub> Intervention

5. Description of contact: (Choose only one.)

Missed session; session number

<sub>19</sub> Individual Session  
(required between Sessions 9 and 10)

<sub>23</sub> Other

<sub>24</sub> Not appropriate for IIP

<sub>25</sub> Participant declined IIP

<sub>26</sub> IIP contact 1

<sub>27</sub> IIP contact 2

<sub>28</sub> IIP contact 3

<sub>29</sub> IIP contact 4+

6. Scores:

6.1. Fat                      6.2. F/V                      6.3. Grain

a. .  a. .  a. .

b. .  b. .  b. .

c. .  c. .  c. .

6.4. Number of Days:

a.

b.

c.

7. Score source:

- <sub>1</sub> Food Diary
- <sub>2</sub> Fat Scan
- <sub>3</sub> Fat Check
- <sub>4</sub> Behavior
- <sub>8</sub> Other

8. Home Activity completed: <sub>0</sub> No <sub>1</sub> Yes

9. Date to re-contact: --  
month day year

10. IIP Complete: <sub>1</sub> Yes

K \_\_\_\_\_ V \_\_\_\_\_