

Data Dictionary



Data Element	Description
Organization Code	Assigned by CDC
Participant ID	Assigned by Wellocity
Cohort ID	Assigned by Wellocity
Coach ID	Assigned by Wellocity
Enrollment Motivation	<ol style="list-style-type: none"> 1. Health care professional 2. Blood test results 3. Prediabetes risk test (short survey) 4. Someone at a community-based organization (church, community center, fitness center) 5. Family or friends 6. Current or past participant in the National DPP LCP 7. Employer or employer's wellness plan 8. Health insurance plan 9. Media advertisements (social media, flyer, brochure, radio ad, billboard, etc.)
Enrollment Source	<ol style="list-style-type: none"> 1. Yes, a doctor/doctor's office 2. Yes, a pharmacist 3. Yes, other healthcare professional 4. No
Payer Source	<ol style="list-style-type: none"> 1. Medicare 2. Medicaid 3. Private Insurer 4. Self-pay 5. Dual Eligible (Medicare and Medicaid) 6. Grant funding 7. Employer 8. Free of charge 9. Other
Participant State	Two-letter abbreviation for the U.S. state or territory in which the participant resides.
Participant's Prediabetes Determination	<ol style="list-style-type: none"> 1 Prediabetes diagnosed by blood glucose test 2 Prediabetes determined by clinical diagnosis of GDM during previous pregnancy 3 Prediabetes determined by risk test
Participant's reported HbA1c value	2.5 to 18
Participant's Age	18 to 125
Participant's Ethnicity	<ol style="list-style-type: none"> 1 Hispanic or Latino 2 NOT Hispanic or Latino 9 Not reported (default)
Participant's Race	<ol style="list-style-type: none"> 1 American Indian or Alaska Native 2 Asian or Asian American 3 Black or African American 4 Native Hawaiian or Other Pacific Islander 5 White
Participant's Sex	<ol style="list-style-type: none"> 1 Male 2 Female 9 Not reported

Participant's Gender	<ul style="list-style-type: none"> 1 Male 2 Female 3 Transgender 9 Not reported
Participant's Height	30 to 98 (in inches)
Education	<ul style="list-style-type: none"> 1 Less than grade 12 (No high school diploma or GED) 2 Grade 12 or GED (High school graduate) 3 Some college or technical school 4 College or technical school graduate or higher 9 Not reported (default)
Delivery Mode	<ul style="list-style-type: none"> 1 In-person 2 Online 3 Distance learning
Session Type	<ul style="list-style-type: none"> C Core session CM Core maintenance session OM Ongoing maintenance sessions (for MDPP supplier organizations or other organizations that choose to offer ongoing maintenance sessions) MU-C Make-up sessions in the Core phase MU-CM Make-up sessions in the Core Maintenance phase MU-OM Make-up sessions in the Ongoing Maintenance phase
Session Date	mm/dd/yyyy
Participant's Weight	<ul style="list-style-type: none"> 70 to 997 (in pounds) 999 If weight cannot be reported
Participant's Physical Activity Minutes	0 to (in minutes) of moderate or brisk physical activity competed during the preceeding week
Participant's Food Intake	Participant's Food Intake
Participant's Blood Pressure	Participant's Blood Pressure
Number of interactions with local Lifestyle Coach since last session	Number of interactions with local Lifestyle Coach since last session
Hospitalizations	Number of hospitalizations since last session
ED visits	Number of ED visits since last session
Primary language	Primary language
PHQ-2 Screening Results	<ul style="list-style-type: none"> 1 During the past two weeks, have you been bothered by little interest or pleasure in doing things? Yes/No 2 During the past two weeks, have you been bothered by feeling down, depressed, or hopeless? Yes/No
SBIRT Screening Results	<ul style="list-style-type: none"> 1 Men: How many times in the past year have you had 5 or more drinks in a day? Women: How many times in the past year have you had 4 or more drinks in a day? 2 How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?
PRAPARE Screening Results	<ul style="list-style-type: none"> 1 What is the highest level of school that you have finished? 2 What is your current work situation? 3 In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. 4 Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

	<p>5 How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)</p> <p>6 Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?</p> <p>7 Do you feel physically and emotionally safe where you currently live?</p> <p>8 In the past year, have you been afraid of your partner or ex-partner?</p>
Patient Experience Screening Results	<p>1 In general, how would you rate your overall health?</p> <p>2 Do you feel confident in your day-to-day ability to manage your blood sugar?</p> <p>3 How likely are you to recommend [health center name] to your family and friends?</p>
Staff Experience Screening Results	Staff Experience Screening Results
Lifestyle Coach Training Attendance	Lifestyle Coach Training Attendance