



# Screening Evaluation

Patient ID \_\_\_ - \_\_\_ ID \_\_\_ - \_\_\_

Date of Evaluation: **DOEDATE**

## SECTION I: COEXISTING CONDITIONS

1. Does the patient have or are they being treated for:

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>CCDIAB</b>
b. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>CCHYPT</b>
c. Hyperlipidemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>CCCHOL</b>
d. Thyroid dysfunction (hypo or hyper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>CCTHYRD</b>
e. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>CCOTH</b>
specify _____ <b>CCOTHS</b> _____			

## SECTION II: MEDICATION HISTORY

1. Is the patient currently taking any prescription medications?  Yes  No **CONMED**  
If Yes, complete the Concomitant Medication Log
2. Is the patient currently taking any herbs, "natural" or herbal medications?  Yes  No  Unknown **MEDHERB**
3. Is the patient currently taking vitamins or minerals?  Yes  No  Unknown **MEDVIT**  
If Yes, (check all that apply)
- |  |                                    |                                    |                                 |                               |                                  |                                |
|--|------------------------------------|------------------------------------|---------------------------------|-------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Multi-vitamin | <input type="checkbox"/> Vitamin D | <input type="checkbox"/> Vitamin E | <input type="checkbox"/> Folate | <input type="checkbox"/> Iron | <input type="checkbox"/> Calcium | <input type="checkbox"/> Other |
| <b>VITMULT</b>                         | <b>VITD</b>                        | <b>VITE</b>                        | <b>VITFOL</b>                   | <b>VITFE</b>                  | <b>VITCA</b>                     | <b>VITOTH</b>                  |

## SECTION III: PHYSICAL ASSESSMENT

1. Height: **HGT** 1  inches 2  cm **HINCM**  Not done
2. Weight: **WGT** 1  lbs. 2  kg **WLBKG**  Not done
3. Blood pressure **BPS / BPD** mmHg  Not done

## SECTION IV: BIOSPECIMENS

1. Were samples obtained at this visit?  Yes  No **BIOSPEC**  
If Yes, (check all that apply):  NIDDK repository **NIDDKR**  Central lab **CLAB**  Genetics **GEN**  Immunology study **IMM**

Data collector initials: **DCID**

Date data collection completed (mm/dd/yyyy): **DCM / DCD / DCY**