



Screening Evaluation (Adult)

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"/> CCDIAB
b. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CCHYPT
c. Hyperlipidemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CCCHOL
d. Thyroid dysfunction (hypo or hyper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CCTHYRD
e. Other specify <u> CCOTH </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CCOTH

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
VITMULT	VITD	VITE	VITFOL	VITFE	VITCA	VITOTH

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**