# Screening Evaluation (Pediatric)

**Hepatitis B** Research Network

Patient ID __ __ - __ **ID** __ - __ __ __

Date of Evaluation: **DOEDATE**

## SECTION I: COEXISTING CONDITIONS

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

|   | Yes | No | Unknown |   |
|---|-----|----|---------|---|
| a. Diabetes | ☐ | ☐ | ☐ | **CCDIAB** |
| b. Hypertension | ☐ | ☐ | ☐ | **CCHYPT** |
| c. Hyperlipidemia | ☐ | ☐ | ☐ | **CCCHOL** |
| d. Thyroid dysfunction (hypo or hyper) | ☐ | ☐ | ☐ | **CCTHYRD** |
| e. Other | ☐ | ☐ | ☐ | **CCOTH** |

specify _____**CCOTHS**_____

## 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)*

   | ☐ Multi-vitamin | ☐ Vitamin D | ☐ Vitamin E | ☐ Folate | ☐ Iron | ☐ Calcium | ☐ 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   ☐ Central lab   ☐ Genetics   ☐ Immunology study
   **NIDDKR**   **CLAB**   **GEN**   **IMM**

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Data collector initials:   **DCID**

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