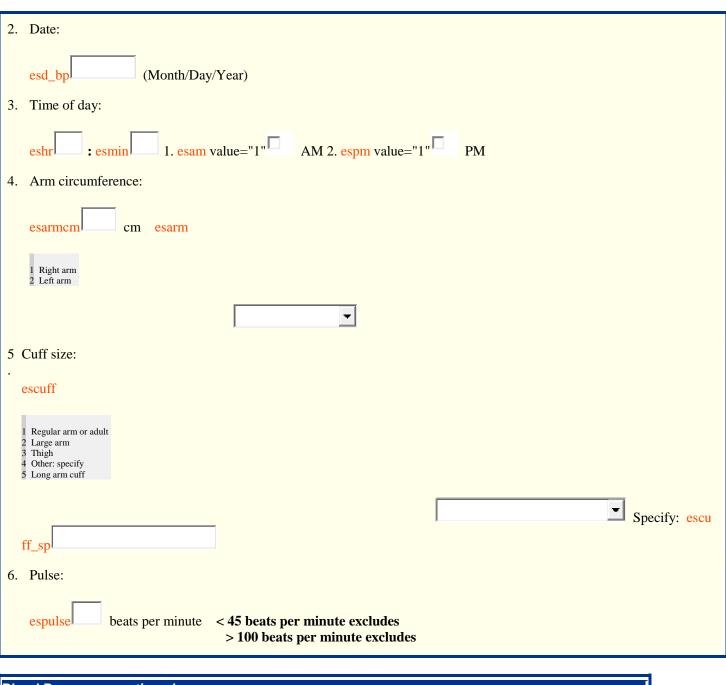
## Eligibility Screening Form A Staff Completed Version 6

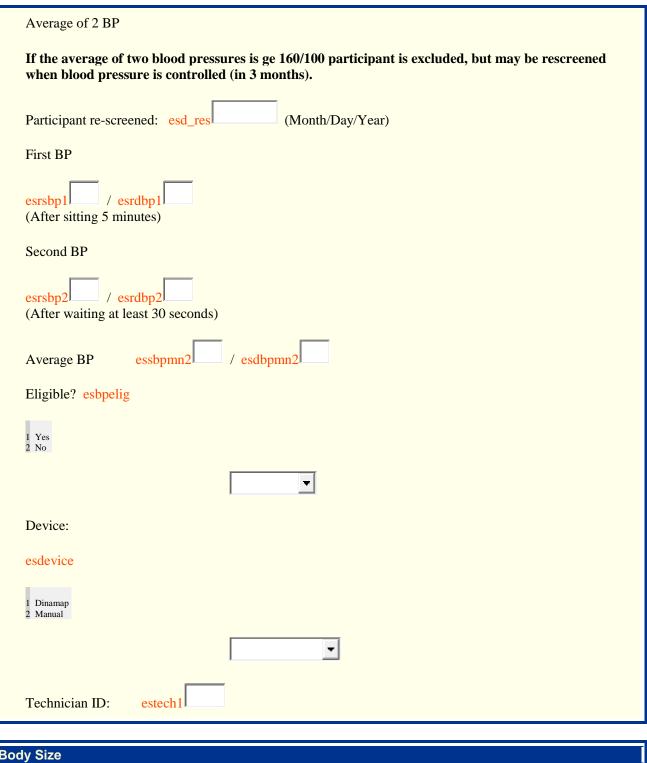


Confirmation of Diabetes:
Staff ID: staffid
Diabetes confirmed by:
1 eshypmed value="1" Taking hypoglycemic medications
2 esreport value="1" Physician report
3 esgluc value="1" Blood glucose value. ADA criteria: < 126 would not be diabetes.
4 esmedrec value="1" Medical record
5 esnodiab value="1" Diabetes not confirmed/subject does not have diabetes

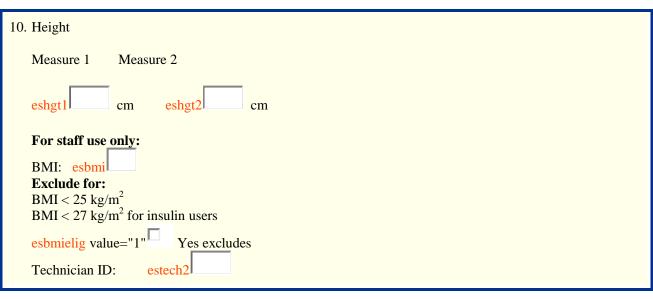
Informed Consent
1a. Was informed consent obtained?
esconsnt  1 yes 2 no
If Yes, → Date signed: esd_cons  (Month/Day/Year)
1b. Was HIPAA authorization obtained?
eshipaa
1 yes 2 no
If Yes, → Date signed: esd_hipaa  (Month/Day/Year)

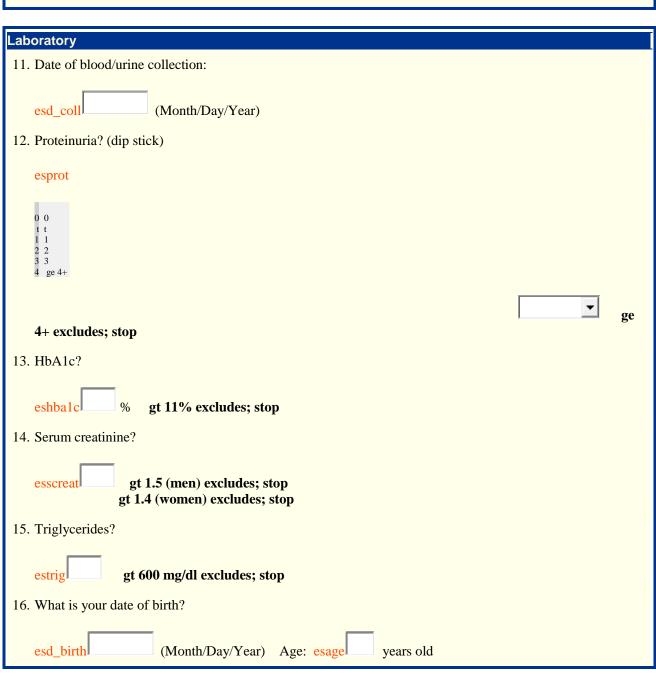


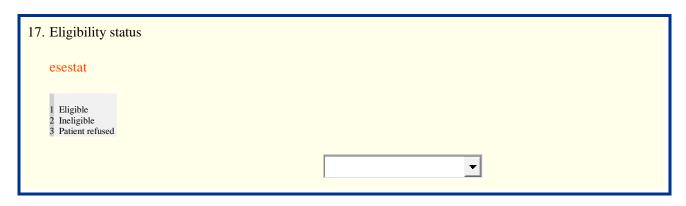
Blood Pressure - continued
7. First BP
essbp1 / esdbp1 (After sitting 5 minutes)
Second BP
essbp2 / esdbp2 (After waiting at least 30 seconds)
essbpmn1 / esdbpmn1



Во	dy Size
8.	Date:
	esd_meas (Month/Day/Year)
9.	Weight
	Measure 1 Measure 2
	eswgt1 kg eswgt2 kg







Clinic staff should distribute the food and exercise diaries and explain the run-in process.	
Date participant is due to return:	
d_ret time: rethr : retmin retam value="1" AM retpm value="1" PM	

## ELIGIBILITY SCREENING FORM A Staff Completed

Patient ID	[affix ID label here]	Date Form Completed	Month	Day	Year
	R	eviewed by		Langu	iage E

Confirmation of Diabetes												
Staff ID:												
Diabetes confirmed by:												
₁	hyp	oglyd	cemic	med	dicati	ons						
<sub>2</sub> Physici	₂											
₃ ☐ Blood g	₃ ☐ Blood glucose value. ADA criteria: < 126 would not be diabetes.											
₄ ☐ Medical record												
₅	es N	OT c	onfir	med/	subje	ect do	oes n	ot ha	ave d	abet	es	

	Informed	I Consent
1a.	Was informed	consent obtained?
	₁□Yes →	Date signed:
	₂ ☐ No	Month Day Year
1b.	Was HIPAA au	uthorization obtained?
	₁□Yes →	Date signed:
	<sub>2</sub> No	Month Day Year
	L	

	Blood Pressure			
2.	Date:			
	Month Day Year			
3.	Time of day	1 ☐ AM 2 ☐ PM		
4.	Arm circumference	<b>■</b> cm	₁ ☐ Right Arm ₂ ☐ Left Arm	

	Blood	Pressure				
5.	Cuff size	₁ ☐ regular arm or a	dult			
		₂ ☐ large arm				
		₃ ☐ thigh				
		<sup>4</sup> □ other: specify <sup>5</sup> □ long arm cuff				
6.	Pulse	beats	s per minute	< 45 beats per mil		
		SBP	DBP		SBP	DBP
7.	First BP			Average of 2 BP		
	Second BP	(after sitting 5 minut	es)		y be rescreened wh	s ≥ 160/100 participant en blood pressure is
		(after waiting at leas seconds)	t 30	Participant re-scree	ened:	
7a.	Device	1 ☐ dinamap 2 ☐ manual			Month	Day Year
					SBP	DBP
				First BP	/	
	Technician IE	):			(after sitting 5 minu	utes)
				Second BP		
					(after waiting at lea	ast 30 seconds)
				Average BP		
				Eligible?	₁□Yes	2  No

Body Size	<u></u>	
8. Date: Month Day Year		
9. Weight	Measure 2	Exclude for  BMI < 25 kg/m²
10. Height	cm cm	BMI < 27 kg/m² for insulin users  ₁ ☐ Yes excludes
Technician ID:		
Laboratory		
If participant is eligible, complete the Proteinuria (Dip stick)  HbA1c  Serum creatinine  Triglycerides  11. Date of blood/urine collection:	e following laboratory assays:	
12. Proteinuria? (Dip stick)  1 □ 0  2 □ T  3 □ 1  4 □ 2  5 □ 3	excludes; STOP	
13. HbA1c?	excludes; STOP	

	Laboratory					
14.	Serum creatinine?					
	mg/dl	> 1.5 men exclude > 1.4 women exclude				
15.	Triglycerides?					
	m	g/dl > 600 r	mg/dl excludes	s; STOP		
16a.	What is your date of bi	irth?	//	16b.	Age	years old
		month	day	year		
17.	Eligibility Status					
	☐Eligible					
	☐ Ineligible					
	☐ Patient refused					
Clinic	staff should distribut	te the food and exe	rcise diaries	and explain the	run-in proces	SS.
Date	participant is due to ret	urn: /	/		Time:	
		month	day	vear		