

Eligibility Screening Form A  
Staff Completed  
Version 6

PID: 0 | Acrostic: 0  
Date Form Completed: d\_form  
Administration Type: admin  
Reviewed by: compby  
Language: language  
Visit: [dropdown]  
[dropdown]

**Confirmation of Diabetes:**

Staff ID: staffid [input]

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

[input] (Month/Day/Year) [dropdown] If Yes, → Date signed: esd\_cons

1b. Was HIPAA authorization obtained?

eshipaa

1 yes  
 2 no

[input] (Month/Day/Year) [dropdown] If Yes, → Date signed: esd\_hipaa

**Blood Pressure**

2. Date:

esd\_bp  (Month/Day/Year)

3. Time of day:

eshr  : esmin  1. esam value="1"  AM 2. espm value="1"  PM

4. Arm circumference:

esarmcm  cm esarm

- 1 Right arm
- 2 Left arm

5 Cuff size:

escuff

- 1 Regular arm or adult
- 2 Large arm
- 3 Thigh
- 4 Other: specify
- 5 Long arm cuff

Specify: escu

ff\_sp

6. Pulse:

espulse  beats per minute < 45 beats per minute excludes  
> 100 beats per minute excludes

### Blood Pressure - continued

7. First BP

essbp1  / esdbp1   
(After sitting 5 minutes)

Second BP

essbp2  / esdbp2   
(After waiting at least 30 seconds)

essbpmn1  / esdbpmn1

Average of 2 BP

If the average of two blood pressures is ge 160/100 participant is excluded, but may be rescreened when blood pressure is controlled (in 3 months).

Participant re-screened: esd\_res  (Month/Day/Year)

First BP

esrsbp1  / esrdbp1   
(After sitting 5 minutes)

Second BP

esrsbp2  / esrdbp2   
(After waiting at least 30 seconds)

Average BP essbpmn2  / esdbpmn2

Eligible? esbpeleg

- 1 Yes
- 2 No

Device:

esdevice

- 1 Dinamap
- 2 Manual

Technician ID: estech1

## Body Size

8. Date:

esd\_meas  (Month/Day/Year)

9. Weight

Measure 1      Measure 2

eswgt1  kg      eswgt2  kg

10. Height

Measure 1      Measure 2

eshgt1  cm      eshgt2  cm

**For staff use only:**

BMI: esbmi

**Exclude for:**

BMI < 25 kg/m<sup>2</sup>

BMI < 27 kg/m<sup>2</sup> for insulin users

esbmielig value="1"  Yes excludes

Technician ID: estech2

**Laboratory**

11. Date of blood/urine collection:

esd\_coll  (Month/Day/Year)

12. Proteinuria? (dip stick)

esprot

- 0 0
- 1 1
- 2 2
- 3 3
- 4 ge 4+

ge

**4+ excludes; stop**

13. HbA1c?

eshba1c  %      **gt 11% excludes; stop**

14. Serum creatinine?

esscreat       **gt 1.5 (men) excludes; stop**  
**gt 1.4 (women) excludes; stop**

15. Triglycerides?

estrig       **gt 600 mg/dl excludes; stop**

16. What is your date of birth?

esd\_birth  (Month/Day/Year)      Age: esage  years old

## 17. Eligibility status

esestat

- 1 Eligible
- 2 Ineligible
- 3 Patient refused

**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	<i>[affix ID label here]</i>	Date Form Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Month	Day	Year	Reviewed by	<input type="text"/>	Language

**Confirmation of Diabetes**

Staff ID:

Diabetes confirmed by:

1  Taking hypoglycemic medications

2  Physician report

3  Blood glucose value. ADA criteria: < 126 would not be diabetes.

4  Medical record

5  Diabetes NOT confirmed/subject does not have diabetes

**Informed Consent**

1a. Was informed consent obtained?

1  Yes → Date signed:  /  /   
Month Day Year

2  No

1b. Was HIPAA authorization obtained?

1  Yes → Date signed:  /  /   
Month Day Year

2  No

**Blood Pressure**

2. Date:  /  /   
Month Day Year

3. Time of day  :  1  AM  
2  PM

4. Arm circumference  .  cm 1  Right Arm  
2  Left Arm



**Blood Pressure**

5. Cuff size
- 1  regular arm or adult
  - 2  large arm
  - 3  thigh
  - 4  other: specify
  - 5  long arm cuff

6. Pulse    beats per minute

< 45 beats per minutes excludes  
 > 100 beats per minutes excludes

7. First BP

SBP                      DBP

/

(after sitting 5 minutes)

Second BP

/

(after waiting at least 30 seconds)

- 7a. Device
- 1  dinamap
  - 2  manual

Technician ID:

SBP                      DBP

Average of 2 BP    /

If the average of two blood pressures is  $\geq 160/100$  participant is excluded, but may be rescreened when blood pressure is controlled (in 3 months).

Participant re-screened:   /   /

Month                      Day                      Year

First BP

SBP                      DBP

/

(after sitting 5 minutes)

Second BP

/

(after waiting at least 30 seconds)

Average BP    /

Eligible?                      1  Yes                      2  No

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**Body Size**

8. Date: 

		/			/			
--	--	---	--	--	---	--	--	--

  
Month Day Year

9. Weight 

			.	
--	--	--	---	--

 kg      

			.	
--	--	--	---	--

 kg

10. Height 

			.	
--	--	--	---	--

 cm      

			.	
--	--	--	---	--

 cm

Technician ID: 

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**For staff use only:**

BMI 

--	--	--	--

Exclude for  
BMI < 25 kg/m<sup>2</sup>  
BMI < 27 kg/m<sup>2</sup> for insulin users

Yes excludes

**Laboratory**

If participant is eligible, complete the following laboratory assays:

- Proteinuria (Dip stick)
- HbA1c
- Serum creatinine
- Triglycerides

11. Date of blood/urine collection: 

		/			/			
--	--	---	--	--	---	--	--	--

  
Month Day Year

12. Proteinuria? (Dip stick)

0  
 T  
 1  
 2  
 3  
 ≥4

**≥4+ excludes; STOP**

13. HbA1c?

		.	
--	--	---	--

 %

**> 11% excludes; STOP**





**Laboratory**

14. Serum creatinine?

mg/dl

> 1.5 men excludes; STOP  
> 1.4 women excludes; STOP

15. Triglycerides?

mg/dl

> 600 mg/dl excludes; STOP

16a. What is your date of birth?

/   /    
month day year

16b. Age   years old

17. Eligibility Status

- Eligible
- Ineligible
- Patient refused

**Clinic staff should distribute the food and exercise diaries and explain the run-in process.**

Date participant is due to return:   /   /    
month day year

Time:   :