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 user: **Kathy Lane** staff id: **30013** login: **10/27/2010 12:34:37**
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Pre-Screening (Interviewer Administered) Version 5

PID: 0	Acrostic: 0	Visit:	
Date Form Completed: d_form	Administration Type: admin		
Reviewed by: compby	Language: language English		

Pre-Screening Information

1. Has anyone interviewed you about the study before?

psbefore

- 1 Yes
2 No

→ If Yes,

When? **psd_when** (Month/Day/Year)
What was the outcome? **psoutcme**

2. Where did you most recently hear about the Look AHEAD study?
(Check only one.)

psradio value="1" 1. Radio

For staff use only: psrdtpe

- 1 Free radio
2 Paid radio

pstv value="1" 2. Television

For staff use only: pstvtpe

- 1 Free t.v.
2 Paid t.v.

psart value="1" 3. Article in newspaper or magazine

psad value="1" 4. Advertisement in newspaper or magazine

psbroch value="1" 5. Brochure

For staff use only:

How did you obtain the brochure? **psbrtpe**

- 1 Mailed
2 Display
3 Work site

psfair value="1" 6. Health fair or screening event

For staff use only:

Where was it? **psfair_sp**

psweb value="1" 7. Web site

pspost value="1" 8. Poster/flyer

psphys value="1" 9. Physician or other health professional

For staff use only: **psdoc**

- 1 Community
2 Study staff

psfrnd value="1" 10. Friend or relative

psoth value="1" 11. Other, specify

For staff use only:

Specify: **psoth_sp**

psdr1 value="1" 12. Don't remember

Pre-Screening Information - continued

3. How old are you?

psage years old

4. Date of birth has been moved to Eligibility Form A.

For staff use only: **psage45**

- 1 Less than 45 years old
2 Over 75 years old

5. Male or Female

psgender

- 1 Male
2 Female

6. Are you Latino, Hispanic, or of Spanish origin?

pshisp

- 1 Yes
2 No

→ Please continue with question 7

7. Which of the following best describes you? (You may check more than one.)

psrace1 value="1" African American/Black

psrace2 value="1" American Indian/Native American/Alaskan Native

Specify **psrace2_sp**

psrace3 value="1" Asian/Pacific Islander

Specify **psrace3_sp**

psrace4 value="1" White

psrace5 value="1" Other

Specify psrace5_sp

Pre-Screening Information - continued

Have you "ever" had any of the following?

7a. Heart attack

pscvda

1 Yes
2 No

→ If "Yes", in past 3 months?
pshtatt

1 Yes
2 No

If "Yes", Rescreen

7b. Stroke, ministroke or TIA

pscvdb

1 Yes
2 No

→ If "Yes", in past 3 months?
psstroke

1 Yes
2 No

If "Yes", Rescreen

7c. Heart Bypass Surgery

pscvdc

1 Yes
2 No

→ If "Yes", in past 3 months?
psbypass

1 Yes
2 No

If "Yes", Rescreen

7d. Heart angioplasty, balloon surgery of the heart, or a stent

pscvdd

1 Yes
2 No

→ If "Yes", in past 3 months?
psangio

1 Yes
2 No

If "Yes", Rescreen

7e. Participated in cardiac rehabilitation

pscvde

1 Yes

2 No → If "Yes", in past 3 months?
psrehab

1 Yes
2 No If "Yes", Rescreen

For staff use only:

If yes on questions 7a, b, c, d or e, participant may be eligible at a later time.

Date of event or procedure: psd_exc | (Month/Day/Year)

Call back: psd_call1 | (Month/Day/Year)

8. Do you have diabetes? (**not** diabetes during pregnancy)
psdiab

1 Yes
2 No
3 borderline

→ If Yes, How old were you when you were diagnosed?

psadiag | years old

For staff use only:

If participant says they are borderline, bring in to confirm.

Pre-Screening Information - continued

9. How do you treat your diabetes? Check all that apply.

psins value="1" Insulin → Has your diabetes ever been managed **without** insulin for a year? psinsyr

1 Yes
2 No

For staff use only:

If diagnosed prior to 25 years old and never managed without insulin for a year, exclude.

psothmd value="1" Other diabetes prescription
→ How many months or years have you been on prescription medication for your diabetes? psomos | months psoyrs | years

psdiet value="1" Diet **For staff use only:**
Verify type 2 diabetes during clinic eligibility screening.

ps exer value="1" Exercise **For staff use only:**
Verify type 2 diabetes during clinic eligibility screening.

psnone value="1" None

10. What is your height?

pshtgft _____ feet pshtgin _____ inches

11. What is your weight?

pswgt _____ lbs.

Body Mass Index: psbmi _____ kg/m²

For Staff Use Only: (refer to chart)

BMI \geq 25 kg/m²

psbmi25

1 Yes
2 No excludes

BMI \geq 27 kg/m² for insulin users

psbmi27

1 Yes
2 No excludes

Weight > 350

pswgt350

1 Yes
2 No

Yes excludes at clinic discretion

12. What did you weigh three months ago?

psweigh3 _____ lbs.

For Staff Use Only:

More than 10 pounds **weight loss**?

ps10more

1 Yes excludes
2 No

Participant may be re-screened in 3 months.

13. Do you drink alcoholic beverages?

(This includes 12 oz. beer, 4 oz. wine, or 1 shot (1.5 oz.) of liquor.)

psalc

1 Yes
2 No

→ If Yes,

About how many alcoholic beverages do you currently have in an average week? (This includes 12 oz. beer, 4 oz. wine, or 1 shot (1.5 oz.) of liquor.)

psdrks _____ beverages per week

More than 14? psalc14

1 Yes
2 No

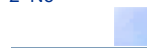


Pre-Screening Information - continued

14. Are you currently being treated for drug or alcohol abuse?

psdrugrx

1 Yes
2 No



15. Have you ever had any of the following?

Your heart stopped and doctors had to re-start it with an electric shock or defibrillator

psdefib

1 Yes
2 No



Kidney dialysis

pskdial

1 Yes
2 No



A pacemaker

pspcmkr

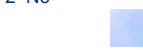
1 Yes
2 No



Implanted defibrillator

psimdefib

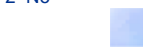
1 Yes
2 No



Major organ transplant

psorgan

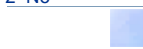
1 Yes
2 No



Schizophrenia, manic depression, or bipolar disorder

psschiz

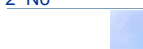
1 Yes
2 No



Hepatitis B or C

pshep

1 Yes
2 No



Cirrhosis of the liver

pscirr

1 Yes

2 No

HIV
pshiv

1 Yes

2 No

16. Have you had a leg amputation associated with your diabetes?
pslegamp

1 Yes

2 No

17. Have you had extensive small bowel surgery or surgery for obesity?
pssurg

1 Yes

2 No

18. Do you have Cushing's syndrome?
pscush

1 Yes

2 No

19. Do you have acromegaly?
psacro

1 Yes

2 No

20. This question has been moved.

21. Have you had any of the following in the past 6 months?

Blood clot in your lung
psbclot

1 Yes

2 No

Hospitalization for depression
pshdep

1 Yes

2 No

For Staff Use Only:

If Yes to questions 20 and 21, participant may be eligible at a later time.

Date of excluding procedure: psd_exc
(Month/Day/Year)

Call back: psd_call1 | (Month/Day/Year)

Pre-Screening Information - continued

22. Have you been treated for inflammatory bowel disease such as Crohn's disease or ulcerative colitis in the past year (Not irritable bowel syndrome)? **psibd**

- 1 Yes
2 No

23. Have you been diagnosed with or treated for any cancer except (Non-melanoma) skin cancer in the past 5 years? **pscancer**

- 1 Yes
2 No

→ If Yes,
Probe for type
pscan_sp

Probe for treatment
pscan_rx

Some cancers will exclude, others may be allowed, i.e., stage 0-1 cervical cancers, cancers without chemotherapy, or cancers with good prognosis. Discuss with medical staff.
Does cancer or treatment exclude? **pzca_exc**

- 1 Yes
2 No

24. Can you walk 2 blocks (about 1/4 mile) without stopping?
pswalk

- 1 Yes
2 No
9 Don't know

25. Do you have active tuberculosis?
pstb

- 1 Yes
2 No

26. Are you currently taking steroid pills or shots such as prednisone or cortisone?
(This does not include hormone replacement.)

psster

- 1 Yes
2 No

→ If Yes, Which ones? **psstr_sp**

27. Are you currently taking medications for weight loss?
pswtmeds

- 1 Yes
2 No

→ **If Yes,**
Are you willing to stop taking these
medications? **psstmeds**

- 1 Yes
2 No

Pre-Screening Information - continued

28. If female, are you currently pregnant or nursing?

pspreg

- 1 Yes
2 No
9 Male, not applicable

→ **If Yes,** May be re-screened in 6
months.

Participant now 6 months postpartum, not nursing, and eligible.

psd_pst6 (month/day/year)

29. Do any of the members of your household participate in or work for
the Look AHEAD study?

psmem

- 1 Yes
2 No

Certain parts of the study require people to come for weekly visits.

30. Are you planning to move from the area within the next two years?

psmove2

- 1 Yes
2 No

→ **If Yes,** Explain: **psmve_sp**

31. Are there times when you might be away for weeks or months at a
time that might limit participation in the intervention?

psaway

- 1 Yes
2 No

→ **If Yes,** Explain: **psaway_sp**

32. Are you currently participating in another research study?

psrstdy

- 1 Yes
2 No

→ **If Yes,** Explain: **psstdy_sp**

Approved by Eligibility Committee?

psstdyapp

- 1 Yes

2 No

For Staff Use Only

33. How was participant screened?
psmeth
 1 Phone, cold call
 2 Phone, participant called or returned post card
 3 In person

34. Eligibility status
psestat
 1 Eligible
 2 Ineligible
 3 Patient refused
 4 Pending

Explain: **pspend_sp** _____

Call back: **psd_call2** _____ (month/day/year)

35. Scheduled for eligibility screening visit?
essched
 1 Yes
 2 No → If Yes,
 Date: **d_es** _____ (month/day/year)
 Time: **es_hour** : **es_min** |
es_am value="1" AM **es_pm** value="1" PM

36. Staff / Interviewer ID:
staffid _____

<<< READ ONLY >>>