

A1. Site/Study ID #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      A2. Discharge Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year      A3. Staff Initials: \_\_\_\_\_  
 To DCC

**SECTION E: SCREENING**

- E1. Does or did the subject have hypertension (SBP  $\geq$ 112)      ZAEE01HT V2(2)      1.  No      2.  Yes → **Complete form S12B**
- E2. Does or did the subject experience hyperglycemia (glucose  $\geq$ 200mg/dl)      ZAEE02HY V2(2)      1.  No      2.  Yes → **Complete form S12C**
- E3. Does or did the subject experience hypokalemia (Potassium level  $<$ 3.0 meq/L)      ZAEE03PL V2(2) 1.  No 2.  Yes → **Complete form S12D**
- E4. Does or did the subject experience impaired wound healing?      ZAEE04WH V2(2)      1.  No      2.  Yes → **Complete form S12E**
- E5. Does or did the subject experience GI bleeding?      ZAEE05GI V2(2)      1.  No      2.  Yes → **Complete form S12F**
- E6. Does or did the subject have pancreatitis?      ZAEE06PA V2(2)      1.  No      2.  Yes → **Complete form S12G**
- E7. Does or did the subject experience severe irritability?      ZAEE07SI V2(2)      1.  No      2.  Yes → **Complete form S12H**
- E8. Does or did the subject have a vaccine preventable infection?      ZAEE08VA V2(2)      1.  No      2.  Yes → **Complete form S12I**
- E9. Does the subject have cataracts?      ZAEE09CA V2(2)      1.  No      2.  Yes → **Complete form S12J**

Investigator Signature: \_\_\_\_\_ ZAEINSIG V2(2)      Date: \_\_\_\_\_ ZAESIGMM V2(2)/ ZAESIGDD V2(2)/ ZAESIGYY V2(4)/  
 ZAESIGDT

ZAECMMNT V2(800)      Comment

Month

Day

Year