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
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

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: \( \text{esd_res} \) (Month/Day/Year)

First BP

\( \text{esrsbp1} \) / \( \text{esrdbp1} \)
(After sitting 5 minutes)

Second BP

\( \text{esrsbp2} \) / \( \text{esrdbp2} \)
(After waiting at least 30 seconds)

Average BP \( \text{essbpmn2} \) / \( \text{esdbpmn2} \)

Eligible? \( \text{esbpelig} \)

1 Yes
2 No

Device: \( \text{esdevice} \)

1 Dinamap
2 Manual

Technician ID: \( \text{estech1} \)

**Body Size**

8. Date:

\( \text{esd_meas} \) (Month/Day/Year)

9. Weight

Measure 1 Measure 2

\( \text{eswgt1} \) kg \( \text{eswgt2} \) kg
10. Height

Measure 1

Measure 2

For staff use only:

BMI: 

Exclude for:

BMI < 25 kg/m^2
BMI < 27 kg/m^2 for insulin users

Yes excludes

Technician ID:

Laboratory

11. Date of blood/urine collection:

(Month/Day/Year)

12. Proteinuria? (dip stick)


4+ excludes; stop

13. HbA1c?

gt 11% excludes; stop

14. Serum creatinine?

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

15. Triglycerides?

gt 600 mg/dl excludes; stop

16. What is your date of birth?

(Month/Day/Year) Age: years old
### 17. Eligibility status

<table>
<thead>
<tr>
<th>Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible</td>
<td>1</td>
</tr>
<tr>
<td>Ineligible</td>
<td>2</td>
</tr>
<tr>
<td>Patient refused</td>
<td>3</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>[affix ID label here]</th>
<th>Date Form Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>◆ Month ◆ Day ◆ Year</td>
</tr>
</tbody>
</table>

Reviewed by ◆ ◆ Language ◆

---

## Confirmation of Diabetes

| Staff ID: [ ] [ ] [ ] [ ] |

Diabetes confirmed by:
1. Taking hypoglycemic medications
2. Physician report
4. Medical record
5. Diabetes NOT confirmed/subject does not have diabetes

---

## Informed Consent

1a. Was informed consent obtained?

1. Yes  
   - Date signed: ◆◆◆ Year
2. No  
   - Date signed: ◆◆◆ Year

1b. Was HIPAA authorization obtained?

1. Yes  
   - Date signed: ◆◆◆ Year
2. No  
   - Date signed: ◆◆◆ Year

---

## Blood Pressure

2. Date: ◆◆◆ Year

3. Time of day ◆◆◆ ◆ AM ◆ 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

<table>
<thead>
<tr>
<th>SBP</th>
<th>DBP</th>
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7. **First BP**
   (after sitting 5 minutes)

<table>
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<tr>
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<td></td>
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</table>

7a. **Device**
   - 1 [ ] dinamap
   - 2 [ ] manual

7b. **Second BP**
   (after waiting at least 30 seconds)

<table>
<thead>
<tr>
<th>SBP</th>
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Participant re-screened: [ ] [ ] [ ] Date

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<tr>
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First BP (after sitting 5 minutes)

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Second BP (after waiting at least 30 seconds)

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Average BP

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<td></td>
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Eligible? 1 [ ] Yes 2 [ ] No
Body Size

8. Date: ____________________________
   Month    Day    Year

9. Weight
   Measure 1: ___________ kg
   Measure 2: ___________ kg

10. Height
    Measure 1: ___________ cm
     Measure 2: ___________ cm

Technician ID: ____________________________

For staff use only:

BMI

Exclude for
BMI < 25 kg/m²
BMI < 27 kg/m² 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
<table>
<thead>
<tr>
<th>14. Serum creatinine?</th>
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<tbody>
<tr>
<td>□ □ □ □ mg/dl</td>
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<tr>
<td>&gt; 1.5 men excludes; STOP</td>
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<thead>
<tr>
<th>16a. What is your date of birth?</th>
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<tr>
<td>□ □ / □ □ / □ □</td>
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<table>
<thead>
<tr>
<th>16b. Age</th>
<th>years old</th>
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**Clinic staff should distribute the food and exercise diaries and explain the run-in process.**

Date participant is due to return:  □ □ / □ □ / □ □  
Time: □ □ : □ □