Pre-Screening Information

1. Has anyone interviewed you about the study before?
   - psbefore
     - Yes
     - No
     - When? psd_when
     - What was the outcome? psoutcme

2. Where did you most recently hear about the Look AHEAD study? (Check only one.)
   - psradio
     - 1. Radio
       - For staff use only: psrdtpe
     - Free radio
     - Paid radio
   - pstv
     - 2. Television
       - For staff use only: pstvtp
     - Free t.v.
     - Paid t.v.
   - psart
     - 3. Article in newspaper or magazine
   - psad
     - 4. Advertisement in newspaper or magazine
   - psbroch
     - 5. Brochure
       - For staff use only:
         - How did you obtain the brochure? psbrtpe
Mailed
Display
Work site

6. Health fair or screening event

For staff use only:

Where was it? psfair_sp

7. Web site

psweb

8. Poster/flyer

pspost

9. Physician or other health professional

For staff use only: psdoc

Community
Study staff

10. Friend or relative

psfrnd

11. Other, specify

For staff use only:

Specify: psoth_sp

12. Don't remember

Pre-Screening Information - continued

3. How old are you?

psage

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

For staff use only: psage45

Less than 45 years old
Over 75 years old

5. Male or Female

psgender

Male
Female

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

pshisp

Yes
No
7. Which of the following best describes you? (You may check more than one.)

- **African American/Black**
- **American Indian/Native American/Alaskan Native**
- **Asian/Pacific Islander**
- **White**
- **Other**

Specify psrace2_sp

Specify psrace3_sp

Specify psrace4

Specify psrace5

Specify psrace5_sp

---

**Pre-Screening Information - continued**

Have you "ever" had any of the following?

7a. Heart attack

Have you had a heart attack?

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<th>Yes</th>
<th>No</th>
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If "Yes", in past 3 months?

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<th></th>
<th>Yes</th>
<th>No</th>
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</table>

If "Yes", Rescreen

7b. Stroke, ministroke or TIA

Have you had a stroke, ministroke or TIA?

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<th>Yes</th>
<th>No</th>
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</table>

If "Yes", in past 3 months?

<table>
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<tr>
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<th>Yes</th>
<th>No</th>
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</table>

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
If Yes, How old were you when you were diagnosed? \( \text{psadiag} \) 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.

   - Insulin
     Has your diabetes ever been managed without insulin for a year? \( \text{psinsyr} \)
   - Other diabetes prescription
     How many months or years have you been on prescription medication for your diabetes? \( \text{psmos} \) months \( \text{psoyrs} \) years
   - Diet
     Verify type 2 diabetes during clinic eligibility screening.
   - Exercise
     Verify type 2 diabetes during clinic eligibility screening.
   - None

10. What is your height?
    \( \text{pshgtft} \) feet \( \text{pshgtin} \) inches

11. What is your weight?
    \( \text{pswgt} \) lbs.

   Body Mass Index: \( \text{psbmi} \) kg/m\(^2\)

For Staff Use Only: (refer to chart)

BMI \( \geq 25 \) kg/m\(^2\)

\( \text{psbmi25} \)

- Yes
- No excludes
BMI $\geq 27$ kg/m$^2$ for insulin users

weight27

1. Yes
2. No

For Staff Use Only:
More than 10 pounds weight loss?

10more

1. Yes
2. No

Yes excludes at clinic

Weight $> 350$

wgt350

1. Yes
2. No

Yes excludes at clinic

12. What did you weigh three months ago?

weigh3

lbs.

13. Do you drink alcoholic beverages?
(This includes 12 oz. beer, 4 oz. wine, or 1 shot (1.5 oz.) of liquor.)

alc

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.)

drks

beverages per week

More than 14?

alc14

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

drugrx

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
1. Yes
2. No

Kidney dialysis

1. Yes
2. No

A pacemaker

1. Yes
2. No

Implanted defibrillator

1. Yes
2. No

Major organ transplant

1. Yes
2. No

Schizophrenia, manic depression, or bipolar disorder

1. Yes
2. No

Hepatitis B or C

1. Yes
2. No

Cirrhosis of the liver

1. Yes
2. No

HIV

1. Yes
2. No

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

1. Yes
2. No
17. Have you had extensive small bowel surgery or surgery for obesity?
   ![Yes/No]

18. Do you have Cushing's syndrome?
   ![Yes/No]

19. Do you have acromegaly?
   ![Yes/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
     ![Yes/No]
   - Hospitalization for depression
     ![Yes/No]

For Staff Use Only:
If Yes to questions 20 and 21, participant may be eligible at a later time.
Date of excluding procedure: [Month/Day/Year]
Call back: [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)?
   ![Yes/No]

23. Have you been diagnosed with or treated for any cancer except (Non-melanoma) skin cancer in the past 5 years?
   ![Yes/No]

  Probe for type
Probe for treatment

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?  psca_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

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

1 Yes
2 No
9 Male, not applicable
29. Do any of the members of your household participate in or work for the Look AHEAD study?
   - Yes
   - 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?
   - Yes
   - No

   If Yes, Explain:

31. Are there times when you might be away for weeks or months at a time that might limit participation in the intervention?
   - Yes
   - No

   If Yes, Explain:

32. Are you currently participating in another research study?
   - Yes
   - No

   If Yes, Explain:

33. How was participant screened?
   - Phone, cold call
   - Phone, participant called or returned post card
   - In person

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

Explain: 

Call back: 

35. Scheduled for eligibility screening visit?

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⇒ If Yes,

Date: 

Time: 

36. Staff / Interviewer ID:
PRE-SCREENING FORM (Interviewer Administered)

Patient ID [affix ID label here]

Date Form Completed

Reviewed by

Language E

Interviewer script:
Hi, my name is ________________ with the (University of . . .). Thank you for your interest in the Look AHEAD study. This is a study funded by the National Institutes of Health to determine if weight loss in people with Type 2 diabetes will reduce the risk of developing other health problems, such as heart disease and strokes. We would like to ask you a few questions about your health to see if you qualify for this study. All the information you give us will be kept confidential. Some of the questions are personal and may be sensitive. However, you may refuse to answer any question. Is this all right with you? Is this a good time for me to ask you these questions?
(yes) Great!
(no) When would be a more convenient time?

Pre-Screening Information

1. Has anyone interviewed you about the study before?
   1 Yes
   2 No

   When:
   Month Day Year

   What was the outcome?

2. Where did you most recently hear about Look AHEAD? (Check only one.)
   1 radio
   2 television
   3 article in newspaper or magazine
   4 advertisement in newspaper or magazine
   5 brochure
   6 health fair or screening event

   For staff use only:
   How did you obtain the brochure?
   1 mailed 2 display 3 work site

   For staff use only:
   Where was it?

   For staff use only:
   Specify

   For staff use only:
   Other

   For staff use only:
   Don’t remember
### Pre-Screening Information

3. How old are you?
   - □ [ ] years old

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

5. Male or female
   - □ [ ] male
   - □ [ ] female

6. Are you Latino, Hispanic, or of Spanish origin?
   - □ [ ] Yes ➔ Please continue with question 7
   - □ [ ] No ➔ Please continue with question 7

7. Which of the following best describes you? (You may check more than one.)
   - □ [ ] African American / Black
   - □ [ ] American Indian / Native American / Alaskan Native
     Specify
   - □ [ ] Asian / Pacific Islander
     Specify
   - □ [ ] White
   - □ [ ] Other, specify
Pre-Screening Information

Have you "ever" had any of the following?

7a. Heart attack
   1. Yes ➔ In past 3 months?
      1. Yes ➔ Rescreen
      2. No
   2. No

7b. Stroke, ministroke or TIA
   1. Yes ➔ In past 3 months?
   2. No
      1. Yes ➔ Rescreen
      2. No

7c. Heart bypass surgery
   1. Yes ➔ In past 3 months?
   2. No
      1. Yes ➔ Rescreen
      2. No

7d. Heart angioplasty, balloon surgery of the heart, or a stent
   1. Yes ➔ In past 3 months?
   2. No
      1. Yes ➔ Rescreen
      2. No

7e. Participated in cardiac rehabilitation
   1. Yes ➔ In past 3 months?
   2. No
      1. Yes ➔ Rescreen
      2. No

For event(s) in past 3 months 7a-7e

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:

Month   Day   Year

Call back:

Month   Day   Year

For Staff Use Only - For participants 45-54 years old
If all answers for 7a-e are "no" and participant is less than 55, continue through question 11 only. Participant is ineligible.
If any answer (7a-7e) is "yes", continue completing form.
If any answer is "yes" for questions 7a-e in the past 3 months, participant is temporarily ineligible. Rescreen later.

8. Do you have diabetes? (not diabetes during pregnancy)
   1. Yes ➔ How old were you when you were diagnosed?
   2. No
   3. Borderline years old

For staff use only:
If participant says they are borderline, bring in to confirm.
Pre-Screening Information

9. How do you treat your diabetes?
   1. Insulin
      Has your diabetes ever been managed \textit{without} insulin for a year?
      1. Yes
      2. No
      \textbf{For staff use only:}
      If diagnosed prior to 25 years old and never managed without insulin for a year, exclude.

   2. Other diabetes prescription medication

   3. Diet
      \textbf{For staff use only:}
      Verify type 2 diabetes during clinic eligibility screening.

   4. Exercise
      \textbf{For staff use only:}
      Verify type 2 diabetes during clinic eligibility screening.

   5. None

10. What is your height?
    \begin{tabular}{ll}
        \hline
        \text{feet} & \text{inches} \\
        \hline
    \end{tabular}

11. What is your weight? \hfill \begin{tabular}{l}
    \text{lbs.} \\
    \hline
    \end{tabular}

12. What did you weigh three months ago?
    \begin{tabular}{l}
        \text{lbs.} \\
    \end{tabular}

13. Do you drink alcoholic beverages? (This includes 12 oz. beer, 4 oz. wine, or 1 shot (1.5 oz.) of liquor.)
    1. Yes
    2. No
    \textbf{For staff use only: (refer to chart)}
    \begin{tabular}{ll}
        \hline
        \text{BMI} & \text{Weight > 350} \\
        \text{BMI } & \text{25 kg/m}^2 \\
        \hline
        1 & \text{Yes excludes} \\
        \text{No excludes} \\
        \hline
        \text{BMI } & \text{27 for Insulin users} \\
        \hline
        1 & \text{Yes excludes} \\
        \text{at clinic discretion} \\
        \text{No excludes} \\
        \hline
    \end{tabular}

    \textbf{For staff use only:}
    More than 10 pounds \textit{weight loss}?
    1. Yes excludes
    2. No
    \textbf{Participant may be re-screened in 3 months.}
### Pre-Screening Information

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

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<th>Yes</th>
<th>No</th>
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**Clinic staff:**

AA is NOT a treatment for alcohol abuse.

**15. Have you ever had any of the following?**

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<tr>
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<th>Yes</th>
<th>No</th>
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- Your heart stopped and doctors had to re-start it with an electric shock or defibrillator
- Kidney dialysis
- A pacemaker
- Implanted defibrillator
- Major organ transplant
- Schizophrenia, manic depression, or bipolar disorder
- Hepatitis B or C
- Cirrhosis of the liver
- HIV

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

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<tr>
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<th>Yes</th>
<th>No</th>
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**17. Have you had extensive small bowel surgery or surgery for obesity?**

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<th>Yes</th>
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**18. Do you have Cushing's syndrome?**

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<th>Yes</th>
<th>No</th>
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**19. Do you have acromegaly?**

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<th>Yes</th>
<th>No</th>
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**20. This question has been moved.**

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

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<thead>
<tr>
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<th>Yes</th>
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- Blood clot in your lung
- Hospitalization for depression
Pre-Screening Information

22. Have you been treated for inflammatory bowel disease such as Crohn's or ulcerative colitis in the past year (not irritable bowel syndrome)?
   - [ ] Yes
   - [ ] No

23. Have you been diagnosed with or treated for any cancer except (non-melanoma) skin cancer in the past 5 years?
   - [ ] Yes
   - [ ] No

     Probe for type
     Probe for treatment

     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 Eligibility Committee.

     Does cancer or treatment exclude?
     - [ ] Yes
     - [ ] No

24. Can you walk 2 blocks (about ¼ mile) without stopping?
   - [ ] Yes
   - [ ] No

25. Do you have active tuberculosis?
   - [ ] Yes
   - [ ] No

26. Are you currently taking steroid pills or shots such as prednisone or cortisone? (This does not include hormone replacement.)
   - [ ] Yes
     - [ ] Yes
     - [ ] No

     Which ones?

27. Are you currently taking medications for weight loss?
   - [ ] Yes
     - [ ] Yes
     - [ ] No

     Are you willing to stop taking these medications?
     - [ ] Yes
     - [ ] No excludes
## Pre-Screening Information

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

- 1 Yes → **May be re-screened in 6 months.**
- 2 No
- 3 Male, not applicable

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

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

- 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?

- 1 Yes → Explain:
- 2 No

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

- 1 Yes → Explain:
- 2 No

### 32. Are you currently participating in another research study?

- 1 Yes → Explain:
- Yes requires approval by Eligibility Committee

- 2 No

Approved by Eligibility Committee?

- 1 Yes
- 2 No

---

**If Eligible:**

Based on these questions, you may be eligible to participate in the Look AHEAD Study. We would like to invite you to visit the clinic to ask you a few more questions about your medical history, measure your blood pressure, and take a blood sample. When are you available to come to our clinic? We have both day and evening appointments available. Great!

**If Ineligible:**

Based on these questions, it looks like you are not eligible for the Look AHEAD Study. We really appreciate your interest in the study and hope that we can contact you in the future for other studies related to diabetes or weight loss.
33. How was participant screened?
   1 ☐ phone, cold call
   2 ☐ phone, participant called or returned post card
   3 ☐ in person

34. Eligibility status
   1 ☐ Eligible
   2 ☐ Ineligible
   3 ☐ Patient refused
   4 ☐ Pending: Explain ________________ Call back __________

35. Scheduled for screening visit?
   1 ☐ Yes →
   2 ☐ No

36. Staff/Interviewer ID ________________

First Name __________ MI __________ Last Name __________

Acrostic __________ __________ __________ __________