

















**D2d Pre-Screening Inclusion-Exclusion Criteria Sample Questionnaire** (Note: This prescreening questionnaire **does not** replace the thorough medical history and review of inclusion/exclusion criteria done at screening to determine study eligibility)

1. How old are you?	 If < 30 years.
2. Do you have diabetes or have you ever been told you have diabetes?	 If yes, participants who have or have had diabetes* are not eligible  *with the exception of gestational diabetes. If a woman reports she <b>had</b> diabetes, ask her when and if it was during a pregnancy, and then resolved this is not an exclusion
3. What race do you consider yourself?	
4. What is your height? What is your weight?	Calculate BMI using the calculator at <a href="http://nhlbisupport.com/bmi/bminojs.htm">http://nhlbisupport.com/bmi/bminojs.htm</a> (also available as a smartphone app) or if computer unavailable use the table below.   If BMI > 40  If BMI < 23 and caller considers herself as Asian  If BMI < 25 and caller is not Asian
5. What medications do you currently take and for what problems?	 If caller takes an exclusionary medication  <i>Compare the medications the caller to takes to those on the exclusionary medication list (MOP Section 8.4) and make note of the reasons for taking the medication</i>
In the past 6 months, have you had to take steroid medications by mouth (examples: prednisone, decadron, Medrol) for 7 days or more?	 If yes, Note: inhaled glucocorticoids are not excluded
In the past 6 months, have you had to take <u>intravenous</u> steroid medications (decadron, hydrocortisone, solumedrol)?	 If yes, Note: inhaled glucocorticoids are not excluded
6. Do you take any dietary supplements (vitamins)? If yes, Do you take vitamin D? How many units?  Do you take any calcium or supplements with calcium? How many milligrams a day?	 If caller takes >1000 IU of vitamin D per day and is unwilling to reduce the amount he takes.   If caller takes > 600 mg of calcium per day and is unwilling to reduce the amount he takes.
7. Do you visit tanning salons (tanning booths or beds)? If yes, when was the last time?	 If caller visits tanning salons and will not stop for the duration of the study.
8. Do you have an allergy to soy?	 If yes
9. Do you have: • chest pain? • difficulty breathing with activities or while sleeping? • heart failure?	 If yes, to any

<ul style="list-style-type: none"> <li>• leg pain while walking?</li> <li>• an irregular heart beat that causes symptoms?</li> </ul>	
<p>10. In the past year have you had:</p> <ul style="list-style-type: none"> <li>• A heart attack, angioplasty, placement of a heart stent?</li> <li>• A stroke or transient ischemic attack?</li> </ul>	 If yes, to any
<p>11. Do you have:</p> <ul style="list-style-type: none"> <li>• kidney disease?</li> <li>• liver disease, such as hepatitis?</li> <li>• tuberculosis?</li> <li>• AIDS?</li> <li>• COPD, and need to use oxygen?</li> <li>• Cushing's syndrome?</li> </ul>	 If yes, to any
<p>12. Have you had cancer in the past 5 years? If yes, what type?</p>	 If yes*  <i>*You may continue if it was basal cell skin cancer, or prostate cancer in a man &gt;55 years old, or thyroid cancer (note additional information will be needed regarding the diagnosis).</i>
<p>13. Have you ever had bariatric (or weight loss) surgery?</p>	 If yes*  <i>*You may continue if participant had gastric banding more than 2 years ago and has had a stable weight of for the past 6 months (=/-6.6 lbs or 3kg)</i>
<p>14. In the past 3 years have been told you have (or had):</p> <ul style="list-style-type: none"> <li>• kidney stone(s)?</li> <li>• hyperparathyroidism (overactive parathyroid gland(s)?</li> <li>• hypercalcemia (too much calcium in your blood)?</li> </ul>	 If yes, to any
<p>15. Do you have any major surgery planned?</p>	 If yes
<p>16. Have you had a life threatening event in the past 30 days?</p>	 If yes
<p><b>If female:</b></p>	
<p>17. Are you pregnant, or have you been pregnant in the last year? If no, do you intend to become pregnant in the next 4 years?</p>	 If yes
<p>18. Are you breastfeeding?</p>	 If yes
<p>19. Have you started using oral contraceptives or estrogen therapy in the last 3 months?</p>	<p>If yes, participant needs to be on the medication for at least 3 months at the time of the baseline visit. Consider postponing visit if other criteria are met.</p>
<p><b>If caller appears to meet the eligibility criteria you may continue with the Diabetes Risk Test</b></p>	

# Body Mass Index Table

		Normal										Overweight					Obese					Extreme Obesity																	
BMI		19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54		
Height (inches)		Body Weight (pounds)																																					
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258			
59	94	99	103	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267			
60	97	102	106	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276			
61	100	106	110	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285			
62	104	109	113	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295			
63	107	113	117	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304			
64	110	116	120	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314			
65	114	120	124	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324			
66	118	124	128	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334			
67	121	127	131	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344			
68	125	131	135	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354			
69	128	135	139	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365			
70	132	139	143	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376			
71	136	143	147	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386			
72	140	147	151	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397			
73	144	151	155	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408			
74	148	155	159	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420			
75	152	160	164	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431			
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443			

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

Meets BMI criteria  
only if Asian

Meets BMI criteria,  
all races