

# Attachment F: 2014 Outpatient Department Patient Record Form Screenshots

OMB No. 0920-0278; Exp. Date: \_\_\_\_\_

**Assurance of confidentiality** – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

**Notice** – Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0278).

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

**1 of 1 PRF's MRN: NHAMCS-100(OPD) PATIENT INFORMATION**

<p>◆ Enter the patient's medical record number</p> <p>◆ Date of visit (Format MM/DD/YYYY)</p> <p>◆ Patient's 5-digit zip code. (Enter "1" if homeless)</p> <p>◆ Date of birth (Format MM/DD/YYYY)</p>	<p>◆ Age</p> <p>◆ Enter time period <input type="radio"/> 1. Years <input type="radio"/> 3. Days <input type="radio"/> 2. Months</p> <p>◆ Sex <input type="radio"/> 1. Female <input type="radio"/> 2. Male</p> <p>◆ Is patient pregnant? <input type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>◆ Specify Gestation - Gestation week refers to the number of weeks plus 2 that the offspring has spent developing in the uterus</p> <p>◆ Last menstrual period - Month/Day/Year</p>	<p>? [F1] ◆ Race (Enter all that apply, separate with commas)</p> <p><input type="checkbox"/> 1. White <input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> 2. Black or African American <input type="checkbox"/> 5. American Indian or Alaska Native</p> <p><input type="checkbox"/> 3. Asian</p> <p>? [F1] ◆ Expected source(s) of payment for THIS VISIT. (Enter all that apply, separate with commas)</p> <p><input type="checkbox"/> 1. Private Insurance <input type="checkbox"/> 4. Workers' compensation</p> <p><input type="checkbox"/> 2. Medicare <input type="checkbox"/> 5. Self-pay or other</p> <p><input type="checkbox"/> 3. Medicaid or CHIP state-based program <input type="checkbox"/> 6. No charge /Charity program</p> <p><input type="checkbox"/> 7. Other <input type="checkbox"/> 8. Unknown</p>
	<p>? [F1] ◆ Ethnicity</p> <p><input type="radio"/> 1. Hispanic or Latino <input type="radio"/> 2. Not Hispanic or Latino</p>	<p>? [F1] ◆ Tobacco Use</p> <p><input type="radio"/> 1. Not current, never <input type="radio"/> 3. Current</p> <p><input type="radio"/> 2. Not current, former <input type="radio"/> 4. Unknown</p>

00020200 VDATE 5:47:54 PM 8-26-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

**1 of 1 PRF's MRN: NHAMCS-100(OPD) Biometrics/Vital signs**

? [F1] ♦ Height (feet) <input type="text"/>	
? [F1] ♦ Height (inches) <input type="text"/>	? [F1] ♦ Height (centimeters) <input type="text"/>
? [F1] ♦ Weight (pounds) <input type="text"/>	? [F1] ♦ Weight (kilograms) <input type="text"/>
? [F1] ♦ Weight (ounces) <input type="text"/>	? [F1] ♦ Weight (gm) <input type="text"/>
? [F1] ♦ Temperature <input type="text"/>	♦ Temperature type <input type="radio"/> 1. Celsius <input type="radio"/> 2. Fahrenheit
♦ Blood Pressure - SYSTOLIC Refers to the top number of the blood pressure measurement. If multiple measurements are taken, record the last measurement. <input type="text"/>	♦ Blood pressure - DIASTOLIC Refers to the bottom number of the blood pressure measurement. If multiple measurements are taken, record the last measurement. Enter 998 for P, PALP, DOPP, or DOPPLER <input type="text"/>

00020200 BPDIAS 5:56:31 PM 8-26-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

**1 of 1 PRF's MRN: NHAMCS-100(OPD) Reason for Visit**

? [F1] ♦ Enter the patient's complaint(s), symptom(s), or other reason(s) for this visit in the patient's own words. Enter the "most important" complaint/symptom/reason first. <input type="text"/>	♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found <input type="text"/>
? [F1] ♦ Enter 0 for None/No more <input type="text"/>	♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found <input type="text"/>
? [F1] ♦ Enter 0 for None/No more <input type="text"/>	♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found <input type="text"/>
? [F1] ♦ Enter 0 for None/No more <input type="text"/>	♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found <input type="text"/>
? [F1] ♦ Enter 0 for None/No more <input type="text"/>	♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found <input type="text"/>

00020200 VRFV1 5:56:43 PM 8-26-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/2

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

? [F1]

♦ Major reason for this visit

1. New problem (<3 mos. onset)       4. Pre surgery  
 2. Chronic problem, routine               5. Post surgery  
 3. Chronic problem, flare-up

1 of 1

00020200 MAJOR 5:57:16 PM 8-26-2013 RP: April 18 - May 8 SW: 0 TE: 0 2/2

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

1 of 1 PRF's MRN: NHAMCS-100(OPD) Injury

? [F1] ♦ Is this visit related to an injury, poisoning, or adverse effect of medical treatment?

1. Yes, injury/trauma  
  2. Yes, poisoning  
  3. Yes, adverse effect of medical/surgical care or adverse affect of medicinal drug  
  4. No  
  5. Unknown

? [F1] ♦ Did the injury/trauma or poisoning occur within 72 hours prior to the date and time of this visit?

1. Yes  
  2. No  
  3. Unknown  
  4. Not Applicable

♦ Is this injury/overdose/poisoning intentional or unintentional?

1. Intentional       2. Unintentional       3. Intent unclear  
 (e.g., accidental)

♦ Describe the place and circumstances that preceded the event.  
Examples:

1. Injury/trauma (e.g., patient fell while walking down stairs at home and sprained her ankle; patient was bitten by a spider)
2. Poisoning ( e.g., 4 year old child was given adult cold/cough medication and became lethargic; child swallowed large amount of liquid cleanser and began vomiting)
3. Adverse effect (e.g., patient developed a rash on his arm 2 days after taking penicillin for an ear infection)

1 of 1

00020200 INJURY 5:57:34 PM 8-26-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

1 of 1 PRF's MRN: NHAMCS-100(OPD) Continuity of care

? [F1] ♦ Is this clinic the patient's primary care provider?

1. Yes  2. No  3. Unknown

? [F1] ♦ Was patient referred for this visit?

1. Yes  2. No  3. Unknown

? [F1] ♦ Has the patient been seen in this clinic before?

1. Yes, established patient  2. No, new patient

? [F1] ♦ How many past visits to this clinic in the last 12 months?  
(Exclude this visit) Enter CTRL-D if data is not available.

00020200 PRIMCARE 5:57:50 PM 8-26-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

1 of 1 PRF's MRN: NHAMCS-100(OPD) Provider's diagnosis for this visit

? [F1] ♦ Regardless of the diagnoses previously entered, does the patient now have - Enter all that apply, separate with commas

<input type="checkbox"/> 1. Alcohol misuse, abuse or dependence	<input type="checkbox"/> 7. Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/> 14. Diabetes mellitus (DM), Type unspecified
<input type="checkbox"/> 2. Substance abuse or dependence	<input type="checkbox"/> 8. Chronic kidney disease (CKD)	<input type="checkbox"/> 15. History of pulmonary embolism (PE) or deep vein thrombosis (DVT)
<input type="checkbox"/> 3. Alzheimer's disease/Dementia	<input type="checkbox"/> 9. End-stage renal disease (ESRD)	<input type="checkbox"/> 16. HIV Infection/AIDS
<input type="checkbox"/> 4. Asthma (Asthma severity, Asthma control)	<input type="checkbox"/> 10. Congestive heart failure (CHF)	<input type="checkbox"/> 17. Hyperlipidemia
<input type="checkbox"/> 5. Cancer	<input type="checkbox"/> 11. Depression	<input type="checkbox"/> 18. Hypertension
<input type="checkbox"/> 6. Cerebrovascular disease/stroke (CVA) or transient ischemic attack (TIA)	<input type="checkbox"/> 12. Diabetes mellitus (DM), Type I	
	<input type="checkbox"/> 13. Diabetes mellitus (DM), Type II	

▼

♦ Asthma severity

<input type="radio"/> 1. Intermittent	<input type="radio"/> 4. Severe persistent
<input type="radio"/> 2. Mild persistent	<input type="radio"/> 5. Other - specify
<input type="radio"/> 3. Moderate persistent	<input type="radio"/> 6. None recorded

♦ Specify Asthma severity

♦ Asthma control

<input type="radio"/> 1. Well controlled	<input type="radio"/> 3. Very poorly controlled
<input type="radio"/> 2. Not well controlled	<input type="radio"/> 4. Other - specify
	<input type="radio"/> 5. None recorded

♦ Specify Asthma control

00020200 PATIENT\_HAVE 10:59:32 AM 8/27/2013 RP: April 18 - May 8 SW: 0 TE: 0 2/2

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

1 of 1 PRF's MRN: NHAMCS-100(OPD) Provider's diagnosis for this visit

<p>? [F1]</p> <p>♦ As specifically as possible, list diagnoses related to this visit including chronic conditions. List PRIMARY diagnoses first</p>	<p>? [F1]</p> <p>♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found</p>
<p>? [F1]</p> <p>♦ Enter 0 if no other diagnoses</p>	<p>? [F1]</p> <p>♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found</p>
<p>? [F1]</p> <p>♦ Enter 0 if no other diagnoses</p>	<p>? [F1]</p> <p>♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found</p>
<p>? [F1]</p> <p>♦ Enter 0 if no other diagnoses</p>	<p>? [F1]</p> <p>♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found</p>
<p>? [F1]</p> <p>♦ Enter 0 if no other diagnoses</p>	<p>? [F1]</p> <p>♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found</p>

00020200 VDIAG1 5:58:12 PM 8-26-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/2

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

1 of 1 PRF's MRN: NHAMCS-100(OPD) Services

? [F1] \* Services Enter all examinations, blood tests, imaging, other tests, non-medication treatment and health education ORDERED or PROVIDED.

<p><input type="checkbox"/> 1. NO SERVICES</p> <p><b>Examinations/Screenings</b></p> <p><input type="checkbox"/> 2. Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)</p> <p><input type="checkbox"/> 3. Breast</p> <p><input type="checkbox"/> 4. Depression screening</p> <p><input type="checkbox"/> 5. Domestic violence screening</p> <p><input type="checkbox"/> 6. Foot</p> <p><input type="checkbox"/> 7. Neurologic</p> <p><input type="checkbox"/> 8. Pelvic</p> <p><input type="checkbox"/> 9. Rectal</p> <p><input type="checkbox"/> 10. Retinal/ Eye Exam</p> <p><input type="checkbox"/> 11. Skin</p> <p><input type="checkbox"/> 12. Substance abuse screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)</p> <p><b>Labroatory tests</b></p> <p><input type="checkbox"/> 13. Basic metabolic panel</p> <p><input type="checkbox"/> 14. CBC</p> <p><input type="checkbox"/> 15. Chlamydia test</p> <p><input type="checkbox"/> 16. Comprehensive metabolic panel</p> <p><input type="checkbox"/> 17. Creatinine /Renal function panel</p>	<p><input type="checkbox"/> 18. Culture, blood</p> <p><input type="checkbox"/> 19. Culture, throat</p> <p><input type="checkbox"/> 20. Culture, urine</p> <p><input type="checkbox"/> 21. Culture, other</p> <p><input type="checkbox"/> 22. Glucose, serum</p> <p><input type="checkbox"/> 23. Gonorrhea test</p> <p><input type="checkbox"/> 24. HbA1c (Glycohemoglobin)</p> <p><input type="checkbox"/> 25. Hepatitis testing/Hepatitis panel</p> <p><input type="checkbox"/> 26. HIV test</p> <p><input type="checkbox"/> 27. HPV DNA test</p> <p><input type="checkbox"/> 28. Lipid profile</p> <p><input type="checkbox"/> 29. Liver enzymes/Hepatic function panel</p> <p><input type="checkbox"/> 30. PAP test</p> <p><input type="checkbox"/> 31. Pregnancy/HCG test</p> <p><input type="checkbox"/> 32. PSA (prostate specific antigen)</p> <p><input type="checkbox"/> 33. Rapid strep test</p> <p><input type="checkbox"/> 34. TSH/Thyroid panel</p> <p><input type="checkbox"/> 35. Urinalysis</p> <p><input type="checkbox"/> 36. Vitamin D test</p> <p><b>Imaging</b></p> <p><input type="checkbox"/> 37. Bone mineral density</p> <p><input type="checkbox"/> 38. CT scan</p>	<p><input type="checkbox"/> 39. Echocardiogram</p> <p><input type="checkbox"/> 40. Ultrasound</p> <p><input type="checkbox"/> 41. Mammography</p> <p><input type="checkbox"/> 42. MRI</p> <p><input type="checkbox"/> 43. X-ray</p> <p><input type="checkbox"/> 44. Audiometry</p> <p><b>Procedures</b></p> <p><input type="checkbox"/> 45. Biopsy</p> <p><input type="checkbox"/> 46. Cardiac stress test</p> <p><input type="checkbox"/> 47. Colonoscopy</p> <p><input type="checkbox"/> 48. Cryosurgery (cryotherapy)/ Destruction of tissue</p> <p><input type="checkbox"/> 49. EKG/ECG</p> <p><input type="checkbox"/> 50. Electroencephalogram (EEG)</p> <p><input type="checkbox"/> 51. Electromyogram (EMG)</p> <p><input type="checkbox"/> 52. Excision of tissue</p> <p><input type="checkbox"/> 53. Fetal monitoring</p> <p><input type="checkbox"/> 54. Peak flow</p> <p><input type="checkbox"/> 55. Sigmoidoscopy</p> <p><input type="checkbox"/> 56. Spirometry</p> <p><input type="checkbox"/> 57. Tonometry</p> <p><input type="checkbox"/> 58. Tuberculosis skin testing/PPD</p>	<p><input type="checkbox"/> 59. Upper gastrointestinal endoscopy/EGD</p> <p><b>Treatments</b></p> <p><input type="checkbox"/> 60. Cast/splint/wrap</p> <p><input type="checkbox"/> 61. Complementary and alternative medicine (CAM)</p> <p><input type="checkbox"/> 62. Durable medical equipment</p> <p><input type="checkbox"/> 63. Home health care</p> <p><input type="checkbox"/> 64. Mental health counseling, excluding psychotherapy</p> <p><input type="checkbox"/> 65. Occupational therapy</p> <p><input type="checkbox"/> 66. Physical therapy</p> <p><input type="checkbox"/> 67. Psychotherapy</p> <p><input type="checkbox"/> 68. Radiation therapy</p> <p><input type="checkbox"/> 69. Wound care</p> <p><b>Health education/Counseling</b></p> <p><input type="checkbox"/> 70. Alcohol abuse counseling</p> <p><input type="checkbox"/> 71. Asthma</p> <p><input type="checkbox"/> 72. Asthma action plan given to patient</p> <p><input type="checkbox"/> 73. Diabetes education</p> <p><input type="checkbox"/> 74. Diet/Nutrition</p> <p><input type="checkbox"/> 75. Exercise</p>	<p>education ORDERED or PROVIDED.</p> <p><input type="checkbox"/> 76. Family planning/Contraception</p> <p><input type="checkbox"/> 77. Genetic counseling</p> <p><input type="checkbox"/> 78. Growth/Development</p> <p><input type="checkbox"/> 79. Injury prevention</p> <p><input type="checkbox"/> 80. STD prevention</p> <p><input type="checkbox"/> 81. Stress management</p> <p><input type="checkbox"/> 82. Substance abuse counseling</p> <p><input type="checkbox"/> 83. Tobacco use/Exposure</p> <p><input type="checkbox"/> 84. Weight reduction</p> <p><b>Other services not listed</b></p> <p><input type="checkbox"/> 85. Other service</p>
--	---	--	--	---

00020200 DIAG\_SERVICE 5:58:30 PM 8-26-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/3

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

? [F1]

- Enter drugs that were ordered, supplied, administered or continued during this visit. Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements.

Enter XXX if medication cannot be found  
Enter 0 for no more

Drug	Drug Lookup	New/Continued
[1]		
[2]		
[3]		
[4]		
[5]		
[6]		
[7]		
[8]		
[9]		
[10]		
[11]		
[12]		
[13]		
[14]		
[15]		

00020200 VMED 6:06:23 PM 8-26-2013 RP: April 18 - May 8 SW: 0 TE: 0 2/3

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Vital Signs Reason Injury Continuity of Care Diagnosis Services Medications Disposition Tests

1 of 1 PRF's MRN: NHAMCS-100(OPD) Providers and Disposition

? [F1]

- Enter all providers seen at this visit, separate with commas

1. Physician       4. RN/LPN       7. None  
 2. Physician assistant       5. Mental health provider  
 3. Nurse practitioner/Midwife       6. Other

? [F1]

- Visit Disposition (Enter all that apply, separate with commas)

1. Return to referring physician       6. Return at specified time (unspecified)  
 2. Refer to other physician       7. Return as needed (p.r.n.)  
 3. Return at specified time (less than 1 week)       8. Refer to ER /Admit to hospital  
 4. Return at specified time (1 week to less than 2 months)       9. Other  
 5. Return at specified time (2 months or greater)

00020200 PROV\_SEEN 6:06:43 PM 8-26-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

1 of 1 PRF's MRN: NHAMCS-100(OPD) Tests

? [F1] ♦ Was blood for the following laboratory tests drawn on the day of the sampled visit or during the 12 months prior to the visit?

Reference Time: 11/30/2001 - 0/0/0

1. Enter 1 to Continue

	Most recent result	Date of Test
? [F1] ♦ Total cholesterol? (1 = yes 2 = none found)	♦ Total cholesterol [ ] mg/dL	[ ]
? [F1] ♦ High density lipoprotein (HDL)? (1 = yes 2 = none found)	♦ HDL [ ] mg/dL	[ ]
? [F1] ♦ Low density lipoprotein (LDL)? (1 = yes 2 = none found)	♦ LDL [ ] mg/dL	[ ]
? [F1] ♦ Triglycerides (TGs) ? (1 = yes 2 = none found)	♦ TGs [ ] mg/dL	[ ]
? [F1] ♦ HbA1c Glycohemoglobin ? (1 = yes 2 = none found)	♦ A1C [ ] %	[ ]
? [F1] ♦ Fasting blood glucose (FBG) ? (1 = yes 2 = none found)	♦ Blood glucose [ ] mg/dL	[ ]
? [F1] ♦ Serum creatinine? (1 = yes 2 = none found)	♦ Serum creatinine [ ] mg/dL	[ ]