

NASH Pre-Screening Questionnaire

This questionnaire is intended to pre-screen patients for NASH clinical research studies.

Patients Name: _____ DOB (MM/DD/YYYY): _____ Age _____

Preferred Phone: _____ Email: _____

Person collecting the information: _____ Date (MM/DD/YYYY): _____

Please indicate your sex:

Male Female

Are you post-menopause? (Female only)

Yes No

Please indicate your race:

- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Asian

Please indicate your ethnicity:

Hispanic or Latino Not Hispanic or Latino

What is your weight and height?

Weight: _____ Height: _____ BMI: _____

Did you lose weight within the previous 6 months?

Yes No

If yes, how much? _____

How often do you drink alcohol?

- Never 1-2 Times per week
- Once every 2 weeks >5 Times per week

Do you use Marijuana?

Yes No

Do you use any illicit drugs?

Yes No

Liver related Questions: Have you been told you have any of the following?

Fatty Liver Yes No NASH Yes No

Other liver disease Yes No Abnormal or high liver tests Yes No

Do you have or had any of the following conditions?

- Diabetes type I Yes No UNK
- Diabetes type II Yes No UNK
- High blood pressure Yes No UNK
- High cholesterol Yes No UNK
- Fatty liver Yes No UNK
- Hepatitis B Yes No UNK
- Hepatitis C Yes No UNK
- HIV Yes No UNK
- Cirrhosis Yes No UNK
- Chronic Kidney Disease Yes No UNK
- Congestive Heart Failure Yes No UNK
- Thyroid Yes No UNK
- Cancer Yes No UNK

If yes, please indicate remission date: _____

Have you had any of these blood tests within the last 6 months? Yes No

- HbA 1C Normal High Low UNK
- Liver Enzymes Normal High Low UNK
- Cholesterol Normal High Low UNK
- Triglycerides Normal High Low UNK
- Total Bilirubin Normal High Low UNK
- Platelets Normal High Low UNK

NASH Pre-Screening Questionnaire

This questionnaire is intended to pre-screen patients for NASH clinical research studies.

Have you had any of these tests recently?

Ultrasound of abdomen/liver Yes No

Date: _____ Results: _____

Fibroscan® Yes No

Date: _____ kPa _____ CAP _____

MRI/MRE Yes No

Date: _____ Results: _____

Liver Biopsy Yes No

Date: _____ Results: _____

Have you had any surgeries?

Yes No

If yes, please indicate:

Do you have a contraindication to get an MR such as claustrophobia, or do you have a metallic implant or pacemaker?

Yes No

If yes, please indicate:

Are you currently participating or have participated in a clinical trial in the last 6 months?

Yes No

If yes, please indicate details (start date, indication)

Are you currently taking medications for any of the following, or taking multivitamins/herbal supplements?

Heart Disease

Yes No

Diabetes

Yes No

Weight Loss

Yes No

High Cholesterol

Yes No

High Blood Pressure

Yes No

Multivitamins/Supplements

Yes No

If yes, please indicate:

Prevalence in Different Groups	Prevalence (%) of Having NAFLD & NASH	
	NAFLD	NASH
All	38%	14%
Male	45%	17%
Female	30%	11%
Latino/Hispanic	55%	24%
BMI ≥ 30	57%	24%
Diabetes (Type II)	70%	35%
Arterial Hypertension	47%	17%
Hypercholesterolemia	44%	16%
Diabetes (Type II) & BMI ≥ 30 & Hypertension	74%	46%

Harrison SA., et al. Prospective evaluation of the prevalence of non-alcoholic fatty liver disease and steatohepatitis in a large middle-aged US cohort. J Hepatol. 2021 Aug;75(2):284-291. DOI: 10.1016/j.jhep.2021.02.034. Epub 2021 Mar 18. PMID: 33746083.