**Table 1. Score definition (adapted from 2012 guidelines by Majhail NS et al.4)**

| **SYSTEM (SCORE RANGE)** | **SYSTEM (SCORE RANGE)** |
| --- | --- |
| **IMMUNE (0-1)** | **NERVOUS (0-2)** |
| Up-to-date for 2-year immunization (Y/N) | Clinical exam (Y/N) |
| **OCULAR (0-2)** | Evaluation on cognitive function (Y/N) |
| Clinical assessment of visual symptoms (Y/N)  | **ENDOCRINE (0-3)** |
| Completion of annual eye exam by an expert or referral made (Y/N) | Thyroid function test screening (Y/N) |
| **ORAL (0-3)** | Assessment of gonadal function (Y/N) |
| Education on preventive oral health practices (Y/N) | Ordering gonadal function test based on symptoms (Y/N) |
| Clinical oral exam (Y/N) | **MUCO-CUTANEOUS (0-3)** |
| Completion of annual dental exam (Y/N) | Clinical kin exam (Y/N) |
| **RESPORIATORY (0-4)** | Counseling on protection against sun exposure (Y/N) |
| Clinical exam (Y/N) | Gynecological exam in women (Y/N) |
| Assessment and counseling on tobacco use (Y/N) | **SECOND CANCER (0-2)** |
| Assessment of pulmonary symptoms (Y/N) | Counseling on second cancer vigilance (Y/N) |
| Ordering a PFT and radiologic assessment if indicated (Y/N) | Up-to-date on cancer screening (Y/N) |
| **CARDIOVASCULAR (0-3)** | **PSYCHOLOGICAL (0-5)** |
| Clinical exam (Y/N) | Psychosocial/quality of life assessment (Y/N) |
| CV risk factor evaluation and appropriate treatment (Y/N) | Inquiry about family functioning (Y/N) |
| Education on heart healthy life style, endocarditis prophylaxis (Y/N) | Inquiry about sexually transmitted disease screening and protection (Y/N) |
| **HEPATIC (0-5)** | Inquiry about sexual functioning (Y/N) |
| LFT monitoring (Y/N) | Inquiry about substance abuse (Y/N) |
| Assessment of the need of Hepatitis B/C viral load monitoring (Y/N) |  |
| Hepatitis B/C monitoring and hepatology/infectiouc disease referral if indicated (Y/N) |  |
| Assessment of the need of ferritin monitoring (Y/N) |  |
| Monitoring serum ferritin level if indicated (Y/N) |  |
| **RENAL (0-2)** |  |
| Blood pressure screening (Y/N) |  |
| BUN/creatinine or urine protein screening (Y/N) |  |
| **MUSCULOSKELETAL (0-6)** |  |
| Evaluation of muscle weakness (Y/N) |  |
| Counseling on physical activity (Y/N) |  |
| Counseling on fall prevention (Y/N) |  |
| Counseling on Ca/vitamin D supplementation (Y/N) |  |
| Assessment on the need of bone density testing (Y/N) |  |
| Request bone density testing on previous abnormal or ongoing risk factors (Y/N) |  |

| **SYSTEM (SCORE RANGE)** | **SYSTEM (SCORE RANGE)** |
| --- | --- |
| **IMMUNE (0-1)**Up-to-date for 2-year immunization (Y/N)**OCULAR (0-2)**Clinical assessment of visual symptoms (Y/N)Completion of annual eye exam by an expert or referral made (Y/N)**ORAL (0-3)**Education on preventive oral health practices (Y/N)Clinical oral exam (Y/N)Completion of annual dental exam (Y/N)**RESPORIATORY (0-4)**Clinical exam (Y/N)Assessment and counseling on tobacco use (Y/N)Assessment of pulmonary symptoms (Y/N)Ordering a PFT and radiologic assessment if indicated (Y/N)**CARDIOVASCULAR (0-3)**Clinical exam (Y/N)CV risk factor evaluation and appropriate treatment (Y/N)Education on heart healthy life style, endocarditis prophylaxis (Y/N)**HEPATIC (0-5)**LFT monitoring (Y/N)Assessment of the need of Hepatitis B/C viral load monitoring (Y/N)Hepatitis B/C monitoring and hepatology/infectiouc disease referral if indicated (Y/N)Assessment of the need of ferritin monitoring (Y/N)Monitoring serum ferritin level if indicated (Y/N)**RENAL (0-2)**Blood pressure screening (Y/N)BUN/creatinine or urine protein screening (Y/N)**MUSCULOSKELETAL (0-6)**Evaluation of muscle weakness (Y/N)Counseling on physical activity (Y/N)Counseling on fall prevention (Y/N)Counseling on Ca/vitamin D supplementation (Y/N) | **NERVOUS (0-2)**Clinical exam (Y/N)Evaluation on cognitive function (Y/N)**ENDOCRINE (0-3)**Thyroid function test screening (Y/N)Assessment of gonadal function (Y/N)Ordering gonadal function test based on symptoms (Y/N)**MUCO-CUTANEOUS (0-3)**Clinical kin exam (Y/N)Counseling on protection against sun exposure (Y/N)Gynecological exam in women (Y/N)**SECOND CANCER (0-2)**Counseling on second cancer vigilance (Y/N)Up-to-date on cancer screening (Y/N)**PSYCHOLOGICAL (0-5)**Psychosocial/quality of life assessment (Y/N)Inquiry about family functioning (Y/N)Inquiry about sexually transmitted disease screening and protection (Y/N)Inquiry about sexual functioning (Y/N)Inquiry about substance abuse (Y/N) |