

	Evaluation	When to screen
Glycemic Management	HbA1c	Quarterly
	Glucose values from meter, log, or CGM	At each visit and in between visits as needed for insulin dose adjustments
Cardiovascular Risk Factors	Blood pressure	Every visit
	Smoking status	Every visit
		Discourage smoking in youth who do not smoke and encourage smoking cessation in those who do
Lipids	Begin ≥11 years; if normal results are obtained; repeat every 3 years	
Microvascular Complications	Kidney disease: urine albumin: creatinine ratio	Start at puberty or from age 11 years, whichever is earlier, after 2–5 years diabetes duration; repeat annually for kidney disease and neuropathy; every 2–3 years for retinopathy
	Retinopathy: dilated eye exam	
	Neuropathy: comprehensive foot exam	
Autoimmune Screening	Thyroid function: TSH, total or free T4 (and thyroid autoantibodies if available)	At or near diagnosis; Every 2 years: TSH (sooner if with symptoms or positive thyroid autoantibodies at diagnosis)
	Celiac screening (TTG-IgA, if IgA normal)	At or near diagnosis; repeat at 2– 5 years intervals (sooner if symptomatic or first degree relative with celiac disease)
	Addison's disease (primary adrenal insufficiency), autoimmune hepatitis, autoimmune gastritis, dermatomyositis, and myasthenia gravis	As clinically indicated
Psychosocial Screening	Diabetes distress, depression, disordered eating	Begin shortly after diagnosis; routinely (at least annually)
Anticipatory Guidance	Pre-conception counseling, risk-taking behaviors, transition to adult care	Pre-conception counseling for girls of childbearing potential. Discussion about risk-taking behaviors and preparation for transition to adult care can begin in early adolescence and be revisited at least annually