

Participant ID: _____ - _____

**SOURCE DOCUMENT WORKSHEET FOR
FORM 09: MEDICAL HISTORY**

To be completed by study personnel via participant interview and medical record review during the angiography visit. Once completed, this data should be entered into eDC and this form should be filed in the Participant's Study Binder.

Que s.	Condition <i>Definition noted in italics</i> Yes: 1 No: 2 Blank: -1	Documented history of?
1	Myocardial infarction (heart attack) HxMI <i>Documented history of ST elevation MI and/or non-ST elevation MI</i>	[] Yes [] No
2	Congestive heart failure (CHF) HxCHF <i>Documented history of congestive heart failure, diastolic dysfunction, and/or systolic dysfunction</i>	[] Yes [] No
3	Peripheral vascular disease HxPVD <i>Documented history of peripheral vascular disease, vascular insufficiency, thoracic and/or aortic aneurysms, claudication or rest pain</i>	[] Yes [] No
4	Cerebrovascular disease (stroke) HxCVD <i>Documented history of cerebrovascular accident (CVA) or transient ischemic attack (TIA)</i>	[] Yes [] No
5	Chronic pulmonary disease HxChronicPulDis <i>Documented history of chronic obstructive pulmonary disease, restrictive lung disease, chronic pulmonary disease, emphysema, chronic bronchitis</i>	[] Yes [] No
6	Hypertension HxHypertension <i>Documented history of physician diagnosis or prescription of medication for hypertension</i>	[] Yes [] No

Participant's smoking history

7. Describe the participant's smoking history: **Smoke** **Blank: -1**
- Current smoker **1**
 - Past smoker **2**
 - Never smoked **3**
 - Unknown **4**

8. Date form completed: **F09Complete**

Signature of person completing the form: _____