

Participant ID

Nickname

Date of visit  
  
month day year

Diabetes Prevention Program Outcomes Study

R04 CHD RISK STATUS REPORT

This form is completed at Annual visits ( 01A, 02A, 03A...) when samples are collected for CBL determination of lipid profiles. This form records the non-lipid coronary heart disease (CHD) risk factors based on the guidelines specified in the DPPOS Manual of Operations.

A. Participant Identification

1. Clinic number

2. Participant number

3. Nickname

4. Date of randomization  
  
month day year

5. Sex Male  <sup>1</sup> Female  <sup>2</sup>

6. Date of visit   
month day year CHVSTDT replaced with DAYSRAND

7. Outcome visit  VISIT

FORMIN

Identification code of person reviewing completed form  Form entered in computer?

Participant ID

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Nickname

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Date of visit

month		day		year			

**Part II / PARTICIPANT STATUS**

Complete Section B CHD Status for all participants. Section C will document the participant's visit-specific CHD risk status for the determination of intensity of treatment according to NCEP guidelines for adults.

B. Drug Therapy

- |  | Yes                        | No                         |        |
|--|----------------------------|----------------------------|--------|
| 1. Is the participant on lipid-lowering drug therapy?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHDRUG |

C. CHD Status

- |  |                            |                            |         |
|--|----------------------------|----------------------------|---------|
| 1. Does the participant have atherosclerotic vascular disease including coronary disease, cerebrovascular disease, or peripheral vascular disease? (NOTE: abnormal ABI does not define PVD in the absence of signs or symptoms). | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHATHER |
| 2. Diabetes mellitus.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHDIAB  |

D. CHD Risk Factor Status

- |  | Yes                        | No                         |         |
|--|----------------------------|----------------------------|---------|
| 1. Male ≥ 45 years <b>or</b><br>Female ≥ 55 years.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHSEX   |
| 2. Family history of premature CHD (any event or CVD procedure before age 55 in father or other first-degree male relative, or before age 65 in mother or other first-degree female relative)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHHIST  |
| 3. Current cigarette smoking.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHSMOKE |
| 4. Confirmed hypertension.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHHYPER |
| 5. Is the participant on anti-hypertensive medication?.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHAHMED |