

Participant ID

--	--	--	--	--	--	--	--

Nickname

--	--	--	--	--	--	--	--

Date of treatment

month	day					year	

Diabetes Prevention Program Outcomes Study  
**E09 Eye Procedure Event**

This form is completed at any follow-up or interim visit if the participant reports having undergone laser/Intravitreal treatment for diabetic retinopathy, diabetic macular edema, or other retinal procedures/surgeries. Send medical records to CoC for laser/Intravitreal treatment for diabetic retinopathy or diabetic macular edema only.

A. Participant Identification

1. Clinic number									
2. Participant number									
3. Nickname									
4. Date of randomization									
5. Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>					
6. Date of treatment									
7. Date of participant report									
8. Outcome visit									
9. Date of form completion									

E09TRTDT  
Replaced with  
DAYSRAND\_TRT

E09RPTDT  
Replaced with  
DAYSRAND\_RPT

E09FORMDT  
Replaced by  
DAYSRAND

B. Treatment Information

Describe the condition and eye surgery, treatment or procedures received.

1. Short description of the condition	E09DESCRP
2. Classification term for condition (see COSTART dictionary)	E09CLASS

For questions 3 – 8, check all that apply. If a procedure was not performed on either eye, leave that question blank.

3. Laser treatment for proliferative diabetic retinopathy	E09LASPDRL	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	1
4. Laser treatment for diabetic macular edema	E09LASMACL	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	1
5. Intravitreal injection for proliferative diabetic retinopathy	E09INJPDRL	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	1

*CHECK ALL THAT APPLY*

Identification code of person reviewing completed form 

--	--	--	--

 Form entered in computer?

