

Diabetes Prevention Program  
CHD RISK STATUS REPORT

This form is completed whenever samples are collected for CBL determination of lipid profile. Form R04 records the non-lipid coronary heart disease (CHD) risk factors based on 1993 NCEP guidelines in adults.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic   CLINIC

2. Participant Identification Number (Complete a **OR** b)

a. If screening step 4, Screening number  S

b. If follow-up, Participant number       PATID

3. Participant's initials     INITS  
first last

4. Participant's date of birth           DOB  
month day year

5. Participant's sex Male   SEX  
Female

B. Visit Information

1. Date of visit           CHVSTDT replaced with DAYSRAND

2. Type of visit Screening Step 4   CHVSTTY  
Standard Follow-up    
Major Follow-up    
Interim Follow-up

3. Week of visit (If Follow-up)     CHVSTWK

4. Outcome visit     VISIT

5. End of Study Yes   TREOS  
No

C. Instructions For Administration

Complete Section D - CHD/ Unmasking Status. If any question in Section D is answered YES then the participant's lipid profile for this visit will be reported as an unmasked result. If all questions in Section D are answered NO then complete Section E and F. Section E will document the participant's visit-specific CHD risk status for determination of intensity of treatment according to NCEP guidelines and unmasking of lipid results. Section F will document any non-CHD reason for unmasking the lipid results. If the question in Section F is answered YES then fax form R04 to the Coordinating Center for review of the unmasking request.

Initials of person reviewing completed form       first last Form entered in computer?

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

**Part II / PARTICIPANT STATUS**

**D. CHD/ Unmasking Status**

- |   | YES                        | NO                         |         |
|---|----------------------------|----------------------------|---------|
| 1. Has the participant's past lipid profile been unmasked by the Coordinating Center?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHUNMA  |
| 2. Is the participant on lipid-lowering drug therapy?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHDRUG  |
| 3. 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 |

If NO to questions D1 through D3, CONTINUE.  
 If any question in section D is answered YES, STOP.

**E. CHD Risk Factor Status**

- |  | YES                        | NO                         |         |
|--|----------------------------|----------------------------|---------|
| 1. Male $\geq$ 45 years <b>or</b><br>Female $\geq$ 55 years <b>or</b> menopause without estrogen replacement therapy.  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHSEX   |
| 2. Family history of premature CHD (definite myocardial infarction or sudden death before age 55 in father or other male first-degree relative, or before age 65 in mother or other female first-degree 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. Diabetes mellitus.  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHDIAB  |

**F. Other Reasons for Unmasking**

- |  | YES                        | NO                         |        |
|--|----------------------------|----------------------------|--------|
| 1. Is there any other reason to unmask lipid results for this participant? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CHREAS |

If YES, explain below and fax form R04 to the Coordinating Center for review of explanation.

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