

**EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS
ANS Testing Eligibility**

Complete this form prior to ANS testing.

Send this form and a CD (or other acceptable electronic file) of the ANS test to Philip Low at the ANS Reading Center. Send a copy of this form to the Coordinating Center in the monthly forms mailing. Retain a copy of this form in the clinic files. Maintain an electronic copy of the ANS test on your computer, or on a separate disk. Follow the instructions for standard web-based tracking.

A. IDENTIFYING INFORMATION

- | | | | |
|-----------------------------------------------------------|-------|-------|------|
| 1. Clinic Number: | ___ | ___ | |
| 2. Patient ID Number: | ___ | ___ | ___ |
| 3. Patient's Initials: | ___ | ___ | ___ |
| 4. Date Form Completed: | ___ | ___ | ___ |
| | Month | Day | Year |
| 5. EDIC Follow-Up Year? | ___ | ___ | |
| | No | Yes | |
| 6. Is this subject a normal control? | (1) | (2) | |
| 7. Is this testing being performed for ANS certification? | (1) | (2) | |

B. PREPAREDNESS FOR TESTING

If YES is answered to any of the questions below, patient is ineligible for ANS testing today. Reschedule the patient for testing another day and discard this form.

- | | | |
|------------------------------------------------------------------|-------|-------|
| | No | Yes |
| 1. Any food since midnight? | (1) | (2) |
| 2. Any liquids (except water) since midnight? | (1) | (2) |
| 3. Any caffeine since midnight? | (1) | (2) |
| 4. Any medication since midnight (excluding basal pump insulin)? | (1) | (2) |

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 5. Any over-the-counter drugs since midnight (aspirin, antihistamines, nasal spray, etc)? | No | Yes |
| | (1) | (2) |
| 6. Any alcohol in the last 24 hours? | (1) | (2) |
| 7. Any tobacco since midnight? | (1) | (2) |
| 8. Any vigorous exercise in the last 24 hours? (Any exercise not part of patient's daily routine, i.e., routine jogging is O.K., but marathon running is not. NO exercise morning of test.) | (1) | (2) |
| 9. Any emotional upset in the last 24 hours? (Depression, crying episodes, anxiety from personal trauma [death, divorce, car accident, dentist, etc.] | (1) | (2) |
| 10. Acute illness in last 48 hours? (cold, flu, measles, etc). | (1) | (2) |
| 11. Any hypoglycemic episodes since midnight? | (1) | (2) |
| 12. a) Fasting blood sugar value (finger stick method is O.K.) | ___ | ___ |
| | mg/dl | |
| b) Below 50 or signs or symptoms of hypoglycemia? | No | Yes |
| | (1) | (2) |

C. PHYSICAL CONDITION

- 1. Height (cm) _____
- 2. Weight (kg) _____
- 3. List any medications taken in the past 48 hours:

D. BLOOD PRESSURES

- 1. R-R (Subject is supine for all R-R blood pressures)
 - a. Immediately prior to R-R
 - i. systolic (mm Hg) _____
 - ii. diastolic (mm Hg) _____
 - b. Immediately after R-R
 - i. systolic (mm Hg) _____
 - ii. diastolic (mm Hg) _____
- 2. Postural Study (Subject is standing for all postural study blood pressures)
 - 0 minute Instruct patient to stand
 - a. 1 minute
 - i. systolic (mm Hg) _____
 - ii. diastolic (mm Hg) _____
 - b. 2 minute
 - i. systolic (mm Hg) _____
 - ii. diastolic (mm Hg) _____
 - c. 3 minute
 - i. systolic (mm Hg) _____
 - ii. diastolic (mm Hg) _____
 - d. 4 minute
 - i. systolic (mm Hg) _____
 - ii. diastolic (mm Hg) _____
 - e. 5 minute
 - i. systolic (mm Hg) _____
 - ii. diastolic (mm Hg) _____
 - f. 10 minute
 - i. systolic (mm Hg) _____
 - ii. diastolic (mm Hg) _____

- 3. Did postural hypotension occur(a drop of at least 10 mm Hg in diastolic blood pressure AND obvious signs and symptoms)?
 No (1) Yes(2)

- 4. If yes, approximately how many minutes into the test did the postural hypotension occur?
 _____ minutes

E. TEST SUMMARY

- 1. Was the R-R portion of the test completed?
 No (1) Yes(2)
 If no, why not?

- 2. Was the Postural Study completed?
 No (1) Yes(2)

If postural study not completed for ANY REASON OTHER THAN POSTURAL HYPOTENSION, specify:

- 3. Enter number of Valsalva studies **attempted** (enter "0" if no Valsalva studies were attempted).

- 4. Enter number of Valsalva studies **completed** (enter "0" if no Valsalva studies were completed).

- 5. If the number listed in E4 is less than 2, select the most appropriate reason from the list below(check only 1):

- a. Subject with PDR, hx of LASER or Vitrectomy (1)
- b. Subject with suspected (unconfirmed) PDR (1)
- c. Subject couldn't adequately perform blowing (1)
- d. Other (Specify): _____ (1)

Type or print name of person completing this form: _____ Certification Number (if any) _____

Include any additional comments related to test performance on a separate sheet and submit to the ANS reading center along with this form.