

The first text box in this form contains “highlighted” text which appears as blacked out text in the scanned copy below. The text should read:

“This form should be completed in conjunction with the Annual Medical History and Physical Exam (EDIC Form 002) only if there is a positive response to question J.1. One form for each event should be completed. Send the completed form to the Data Coordinating Center in your monthly mailing and retain a copy in the patient's file for your records.

EPIDEMIOLOGY OF DIABETES INTERVENTION AND COMPLICATIONS

Verification of Cardiovascular Event

This form should be completed in conjunction with the Annual Medical History and Physical Exam only if there is a positive response to [redacted]. One form for each event should be completed. Send the completed form to the Data Coordinating Center in your monthly mailing and retain a copy in the patient's file for your records.

A. IDENTIFYING INFORMATION

7.10.14 1. Clinic Number
7.10.14 2. Patient ID Number
7.10.14 3. Patient's Initials
DATE 7.10.14 4. Date form completed
Month Day Year

B. RECOGNITION OF EVENT

DATE 7.10.14 Specify date of occurrence or recognition of the event:
Month Day Year

OR

7.10.14 b) If date uncertain, check here: (1)

DATE 7.10.14 Specify date EDIC clinic learned of the event:
Month Day Year

7.10.14 How did clinic learn of the event?
Annual Medical History and Physical Exam (1)
Quarterly Telephone Interview (2)
Patient/Family notified clinic (3)
Third party notified clinic (4)
Clinic recognized event and informed patient (5)

C. CHEST PAIN

1a) Has the patient complained of pain in the (Check all that apply)

- i) left anterior chest 10. IOCIA I (1)
- ii) left arm 11. IOCIA II (1)
- iii) jaw 12. IOCIA III (1)
- iv) sternum upper or middle 13. IOCIA IV (1)
- v) sternum lower 14. IOCIA V (1)

b) Did the pain also involve (Check all that apply)

- i) the back 15. IOCIB I (1)
- ii) the shoulder 16. IOCIB II (1)
- iii) the right arm 17. IOCIB III (1)
- iv) the abdomen on one or both sides 18. IOCIB IV (1)

2a) If yes to any of the above, did the pain last for a duration of more than 20 minutes? 19. IOCIA (1) (2)
No Yes

b) Was there a definite non-cardiac cause for the pain (i.e. induced by an accident)? 20. IOCIB (1) (2)

c) Were additional doses of nitrates or calcium channel blockers self-administered without obtaining relief of the pain? (before medical care was sought) 21. IOCIC (1) (2)

3. Has the patient ever had any feeling of pressure or heaviness in the chest? 22. IOCIB (1) (2)

Patient ID _____

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4. If the patient has pain or discomfort (pressure, heaviness) in the chest:

a) Do you get this pain when you walk up hill or hurry? 23. IOC4A No Yes (1) (2)

b) Do you get this pain when you walk at an ordinary pace on a level surface? 24. IOC4B No Yes (1) (2)

c) When you get this pain, what do you do?
Stop (1)
Slow down (2)
Continue at the same pace (3)
25. IOC4C

d) What happens to the pain if you stand still?
Relieved (1)
Not relieved (2)
26. IOC4D

e) If relieved when you stand still, how soon does the pain go away?
10 minutes or less (1)
More than 10 minutes (2)
27. IOC4E

D. ENZYME CHANGES

Un-
No Yes certain

1a) i. Was the CPK at least twice the upper limit of normal? 28. IODIAI (1) (2) (3)

ii. What was the CPK value? 29. IODIAII _____

b) i. Was the CPK-MB "present" (answer only if the lab uses criteria of "present" and "absent")? 30. IODIBI (1) (2) (3)

ii. What was the CPK-MB value? 31. IODIBII _____

c) i. Was either the CPK-MB heart fraction or total LDH or SGOT at least twice the upper limit of normal? 32. IODICI (1) (2) (3)

ii. What was the value of:
1) CPK-MB heart fraction 33. IODICII _____

2) LDH 34. IODICIZ _____

3) SGOT 35. IODICIB _____

d) Was there a known non-ischemic cause (i.e. defibrillation, surgery, liver disease, injections, etc.) for the elevated enzymes? 36. IODID (1) (2) (3)

Specify: 37. IODIDOTH

Person completing form: _____

Certification Number

--- 38 CEMFP

39 WEEKNO