

**EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS**

Verification of Cardiovascular Event

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.

**A. IDENTIFYING INFORMATION**

1. Clinic Number 21 CLINIC      \_\_\_
2. Patient ID Number 3 PATIENT      \_\_\_
3. Patient's Initials 4 INITIALS      \_\_\_
4. Date form completed 5 FORMDATE      \_\_\_
- Month    Day    Year

**B. RECOGNITION OF EVENT**

- 1a) Specify date of occurrence or recognition of the event: 6 IOB1ADAT
- Month    Day    Year
- OR
- b) If date uncertain, check here: 7 IOB1B      ( 1 )
2. Specify date EDIC clinic learned of the event: 8 IOB2BDAT
- Month    Day    Year
3. How did clinic learn of the event? 9 IOB3
- Annual Medical History and Physical Exam      ( 1 )
- Telephone Call      ( 2 )
- Patient/Family notified clinic      ( 3 )
- Third party notified clinic      ( 4 )
- Clinic recognized event and informed patient      ( 5 )

4. Was the patient treated within a health care facility for this event?      No      Yes
- a) Emergency room 10 IOB4A      ( 1 )      ( 2 )
- b) Inpatient hospitalization 11 IOB4B      ( 1 )      ( 2 )
- c) EDIC clinic 12 IOB4C      ( 1 )      ( 2 )
- d) Other, specify 13 IOB4D      ( 1 )      ( 2 )

**C. CHEST PAIN**

- (If no pain, check here and skip to C.3) 14 IOC      ( 1 )
- 1a) Has the patient complained of pain in the (Check all that apply)
- i) left anterior chest 15 IOC1AI      ( 1 )
- ii) left arm 16 IOC1AII      ( 1 )
- iii) jaw 17 IOC1AIII      ( 1 )
- iv) sternum upper or middle 18 IOC1AIV      ( 1 )
- v) sternum lower 19 IOC1AV      ( 1 )
- b) Did the pain also involve (Check all that apply)
- i) the back 20 IOC1BI      ( 1 )
- ii) the shoulder 21 IOC1BII      ( 1 )
- iii) the right arm 22 IOC1BIII      ( 1 )
- iv) the abdomen on one or both sides 23 IOC1BIV      ( 1 )

- 2a) If yes to any of the above, did the pain 24. IOC2A  
last for a duration of more than 20 minutes? No Yes  
( 1 ) ( 2 )
- b) Was there a definite non-cardiac cause 25. IOC2B  
for the pain (i.e. induced by an accident)? ( 1 ) ( 2 )
- c) Were additional doses of nitrates or 26. IOC2C  
calcium channel blockers self-administered  
without obtaining relief of the pain?  
(before medical care was sought) ( 1 ) ( 2 )
3. Has the patient ever had any feeling of 27. IOC3  
pressure or heaviness in the chest? ( 1 ) ( 2 )

If NO, skip to C.5

4. If the patient has pain or discomfort  
(pressure, heaviness) in the chest:
- a) Does the patient get this when walking  
up hill or hurrying? 28. IOC4A No Yes  
( 1 ) ( 2 )
- b) Does the patient get this pain when walking 29. IOC4B  
at an ordinary pace on a level surface? ( 1 ) ( 2 )

- c) When the patient gets this pain, 30. IOC4C  
what does he/she do?  
Stop ( 1 )  
Slow down ( 2 )  
Continue at the same pace ( 3 )
- d) What happens to the pain 31. IOC4D  
when standing still?  
Relieved ( 1 )  
Not relieved ( 2 )
- e) If relieved when standing  
still, how soon does the  
pain go away? 32. IOC4E  
10 minutes or less ( 1 )  
More than 10 minutes ( 2 )

5. Were any diagnostic tests performed on this patient? 33. IOC5 No Yes  
( 1 ) ( 2 )

If yes, what tests were performed and what were the results?

Result:

Positive Negative Equivocal

Test	Positive	Negative	Equivocal
<u>IOC5TES1</u> Test 1	( 1 )	( 2 )	( 3 ) <u>35. IOC5RES1</u>
<u>IOC5TES2</u> Test 2	( 1 )	( 2 )	( 3 ) <u>37. IOC5RES2</u>
<u>IOC5TES3</u> Test 3	( 1 )	( 2 )	( 3 ) <u>39. IOC5RES3</u>
<u>IOC5TES4</u> Test 4	( 1 )	( 2 )	( 3 ) <u>41. IOC5RES4</u>
<u>IOC5TES5</u> Test 5	( 1 )	( 2 )	( 3 ) <u>43. IOC5RES5</u>

## D. ENZYME CHANGES

The following questions refer to within 72 hours of hospital arrival or onset of symptoms.

Un-

- 1a) Was the CPK at least twice the upper limit of normal? 44. IOD1A ( 1 ) ( 2 ) ( 3 ) No Yes certain
- b) What was the CPK value? 45. IOD1B \_\_\_\_\_
- 2a) Was the CPK-MB "present"? (answer only if the lab uses criteria of "present" and "absent") 46. IOD2A ( 1 ) ( 2 ) ( 3 )
- b) What was the CPK-MB value? 47. IOD2B \_\_\_\_\_
- 3a) Was either the CPK-MB heart fraction or total LDH or SGOT at least twice the upper limit of normal? 48. IOD3A ( 1 ) ( 2 ) ( 3 )
- b) What was the value of:
- 1) CPK-MB heart fraction 49. IOD3B1 \_\_\_\_\_
- 2) LDH 50. IOD3B2 \_\_\_\_\_
- 3) SGOT 51. IOD3B3 \_\_\_\_\_
4. Was there a known non-ischemic cause (i.e. defibrillation, surgery, liver disease, infections, etc.) for the elevated enzymes? 52. IOD4 ( 1 ) ( 2 ) ( 3 )
- Specify: 53. IOD4OTH

E. ARE ECG TRACINGS ATTACHED? 54. IOEECG ( 1 ) ( 2 ) No Yes

If no, why not?  
\_\_\_\_\_  
\_\_\_\_\_

F. ARE HOSPITAL RECORDS ATTACHED? 55. IOFHOSRE ( 1 ) ( 2 ) No Yes

If no, why not?  
\_\_\_\_\_  
\_\_\_\_\_

## G. OUTCOME OF EVENT:

56. IOGMED Medication ( 1 )

57. IOGCARD Cardiology Followup ( 1 )

58. IOGSURG Surgery ( 1 )

59. IOGTPA TPA ( 1 )

60. IOGOTH Other, specify: ( 1 )

\_\_\_\_\_

Person completing form: \_\_\_\_\_

Certification Number \_\_\_\_\_

61. CERTIFEDIC WEEK NUMBER62. WEEKNO