

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 __ __
2. Patient ID Number __ __ __ __
3. Patient's Initials __ __
4. Date form completed __ __ __ __
Month Day Year
5. EDIC follow-up year (complete either a or b)
 - a) The event was reported at the annual visit.
What is the EDIC follow-up year? __ __
 - b) The event was reported between two annual
visits. What is the LAST EDIC
follow-up year? __ __

B. RECOGNITION OF EVENT (since last annual visit)

0. Confirmation of cardiovascular events

	No	Yes
a) Myocardial infarction	(1)	(2)
b) Angina pectoris	(1)	(2)
c) Coronary artery disease	(1)	(2)
d) Arrhythmia	(1)	(2)
1. a) Specify date of occurrence or
recognition of the event: __ __ __ __
Month Day Year
- OR
- b) If date uncertain, check here: (1)

2. Specify date EDIC clinic
learned of the event: __ __ __ __
Month Day Year
3. How did clinic learn of the event?

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	(1)	(2)
b) Inpatient hospitalization	(1)	(2)
c) EDIC clinic	(1)	(2)
d) Other, specify _____	(1)	(2)

C. CHEST PAIN

- (If no pain, check here and skip to C.3) (1)**
- 1a) Has the patient complained of pain in the
(Check all that apply)

i) left anterior chest	(1)
ii) left arm	(1)
iii) jaw	(1)
iv) sternum upper or middle	(1)
v) sternum lower	(1)

- b) Did the pain also involve (Check all that apply)
 - i) the back (1)
 - ii) the shoulder (1)
 - iii) the right arm (1)
 - iv) the abdomen on one or both sides (1)
- 2. a) If yes to any of the above, did the pain last for a duration of more than 20 minutes?

No	Yes
(1)	(2)
- b) Was there a definite non-cardiac cause for the pain (i.e. induced by an accident)?

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

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

(1)	(2)
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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?

No	Yes
(1)	(2)
 - b) Does the patient get this pain when walking at an ordinary pace on a level surface?

(1)	(2)
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 - c) When the patient gets this pain, what does he/she do?

Stop	(1)
Slow down	(2)
Continue at the same pace	(3)
 - d) What happens to the pain when standing still?

Relieved	(1)
Not relieved	(2)
 - e) If relieved when standing still, how soon does the pain go away?

10 minutes or less	(1)
More than 10 minutes	(2)

- 5. Were any diagnostic tests performed on this patient?

No	Yes
(1)	(2)

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

Result:

Positive Negative Equivocal

Test 1		(1)	(2)	(3)
Test 2		(1)	(2)	(3)
Test 3		(1)	(2)	(3)
Test 4		(1)	(2)	(3)
Test 5		(1)	(2)	(3)

