EDIC EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS

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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 H.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.

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Α.	IDENTIFYING INFORMATION			2.	a) Specify date of occurrence or recognition of the event:			
	1. Clinic Number				OR	Month	Day	Year
	2. Patient ID Number				b) If date uncertain, ✓ here:			(1)
	3. Patient's Initials			3.	Specify date EDIC clinic			
	4. Date form completed	Day	Day Year		learned of the event:	Month	Day	<u> </u>
	For DCC use only. Sequence No			4.	How did clinic learn of the event?)		
	5. EDIC follow-up year (complete either <u>a</u> or <u>b</u>)				Annual Medical History and Physica	al Exam		(1)
	a) The event was reported at the annual vis	sit.			Telephone Call			(2)
	What is the EDIC follow-up year?				Patient/Family notified clinic Third party notified clinic			(3) (4)
	b) The event was reported between two annua visits. What is the <u>LAST</u> EDIC follow-up year?	al			Clinic recognized event and inform	ned pat	ient	(4)
в.	RECOGNITION OF EVENT (since last annual visit))		5.	Was the patient treated within a health care facility for this even	nt?	No	Yes
	1. Confirmation of cardiovascular events				a) Emergency room		(1)	(2)
	a) Myocardial infarction	-	Yes		b) Inpatient hospitalization		(1)	(2)
	b) Angina pectoris		(2) (2)		c) EDIC clinic		(1)	(2)
	c) Coronary artery disease		(2)		d) Other, specify		(1)	(2)
	d) Arrhythmia		(2)					
	e) Congestive heart failure	. ,	(2)					

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C. CHEST PAIN		3. Has the patient ever had any feeling of No Yes pressure or heaviness in the chest? (1) (2)				
If NO pain, ✓ here and skip to C.3	(1)	If NO, ship to G.F.				
 a) Has the patient complained of pain in t (✓ all that apply) 	the	<pre>If NO, skip to C.5 4. If the patient has pain or discomfort</pre>				
i) left anterior chest	(1)	(pressure, heaviness) in the chest:				
ii) left arm	(1)	a) Does the patient get this when walking				
iii) jaw	(1)	up hill or hurrying? (1) (2)				
iv) sternum upper or middle	(1)	b) Does the patient get this pain when walking				
v) sternum lower	(1)	at an ordinary pace on a level surface? (1) (2)				
b) Did the pain also involve (🗸 all that	apply)	c) When the patient gets this pain, what does he/she do?				
i) the back	(1)	Stop (1)				
ii) the shoulder	(1)	Slow down (2)				
iii) the right arm	(1)	Continue at the same pace (3)				
iv) the abdomen on one or both sides	(1)	<pre>d) What happens to the pain when standing still?</pre>				
2. a) If YES to any of the above, did the pa:	in	Relieved (1)				
last for a duration of more than 20 minutes?	No Yes (1) (2)	Not relieved (2)				
	(1) (2)	e) If relieved when standing still, how soon does the pain go away?				
b) Was there a definite non-cardiac cause for the pain (i.e. induced by an		10 minutes or less (1)				
accident)?	(1)(2)	More than 10 minutes (2)				
c) Were additional doses of nitrates or calcium channel blockers self-administer without obtaining relief of the pain? (before medical care was sought)	ered (1) (2)					
5. Were any diagnostic tests performed on th	-	No Yes				
If YES, what tests were performed and what						
Result: Positive Negative EquivocalTest 1(1)(2)(3)						
Test 2						
Test 3						
Test 4						
Test 5						

	ENZYME CHANGES		CLASSIFICATION OF CHF: Defined as at least one symptom from EACH		
7	he following questions refer to within 2 hours of hospital arrival or onset of ymptoms.		category: Category A: No		
	Un- . a) Was the CPK at least twice the No Yes certain upper limit of normal? (1) (2) (3)		Category A: No Paroxysmal nocturnal dyspnea, dyspena at rest, marked limitations of activity, or orthopnea. (1) Category B:		
	b) What was the CPK value?		Rales, ankle edema, tachycardia, cardio- megaly by chest x-ray, chest x-ray charac-		
2	<pre>. a) Was the CPK-MB "present"? (answer only if the lab uses criteria of "present" and "absent") (1) (2) (3)</pre>		teristics of CHF, S3 gallop, or jugular venous distention. (1)		
	b) What was the CPK-MB value?	F.	ARE ECG TRACINGS ATTACHED?		
3	. a) Was either the CPK-MB heart fraction, LDH, SGOT, Troponin, or BNP at least twice the upper limit of normal? (1) (2) (3)		If NO, why not?		
	b) What was the value of:				
	1) CPK-MB heart fraction	G.	ARE HOSPITAL RECORDS ATTACHED? NO		
	2) LDH		If NO, why not?		
	3) SGOT				
	4) Troponin				
	5) BNP	н.	OUTCOME OF EVENT: Medication		
4	. Was there a known non-ischemic cause (i.e. defibrillation,		Cardiology Followup		
	surgery, liver disease, infections, etc.) for the		Surgery Tissue Plasminogen Activator		
	elevated enzymes? (1) (2) (3)		Other, specify:		
	Specify:				
		I			

Type or print name of person completing form:

Patient ID _____

Certification Number

____ _ _ _ ___

Yes

(2)

(2)

Yes (2)

Yes (2)

(1)
(1)
(1)
(1)
(1)
(1)