EDIC EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS

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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.

1

Α.	DENTIFYING INFORMATION			2. a) Specify date of occurrence or recognition of the event:				
	1. Clinic Number				-	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	Year		learned of the event:	Month	Day	Year
	For DCC use only. Sequence No		4.	How did clinic learn of the event?	?			
	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 english				Telephone Call			(2)
	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 <u>LAST</u> EDIC follow-up year?				Patient/Family notified clinic			(3)
					Third party notified clinic			(4)
					Clinic recognized event and inform	med pat	ient	(5)
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)
		-	Yes		b) Inpatient hospitalization		(1)	(2)
	a) Myocardial infarction		(2)		c) EDIC clinic		(1)	(2)
	b) Angina pectoris	(1)	(2)		d) Other, specify		(1)	(2)
	c) Coronary artery disease	(1)	(2)					
	d) Arrhythmia	(1)	(2)					
	e) Congestive heart failure	(1)	(2)					

Patient ID	EDIC Form 090.6, Page 2 of 3									
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, \checkmark here and skip to C.3	(1)	If NO, skip to C.5								
1. a) Has the patient complained of pain in the $(\checkmark$ all that apply)	2	4. If the patient has pain or discomfort								
i) left anterior chest	(1)	(pressure, heaviness) in the chest:								
ii) left arm	(1)	a) Does the patient get this when walking up hill or hurrying? (1) (2)								
iii) jaw	(1)									
iv) sternum upper or middle	(1)	b) Does the patient get this pain when walking at an ordinary pace on a level surface? (1) (2)								
v) sternum lower	(1)									
b) Did the pain also involve (\checkmark all that app	ply)	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 pain		Relieved (1)								
	No Yes 1) (2)	Not relieved (2) e) If relieved when standing								
b) Was there a definite non-cardiac cause		still, how soon does the pain go away?								
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-administere without obtaining relief of the pain? (before medical care was sought) 	ed 1) (2)									
5. Were any diagnostic tests performed on this patient? No Yes										
If YES, what tests were performed and what were the results? (1) (2)										
Result: Positive Negative EquivocalTest 1(1)(2)(3)										
Test 2										
Test 3										
Test 4										
Test 5		(1) (2) (3)								

ENZYME CHANGES	E.	CLASSIFICATION OF CHF: Defined as at least one category:			
The following questions refer to within 72 hours of hospital arrival or onset of					
symptoms. Un-		Category A: Paroxysmal nocturnal			
1. a) Was the CPK at least twice the No Yes certain upper limit of normal? (1) (2) (3)		at rest, marked limi or orthopnea. Category B:			
b) What was the CPK value? IU/L		Rales, ankle edema, megaly by chest x-ra			
<pre>2. 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 venous distention.			
b) What was the CPK-MB value? ng/mL	F.	ARE ECG TRACINGS ATTACHE			
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 ATT			
2) LDH U/L		If NO, why not?			
3) AST (SGOT) U/L					
4) Troponin •g/L					
5) BNP mg/L	н.	OUTCOME OF EVENT:			
4. Was there a known non-ischemic cause (i.e. defibrillation, surgery, liver disease, infections, etc.) for the elevated enzymes? (1) (2) (3)		Tissue			
Specify:					

Type or print name of person completing form:

Patient ID _____

D.

symptom from EACH No Yes dyspnea, dyspena itations of activity, (1)(2) tachycardia, cardioay, chest x-ray characgallop, or jugular (1)(2) No Yes (1)(2) ED? No Yes FACHED? (1)(2) Medication (1) Cardiology Followup (1) Surgery (1) Plasminogen Activator (1) Other, specify: (1)

Certification Number

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