

A. IDENTIFYING INFORMATION

EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS

Verification of Cerebrovascular 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 either Question H.4.a or H.4.b. 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. C	linic Number		3. How did cl	inic learn of the event?			
	2. Pa	atient ID Number		Annual Med	lical History and Physical Exa	.m	(1)
	3 D-	atient's Initials		Telephone	Call		(2)
				Patient/Fa	mily notified clinic		(3)
	4. Da	ate form completed		Third part	y notified clinic		(4)
		Мо	nth Day Year		ognized event and informed pa		(5)
5.	EDIC	follow-up year (complete either a or	b)	=	atient treated within a healt	.h		
	- 1	The event was reported at the annu		care faci	lity for this event?	N	o Y	es
	a)	What is the EDIC follow-up year?	ai visit.	a) Emerge	-	(1) (2)
	1- 1				ent hospitalization	(1) (2)
	b)	The event was reported between two visits. What is the LAST EDIC	annual	c) EDIC c		(2)
		follow-up year?		d) Other,	specify	_ (1) (2)
				C SYMPTOMS OF	EVENT (since last annual	oriei+	١	
в.	RECC	GNITION OF EVENT (since last annu	ıal visit)		or more of the following symp		•	n+2
	0. Cc	onfirmation of cerebrovascular events	No Yes		of more of the following sympole. I that apply)	COMB	brese	110:
	a ì	Stroke (formerly known as CVA)	(1)(2)		d Arterial System			
	۵,	- · · · · · · · · · · · · · · · · · · ·	, , , ,	•	Weakness or numbness in	No	Yes	Unknowr
		If you had a stroke, what type was	it?	1	imbs (often one-sided)	(1)	(2)	(3)
		1. Hemorrhagic?	(1)(2)	ii) P	Partial loss of visual field			(3)
		2. Ischemic? 3. Unknown?	(1)(2)(1)(2)	iii) D	oifficulty producing/under-			
					tanding speech or writing			
	b)	Transient ischemic attack (TIA)	(1)(2)	(Dysphasia)	(1)	(2)	(3)
	1. a)	Specify date of occurrence or		iv) L	oss of ability to recognize			
		recognition of the event:		0	bjects (Agnosia)	(1)	(2)	(3)
	OF		onth Day Year	b) Verteb	ral-Basilar Artery System			
		=	,	i) W	Jeakness of single or	No	Yes	Unknowr
	b	If date uncertain, check here:	(1)	m	ultiple limbs	(1)	(2)	(3)
	2 Sr	pecify date EDIC clinic		ii) N	umbness of the face			
	_	earned of the event:		(especially the mouth)	(1)	(2)	(3)
			onth Day Year	iii) D	ouble vision (Diplopia)	(1)	(2)	(3)
				iv) D	ifficulty swallowing			
				(Dysphagia)	(1)	(2)	(3)

(1) (2) (3)

	c) V	ertebral-Basilar Artery System							
	v)	Slurring of speech	No	. c	Yes	s Ur	ıkr	nown	
		(Dysarthria)	(1)	(2)	(3)	
	vi)	Partial loss of visual field	(1)	(2)	(3)	
	vii)	Lack of coordination of muscle							
		<pre>movement (such as walking; Ataxia)</pre>	(1)	(2)	(3)	
	viii)	Fast rhythmic eye twitching							
		(Nystagmus)	(1)	(2)	(3)	
	ix)	Altered consciousness	(1)	(2)	(3)	
	x)	Sense of rapid spinning							
		(Vertigo)	(1)	(2)	(3)	
	xi)	Feeling the need to vomit							
		without vomiting (Nausea)	(1)	(2)	(3)	
	d) 0	ther symptoms	No	. c	Yes	s Ur	ıkr	nown	
	i)	Headache	(1)	(2)	(3)	
	ii)	Loss of consciousness (more							
		severe than in Question Clc.ix)	(1)	(2)	(3)	
	iii)	Vomiting	(1)	(2)	(3)	
	iv)	Seizures	(1)	(2)	(3)	
2.	Duration	on of Stroke/TIA symptoms:							
vi: vi: d d i: b) a c) a	a) Did	the symptoms last:	No Yes Unknown						
	les	s than 10 minutes?	(1)	(2)	(3)	
	b) at 1	least 10 minutes but less							
	thai	n 60 minutes?	(1)	(2)	(3)	
	c) at 1	least 1 hour but less than							
	24]	nours?	(1)	(2)	(3)	
	d) at 3	least 24 hours?	(1)	(2)	(3)	

normal daily activities?

4. Were any of the following non-Not invasive tests performed? Yes Unknown Done a) CT scan of the Brain (1) (2) (3) (4) b) MRI scan of the Brain (1) (2) (3) (4) c) CT Angiography (1) (2) (3) (4) d) MR Angiography (1) (2) (3) (4)e) Angiogram of the Head (1) (2) (3) (4) f) Electrocardiogram (1) (2) (3) (4) g) Carotid Duplex (1) (2) (3) (4) h) Echocardiogram (1) (2) (3) (4) i) Other (1) (2) (3) (4)

5. Based on your responses to Question C.4, specify which tests were performed and the results of those tests below:

				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)
Test 6	1111	1 1 1		1 1 1 1	(1)	(2)	(3)

SK FACTORS Was there a surgical cause t	· O No					ARE THE FOLLOWING TYPES OF HOSPITAL			Not
_	· O N								
the stroke?	()					RECORDS ATTACHED? a) Neurology Consult Notes b) Discharge Summary (1) (2)	(3)	(4)
a) Was there a traumatic cause fall, motor vehicle accided boxing or getting hit by moving ball such as in baseball, etc.)?	nse (i.e. dent, a fast-					c) Documentation of administration of thrombolysis (i.e. tPA) or			
b) Did the patient have a predis- posing condition (i.e. arterio- venous malformation, brain						Medicatio Neurology Followu	р (1)	
TE Was Quantified						Tissue Plasminogen Activator/clotbuste	r (1)	
RE ANY OF THE FOLLOWING RADIC	DLOGY				Not	Other, specify	: (1)	
a) CT scan of the Brain	(1) (2)	(3)	(4)				
c) CT Angiography d) MR Angiography	(1) (2)	(3)	(4)				
f NONE are attached, Explain:									
	a) Was there a traumatic cau fall, motor vehicle accided boxing or getting hit by moving ball such as in baseball, etc.)? If Yes, Specify: If Yes, Specify: b) Did the patient have a prosing condition (i.e. ar venous malformation, brain aneurism, etc.)? If Yes, Specify: If Yes, Specify: RE ANY OF THE FOLLOWING RADIO EPORTS ATTACHED? a) CT scan of the Brain of the Brain of MRI scan of the Brain of the Brain of the Brain of the Brain of MRI scan of the Brain of the	baseball, etc.)? If Yes, Specify: b) Did the patient have a predisposing condition (i.e. arteriovenous malformation, brain aneurism, etc.)? If Yes, Specify: If Yes, Specify: RE ANY OF THE FOLLOWING RADIOLOGY EPORTS ATTACHED? No Year (I) (i.e. arteriovenous malformation, brain (i.e. aneurism, etc.)? No Year (I) (i.e. arteriovenous malformation, brain (i.e. aneurism, etc.)? No Year (I) (i.e. arteriovenous malformation, brain (i.e. aneurism, etc.)? No Year (I) (i.e. arteriovenous malformation, brain (i.e. aneurism, etc.)? No Year (I) (i.e. arteriovenous malformation, brain (i.e. aneurism, etc.)? No Year (I) (i.e. arteriovenous malformation, brain (i.e. aneurism, etc.)? No Year (I) (i.e. arteriovenous malformation, brain (i.e. arteriovenous malformation) (i.e. arteriovenous malformation, brain (i.e. arteriovenous malformation) (i.e. arteriovenous malforma	a) Was there a traumatic cause (i.e. fall, motor vehicle accident, boxing or getting hit by a fast-moving ball such as in baseball, etc.)? If Yes, Specify: b) Did the patient have a predisposing condition (i.e. arteriovenous malformation, brain aneurism, etc.)? If Yes, Specify: RE ANY OF THE FOLLOWING RADIOLOGY EPORTS ATTACHED? No Yes a) CT scan of the Brain (1) (2) b) MRI scan of the Brain (1) (2) c) CT Angiography (1) (2) d) MR Angiography (1) (2) e) Angiogram of the Head (1) (2) E NONE are attached, Explain:	a) Was there a traumatic cause (i.e. fall, motor vehicle accident, boxing or getting hit by a fast-moving ball such as in baseball, etc.)? If Yes, Specify: b) Did the patient have a predisposing condition (i.e. arteriovenous malformation, brain aneurism, etc.)? If Yes, Specify: RE ANY OF THE FOLLOWING RADIOLOGY EPORTS ATTACHED? No Yes Unknown Yes and Control of the Brain (1) (2) (2) (2) (2) (2) (2) (2) (2	a) Was there a traumatic cause (i.e. fall, motor vehicle accident, boxing or getting hit by a fast-moving ball such as in baseball, etc.)? If Yes, Specify: (1) (2) (2) (3) (4) (5) (6) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	a) Was there a traumatic cause (i.e. fall, motor vehicle accident, boxing or getting hit by a fastmoving ball such as in baseball, etc.)? (1) (2) (3) If Yes, Specify:	a) Was there a traumatic cause (i.e. fall, motor vehicle accident, boxing or getting hit by a fastmoving ball such as in baseball, etc.)? If Yes, Specify: b) Did the patient have a predisposing condition (i.e. arteriovenous malformation, brain aneurism, etc.)? If Yes, Specify: KE ANY OF THE FOLLOWING RADIOLOGY BOOKER ATTACHED? No Yes Unknown Done a) CT scan of the Brain (1) (2) (3) (4) (2) (3) (4) (3) (4) (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	a) Was there a traumatic cause (i.e. fall, motor vehicle accident, boxing or getting hit by a fast-moving ball such as in baseball, etc.)? If Yes, Specify: b) Did the patient have a predisposing condition (i.e. arteriovenous malformation, brain aneurism, etc.)? If Yes, Specify: KE ANY OF THE FOLLOWING RADIOLOGY BORTS ATTACHED? No Yes Unknown Done and CT scan of the Brain (1) (2) (3) (4) (2) (3) (4) (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	a) Was there a traumatic cause (i.e. fall, motor vehicle accident, boxing or getting hit by a fast-moving ball such as in baseball, etc.)? If Yes, Specify: b) Did the patient have a predisposing condition (i.e. arteriovenous malformation, brain aneurism, etc.)? If Yes, Specify: Note any OF THE FOLLOWING RADIOLOGY BORTS ATTACHED? No Yes Unknown Done and CT scan of the Brain (1) (2) (3) (4) (2) (3) (4) (2) (3) (4) (2) (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4