

EPIDEMIOLOGY OF DIABETES INTERVENTION AND COMPLICATIONS

Verification of Peripheral Vascular 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.3. 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

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

B. RECOGNITION OF EVENT

6. IBB1A91 a) Specify date of occurrence or recognition of the event: \_\_\_\_\_  
 Month Day Year  
 OR  
7. IBB1B b) If date uncertain, check here: ( 1 )  
8. IBB2B2A1 Specify date EDIC clinic learned of the event: \_\_\_\_\_  
 Month Day Year  
9. IBB3 3. How did clinic learn of the event?  
 Annual Medical History and Physical Exam ( 1 )  
 Quarterly Telephone Interview ( 2 )  
 Patient/Family notified clinic ( 3 )  
 Third party notified clinic ( 4 )  
 Clinic recognized event and informed patient ( 5 )

C. INTERMITTENT CLAUDICATION (PERIPHERAL ISCHEMIA)

10. IBC1  
 1. Do you get pain in either leg on walking? No Yes ( 1 ) ( 2 )  
 2. Does this pain ever begin when you are standing still or sitting? 11. IBC2 ( 1 ) ( 2 )  
 3. In what part of your leg do you feel it?  
 Buttock Thigh Calf  
12. IBC3R Right ( 1 ) ( 2 ) ( 3 )  
13. IBC3L Left ( 1 ) ( 2 ) ( 3 )  
 4. Do you get it if you walk uphill or hurry? 14. IBC4 No Yes ( 1 ) ( 2 )  
 5. Do you get it if you walk at an ordinary pace on the level? 15. IBC5 ( 1 ) ( 2 )  
 6. Does the pain ever disappear while you are walking? 16. IBC6 ( 1 ) ( 2 )  
 7. What do you do if you get this pain when you are walking?  
17. IBC7 Stop ( 1 )  
 Slow down ( 2 )  
 Continue at the same pace ( 3 )  
 8. What happens to the pain if you stand still?  
18. IBC8 Relieved ( 1 )  
 Not relieved ( 2 )

Patient ID \_\_\_\_\_

9. If the pain is relieved by standing still, how soon?
- not applicable ( 1 )
19. IBC9 10 minutes or less ( 2 )
- More than 10 minutes ( 3 )

10. Since first noticing the pain, has the severity (Check one):
- 20 IBC10 Increased ( 1 )
- Decreased ( 2 )
- Unchanged ( 3 )

**D. AMPUTATION**

- 21 IBD1 1. Has the patient had a resection of the lower extremity or part of the lower extremity? No Yes ( 1 ) ( 2 )
- 22 IBD2A 2. If yes, was the resection:
- a) Traumatic ( 1 ) ( 2 )
- 23 IBD2B b) Surgical ( 1 ) ( 2 )

**E. OTHER ARTERIAL EVENTS**

- 24 IBE1 1. Has the patient had other arterial events? No Yes ( 1 ) ( 2 )
2. If yes, did it require:
- 25 IBE2A a) Bypass ( 1 ) ( 2 )
- 26 IBE2B b) Angioplasty 28. IBE2COTH ( 1 ) ( 2 )
- 27 IBE2C c) Other, specify: \_\_\_\_\_ ( 1 ) ( 2 )

**F. LOWER EXTREMITY ULCER**

29. IBF1

- No Yes
1. Has the patient had a lower extremity ulcer? ( 1 ) ( 2 )
2. If yes, indicate which, if any, of the following occurred:
- a) Right side 30. IBF2AE ( 1 ) ( 1 ) <sup>Foot Leg 31</sup> IBF2AL
- b) Left side 37. IBF2BF ( 1 ) ( 1 ) <sup>33</sup> IBF2BL
- c) Traumatic 34. IBF2CF ( 1 ) ( 1 ) <sup>35</sup> IBF2CL
- d) Non-traumatic 36. IBF2DF ( 1 ) ( 1 ) <sup>37</sup> IBF2DL
- e) Excavation of subcutaneous tissue 38. IBF2EF ( 1 ) ( 1 ) <sup>39</sup> IBF2EL
- f) Loss of subcutaneous tissue 40. IBF2FF ( 1 ) ( 1 ) <sup>41</sup> IBF2FL
- g) Inflammation 42. IBF2GF ( 1 ) ( 1 ) <sup>43</sup> IBF2GL
- h) Infection 44. IBF2HF ( 1 ) ( 1 ) <sup>45</sup> IBF2HL
- i) Medical treatment in an office 46. IBF2IF ( 1 ) ( 1 ) <sup>47</sup> IBF2IL
- j) Medical treatment in a hospital 48. IBF2JF ( 1 ) ( 1 ) <sup>49</sup> IBF2JL

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

Certification Number

\_\_\_\_\_ CERTIF 50.  
WEEKNO \_\_\_\_\_ 51