

EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS

1. FORM

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. IBB1ADAT 1a) Specify date of occurrence or recognition of the event: \_\_\_\_\_  
Month Day Year  
OR  
7. IBB1B b) If date uncertain, check here: ( 1 )  
8. IBB2BDAT 2. 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 )  
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 10. IBB4A ( 1 ) ( 2 )  
b) Inpatient hospitalization 11. IBB4B ( 1 ) ( 2 )  
c) EDIC clinic 12. IBB4C ( 1 ) ( 2 )  
d) Other, specify 13. IBB4D ( 1 ) ( 2 )

C. INTERMITTENT CLAUDICATION (PERIPHERAL ISCHEMIA)

If patient does not have peripheral pain, skip to Section D.

1. Does the patient get pain in either leg on walking? 14. IBC1 No Yes ( 1 ) ( 2 )  
2. Does this pain ever begin when standing still or sitting? 15. IBC2 ( 1 ) ( 2 )  
3. In what part of the leg does the pain occur?  
Buttock Thigh Calf  
16. IBC3R Right ( 1 ) ( 2 ) ( 3 )  
17. IBC3L Left ( 1 ) ( 2 ) ( 3 )  
4. Does the patient have pain when walking uphill or hurrying? 18. IBC4 No Yes ( 1 ) ( 2 )  
5. Does the patient have pain when walking at an ordinary pace on a level surface? 19. IBC5 ( 1 ) ( 2 )  
6. Does the pain ever disappear while the patient is walking? 20. IBC6 ( 1 ) ( 2 )

21. IBC7 7. What does the patient do if he/she gets this pain when walking?
- Stop ( 1 )
  - Slow down ( 2 )
  - Continue at the same pace ( 3 )

22. IBC8 8. What happens to the pain if the patient stands still?
- Relieved ( 1 )
  - Not relieved ( 2 )

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

23. IBC9

10. Since first experiencing the pain, has the patient noticed a change in its severity? (Check one):
- Increased 24. IBC10 ( 1 )
  - Decreased ( 2 )
  - Unchanged ( 3 )

11. Were any diagnostic tests performed on this patient?

No Yes  
( 1 ) ( 2 ) 25. IBC11 New

NEW

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

		Result:		
		Positive	Negative	Equivocal
26. IBC11TE1	Test 1	( 1 )	( 2 )	( 3 ) 27. IBC11RE1
28. IBC11TE2	Test 2	( 1 )	( 2 )	( 3 ) 29. IBC11RE2
30. IBC11TE3	Test 3	( 1 )	( 2 )	( 3 ) 31. IBC11RE3
32. IBC11TE4	Test 4	( 1 )	( 2 )	( 3 ) 33. IBC11RE4
34. IBC11TE5	Test 5	( 1 )	( 2 )	( 3 ) 35. IBC11RE5

**D. AMPUTATION**

36. IBDIR 1. Has the patient had a resection of the lower extremity or part of the lower extremity?

38. IBDRAR 2. If yes, was the resection:  
a) Traumatic

40. IBDRBR b) Surgical

**E. OTHER ARTERIAL EVENTS**

42. IBEI 1. Has the patient had other arterial events?

If yes, specify: \_\_\_\_\_

2. If yes, did it require:

43. IBE2A a) Bypass

44. IBE2B b) Angioplasty

45. IBE2C c) Other, specify: \_\_\_\_\_

37. IBDIR

Right		Left	
No	Yes	No	Yes
( 1 )	( 2 )	( 1 )	( 2 )

39. IBDRAL

( 1 )	( 2 )	( 1 )	( 2 )
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( 1 )	( 2 )	( 1 )	( 2 )
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41. IBDRBL

No	Yes
( 1 )	( 2 )

**F. LOWER EXTREMITY ULCER**

1. Has the patient had a lower extremity ulcer? ( 1 ) ( 2 )

2. If yes, specify location:

47. IBF2LEGR 48. IBF2LEGL  
Right leg ( 1 ) Left leg ( 1 )

49. IBF2FOTR 50. IBF2FOTL  
Right foot ( 1 ) Left foot ( 1 )

3. Indicate which, if any, of the following are applicable:

a) Traumatic 51. IBF3AFOT

b) Non-traumatic

53. IBF3BFOT

c) Excavation of subcutaneous tissue

55. IBF3CFOT

d) Loss of subcutaneous tissue

57. IBF3DFOT

e) Inflammation

59. IBF3EFOT

f) Infection

61. IBF3FFOT

g) Medical treatment in an office

63. IBF3GFOT

h) Medical treatment in a hospital

64. IBF3HFOT

i) Other: 67. IBF3OTHF

46. IBFI

No	Yes
( 1 )	( 2 )

Foot	Leg
( 1 )	( 1 )
52. IBF3ALEG	( 1 ) ( 1 )
54. IBF3LEGG	( 1 ) ( 1 )
56. IBF3LEGG	( 1 ) ( 1 )
58. IBF3DLEG	( 1 ) ( 1 )
60. IBF3LEGG	( 1 ) ( 1 )
62. IBF3LEGG	( 1 ) ( 1 )
64. IBF3LEGG	( 1 ) ( 1 )
66. IBF3WLEG	( 1 ) ( 1 )

68. IBF3OHL

Person completing form:

Certification Number:

69. CERTIF

70. WEEKNO