EPIDEMIOLOGY OF DIABETES INTERVENTIONS 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

1. Clinic Number ___ ___
2. Patient ID Number ___ ___ ___ ___ ___
3. Patient's Initials ___ ___ ___
4. Date form completed ___ ___ ___ ___ ___ ___ (Month Day Year)
5. EDIC follow-up year (complete either a or b)
   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 LAST EDIC follow-up year? ___ ___

B. RECOGNITION OF EVENT

1a) Specify date of occurrence or recognition of the event: ___ ___ ___ ___ ___ ___ (Month Day Year)

OR

b) If date uncertain, check here: (1)

2. Specify date EDIC clinic learned of the event: ___ ___ ___ ___ ___ ___ (Month Day Year)
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	(1)	(2)
b) Inpatient hospitalization	(1)	(2)
c) EDIC clinic	(1)	(2)
d) Other, specify _____	(1)	(2)

C. INTERMITTENT CLAUDICATION (PERIPHERAL ISCHEMIA)

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

	No	Yes
1. Does the patient get pain in either leg on walking?	(1)	(2)
2. Does this pain ever begin when standing still or sitting?	(1)	(2)

3. In what part of the leg does the pain occur?

	Buttock	Thigh	Calf
Right	(1)	(2)	(3)
Left	(1)	(2)	(3)

	No	Yes
4. Does the patient have pain when walking uphill or hurrying?	(1)	(2)
5. Does the patient have pain when walking at an ordinary pace on a level surface?	(1)	(2)
6. Does the pain ever disappear while the patient is walking?	(1)	(2)

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)

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)

10. Since first experiencing the pain, has the patient noticed a change in its severity? (Check one):

Increased	(1)
Decreased	(2)
Unchanged	(3)

11. Were any diagnostic tests performed on this patient? No (1) Yes (2)

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

	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)

D. AMPUTATION

	Right No	Right Yes	Left No	Left Yes
1. Has the patient had a resection of the lower extremity or part of the lower extremity?	(1)	(2)	(1)	(2)
2. If yes, was the resection: a) Traumatic	(1)	(2)	(1)	(2)
b) Surgical	(1)	(2)	(1)	(2)

E. OTHER ARTERIAL EVENTS

1. Has the patient had other arterial events? No (1) Yes (2)

If yes, specify: _____

_____

2. If yes, did it require:

a) Bypass	(1)	(2)
b) Angioplasty	(1)	(2)
c) Other, specify: _____	(1)	(2)

F. LOWER EXTREMITY ULCER

	No	Yes
1. Has the patient had a lower extremity ulcer?	(1)	(2)

2. If yes, specify location:

Right leg (1) Left leg (1)

Right foot (1) Left foot (1)

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

	Foot	Leg
a) Traumatic	(1)	(1)
b) Non-traumatic	(1)	(1)
c) Excavation of subcutaneous tissue	(1)	(1)
d) Loss of subcutaneous tissue	(1)	(1)
e) Inflammation	(1)	(1)
f) Infection	(1)	(1)
g) Medical treatment in an office	(1)	(1)
h) Medical treatment in a hospital	(1)	(1)
i) Other: _____	(1)	(1)

Person completing form: Certification Number

_____ __ __-__ __