

EPIDEMIOLOGY OF DIABETES INTERVENTION AND COMPLICATIONS

Verification of Major Accident

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

B. RECOGNITION OF EVENT

- 1a) Specify date of occurrence or 6. IEB1A DAT
recognition of the event:
Month Day Year

OR

- b) If date uncertain, check here: 7. IEB1B (1)
2. Specify date EDIC clinic
learned of the event: 8. IEB2 DAT
Month Day Year
3. How did clinic learn of the event? 9. IEB3
- Annual Medical History and Physical Exam (1)
- Quarterly Telephone Interview (2)
- Patient/Family notified clinic (3)
- Third party notified clinic (4)
- Clinic recognized event & informed patient (5)

C. NATURE OF EVENT:

1. What type of major accident did the patient have?
- a) Motor Vehicle accident 10. IEC1 (1)
- b) Sports-related accident (2)
- c) On-the-job accident (3)
- d) Farming accident (4)
- e) Other, specify: 11. IEC1OTH (5)
-
2. Patient Hospitalization
Which of the following did the patient require: 12. IEC2
- a) Medical attention but not hospitalization (1)
- b) Hospitalization (2)
- c) Overnight hospitalization (3)
3. Where was (is) the patient (being) treated?
(check all that apply)
- a) Emergency room 13. IEC3A (1)
- b) Hospital inpatient ward 14. IEC3B (1)
- c) EDIC clinic 15. IEC3C (1)
- d) Other, specify: 16. IEC3D (1)
17. IEC3DOTH
-

