

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.

. IDENTIFYING INFORMATION	C. NATURE OF EVENT:
1. Clinic Number 2. CLINIC	1. What type of major accident did the patient have?
2. Patient ID Number 3. PATIENT	a) Motor Vehicle accident 10. IEC1 (1)
3. Patient's Initials 4 INITIALS	b) Sports-related accident (2) c) On-the-job accident (3)
Month Day Year	d) Farming accident (4) e) Other, specify: // IECIOTH (5)
1a) Specify date of occurrence or b. TEB1ADAT recognition of the event: Month Day Year	
OR b) If date uncertain, check here: 7 IEB1B (1)	2. Patient Hospitalization Which of the following did the patient require: 12. IECS a) Medical attention but not hospitalization (1)
2. Specify date EDIC clinic learned of the event: SIEBLDAT Month Day Year	a) Medical attention but not hospitalization (1) b) Hospitalization (2) c) Overnight hospitalization (3)
3. How did clinic learn of the event? 9. IEB3 Annual Medical History and Physical Exam (1)	3. Where was (is) the patient (being) treated? (check all that apply) a) Emergency room /3. IEC3A (1)
Quarterly Telephone Interview (2)	b) Hospital inpatient ward 14. IEC3B (1)
Patient/Family notified clinic (3) Third party notified clinic (4)	c) EDIC clinic 15. IEC3 C (1) d) Other, specify: 16. 1EC3 D (1)
Clinic recognized event & informed patient (5)	17. TEC3DOTH

31. WEEKNO

Patient	ID	
	10	

4. Was any operation performed to tr patient as a result of this accid	ent? No Yes	6. Indicate which of the following a result of this accident: (check all that apply)	occurred as
/ 8 ·IE	•	a) Death (Complete Form 140) 23	IEC6A (1)
If yes, specify operation and res	ult:	b) Injury to another person 24	TEC6B (1)
 		c) Property damage 2.5	5. IEC6 C (1)
		d) Traffic violation 24	·IEC6D (1)
		e) Other, specify: 27	. TEC 6 E (1)
		28. IECGEOTH	· · · · · · · · · · · · · · · · · · ·
5. Specify the period of treatment r as a result of this accident:	equired		:
a) Date of admission or start of 2	10. II-C SADAT	7. In the clinic's opinion, what re	ole did
treatment:	Month Day Year	hypoglycemia play in this accide	ent?
b) i. If treatment is still in		a) Not a factor	29. IEC7 (1)
progress check here: 21	LIEC5 B) (1)	b) Possible cause	(2)
ii. Otherwise, enter date of	c) Probable cause	(3)	
discharge or conclusion of treatment:	-, ,	d) Definite cause (Complete Form	m 042) (4)
	Month Day Year		
•		Name of person completing this form:	Certification No
			BO. CERTIF
		The second secon	

MAPPING FORM NAME ED 0952 MAD :

	0		3	
SECTION .	<u> </u>			
SECTION	5	· · · · · · · · · · · · · · · · · · ·	13	
pV	<u>19</u>	·	21	
VAR	23		3/	
LABELS	33		72	
	_			
	—		 	
· · · · · · · · ·	_		 	
·	· <u> </u>		.	
	_	· -	.	
	_		_	
				
.	-		├─	
	_		·	
			.	*
	_			·
				·
,			-	
· .	—			
	-			