

EPIDEMIOLOGY OF DIABETES INTERVENTIONS 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 0.7. 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 IE B1 ADAT 1a) Specify date of occurrence or recognition of the event: \_\_\_\_\_  
 Month Day Year  
7 IE B1 B b) <sup>OR</sup> If date uncertain, check here: ( 1 )  
8 IE B2 DAT2 2. Specify date EDIC clinic learned of the event: \_\_\_\_\_  
 Month Day Year  
9 IE B3 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 & 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-IEC10TH ( 5 )

NEW

2. Please give a BRIEF description of the accident.  
IEC2ACCT /20

NEW  
IEC2

1523. Patient Hospitalization  
 Which of the following did the patient require: TEL3  
 a) Medical attention but not hospitalization ( 1 )  
 b) Hospitalization ( 2 )  
 c) Overnight hospitalization ( 3 )  
NEW d) Other (specify): IEC3OTH ( 4 )



8. In the clinic's opinion, what role did hypoglycemia play in this accident?

- 117A a) Not a factor TECBA ( 1 )
- b) Possible cause ( 2 )
- c) Probable cause ( 3 )
- d) Definite cause (Complete Form 042) ( 4 )

9. Please provide a brief description to support your answer to the above statement regarding the role of hypoglycemia in this accident.

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Name of person completing this form:

Certification No.

CERTIE

WEEKLY