## 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 J.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. IDE	TIFTING INFORMATION		.	C. NAT	TURE OF EVENT:	
2 CLINICA.	Clinic Number		!	1.	What type of major accident did the patient hav	
3- patient 2. 1					a) Motor Vehicle accident  b) Sports-related accident	( 1) ( 2)
1/- [NI /ALS 3. 1	Patient's Initials					(-3)
	Date form completed	Month Day	Vear			(-4)
B. REC	OGNITION OF EVENT	nonen bay	·		e) Other, specify: //_ IEC/OTH	( 5)
6. TEBLADATION						
V. IEDIAVATIA)	Specify date of occurrence or recognition of the event:		<del>v.</del>	NEW	Please give a BRIEF description of the accident	
<b>4</b>	OR	Month Day	iear			
7. IEBIB DI	OR If date uncertain, check here:		(1)	l ·	IFC 2 ACCI	_/20
8-IEB2DAT2.	Specify date EDIC clinic learned of the event:	·				- · ·
<b>○ ▼</b>	N	Month Day	Year	Ì.		
9. IEB3 .	How did clinic learn of the eve	ent?				_ <del>_</del> .
			(1)	95.23. Ir.c2	Patient Hospitalization	
			(2)		Which of the following did the patient require:	TEL3
	•			1	a) Medical attention but not hospitalization	(1)
	Patient/Family notified clinic		. ( 3)		b) Hospitalization	( 2)
	Third party notified clinic		(4)		c) Overnight hospitalization	( 3)
	Clinic recognized event & info	rmed patient	( -5)	1.Hew	Od) Other (specify): <u>IEC3 oTH</u>	( 4)
			•	1		

Patient ID  4. Where was (is) the patient (being) treated?  [ECSP-1] (check all that apply)  a) Emergency room  DECHB (1)  b) Hospital inpatient ward  IECHB (1)	c) EDIC clinic <u>IFC4C</u> (1) d) Other, specify: <u>IFC4D</u> (1)  IFC4D(1)
5. Was any operation performed or treatment prescribed to the a result of this accident? If yes, specify intervention and result:	Treat the patient as No Yes  IFCY: IEC5 (1) (2)  Result:
IN  IETEST1 Test 1  IETEST2 Test 2  IETEST3 Test 3  IETESTS Test 4  IETESTS Test 5	Positive Negative Equivocal  (1) (2) (3) TERESUL1  (1) (2) (3) TERESUL2  (1) (2) (3) TERESUL3  (1) (2) (3) TERESUL4  (1) (2) (3) TERESUL4
6. Specify the period of treatment required as a result of this accident:  LECSRIPT  a) Date of admission or start of treatment:  ECSBI  b) i. If treatment is still in progress check here:  ECSBI  ii. Otherwise, enter date of discharge or conclusion of treatment:  ECSBI  iii. Otherwise, enter date of discharge or conclusion of treatment:  ECSBI  IFCGIDAT  Month Day Year	7. Indicate which of the following occurred as a result of this accident: (check all that apply)  a) Death (Complete Form 140) TECTA (1)  b) Injury to another person IFCTB (1)  c) Property damage IECTC (1)  d) Traffic violation IECTD (1)FECT  e) Other, specify: TECTEOTH (1)  95.2  IECLE of H

8.	In the clinic's opinion, what role did hypoglycemia play in this accident?		9.	your	se provide a brief description to support canswer to the above statement regarding the of hypoglycemia in this accident.
717	a) Not a factor	( 1)			
	b) Possible cause	(2)		<del></del>	
	c) Probable cause	(3)			
	d) Definite cause (Complete Form 042)	(4)			<del></del>
				-	
			1		
			•		
************					
Name	of person completing this form; Certific	ation N	s. C & R		

WEEKIND