

EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS

Checklist for Tracking Inactive or Recalcitrant Patient

This checklist is to be completed during a phone call to the inactive/recalcitrant patient annually. It is a guideline to be used to obtain information from EDIC patients on their status regarding complications of diabetes. Complete the entire checklist. Make a copy for your files and send the original to the Data Coordinating Center in your monthly mailing.

A. IDENTIFYING INFORMATION

1. Clinic Number: _____
2. Patient ID Number: _____
3. Patient's Initials: _____
4. Gender: _____

Male	Female
(1)	(2)
5. Date of this contact: _____

B. ATTEMPT TO CONTACT

1. Did the clinic attempt to contact the patient? _____ NO YES

(1)	(2)
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 - a) If no, why not? _____
2. Did the clinic talk to the patient? _____ (1) (2)
 - a) If no, why not? _____
3. a) Last date of face to face patient contact: _____

Month/	Day	/Year
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 - b) Last date of telephone contact: _____

Month/	Day	/Year
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- c) Last date of contact with individual who is close relative, friend or employer _____

Month/	Day	/Year
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C. VITAL AND COMPLICATION STATUS

1. Is the patient living? _____ NO YES

(1)	(2)
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 - a) If no, what was the cause of death?
 (Complete Form 140) _____

2. Eye Complications

Since the last visit to the EDIC clinic, has the patient had:

- a) Any diabetes related eye problems? _____ NO YES UNKNOWN

(1)	(2)	(3)
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If yes, specify: _____
- b) Laser treatment? _____ (1) (2) (3)
- c) Severe vision loss? (<20/200) _____ (1) (2) (3)
- d) Cataracts? _____ (1) (2) (3)
- e) Detached retina? _____ (1) (2) (3)
- f) Information obtained from: _____

Patient	(1)
Doctor	(2)
Ophthalmologist	(3)
Other health professional	(4)
Family member or significant other	(5)

3. Kidney Complications

Since the last visit to the EDIC clinic, has the patient had:

- a) Diabetic kidney problems? NO YES UNKNOWN
(1) (2) (3)
- b) Protein or Albumin in the urine? (1) (2) (3)
- c) Kidney transplant? (1) (2) (3)
- d) Kidney dialysis? (1) (2) (3)
- e) Information obtained from: Patient (1)
Doctor (2)
Other health professional (3)
Family member or significant other (4)

4. Cardiovascular Complications

Since the last visit to the EDIC clinic, has the patient had:

- a) Any problems with heart or blood vessels? NO YES UNKNOWN
(1) (2) (3)
- If yes, specify: _____
- b) Abnormal ECG? (1) (2) (3)
- c) Heart pains or angina? (1) (2) (3)
- d) Heart attack? (1) (2) (3)
- e) Coronary bypass surgery? (1) (2) (3)
- f) Stroke? (1) (2) (3)

- g) High blood pressure? NO YES UNKNOWN
(1) (2) (3)
- h) Drug treatment for high blood pressure? (1) (2) (3)

1. If yes, is the patient currently receiving drug treatment? (1) (2) (3)

- i) Information obtained from: Patient (1)
Doctor (2)
Other health professional (3)
Family member or significant other (4)

5. Peripheral Vascular Complications

Since the last visit to the EDIC clinic, has the patient had:

- a) Any trouble with circulation in legs? (1) (2) (3)
- b) Foot ulcers: (1) (2) (3)
- c) Gangrene? (1) (2) (3)
- d) Non-traumatic amputation? (1) (2) (3)
- e) Information obtained from: Patient (1)
Doctor (2)
Other health professional (3)
Family member or significant other (4)

6. Other Major Medical Diseases

- a) Does the patient have any serious medical problems not mentioned above? (1) (2) (3)

Specify: _____

Person completing form: _____ Certification Number _____