

Entered: __/__/20__
mm dd yy

Initials: _____

Verified: __/__/20__
mm dd yy

Initials: _____

For office use only.

Sarwer Education Comorbidity (COMAR) Form – Version: 11/30/2011

FORMV

Patient ID **ID** _____

Form Completion Date **COMARDAT** __/__/20__
mm dd yy

Certification number: **CERT** _____

Visit: **VISIT** _____

1. What is the highest education level that you completed? **SARED**

- 1. Less than seventh grade
- 2. At least seventh grade – but less than ninth grade
- 3. Some high school
- 4. High school diploma or General Equivalency Degree (GED)
- 5. Some college (at least one year)
- 6. Other post high school education
- 7. College diploma (Bachelors degree)
- 8. Graduate or professional degree

2. Have you ever been diagnosed with diabetes (either type 1 or 2)? **SARDIA**

- 0. No (skip to question 5)
- 1. Yes

If yes,

2.1 How many years have you been diagnosed with diabetes **SARDIAY** _____ (years)

2.2 What medications are you CURRENTLY taking for diabetes?

No Yes

Oral Diabetes Medications **DORAL**

a. How many years have you been taking oral diabetes medication? **DORALY** _____ (yrs)

b. Specify Oral Diabetes Medication:

No Yes

- DACT** Actos (pioglitazone)
- DACAR** Acarbose (Precose)
- DCHLO** Chlorpropamide (Diabinese)
- DGLIM** Glimepiride (Amaryl)
- DGLIP** Glipizide (Glucotrol/Glucotrol XL)
- DGLY** Glyburide (Micronase, Glynase, Diabeta)
- DJANU** Januvia (Sitagliptin)

No Yes

- DMEG** Meglitol (Glyset)
- DMET** Metformin (Glucophage)
- DNATE** Nateglinide (Starlix)
- DONG** Onglyza (Saxagliptin)
- DREPA** Repaglinide (Prandin)
- DROSI** Rosiglitazone (Avandia)
- DOTHR** Other, Specify: **DOTHRS** _____

Non-Insulin Injectables: **DNINJ**

a. How many total units of non-insulin do you currently inject each day? **DNTOT** _____ (units/day)

b. How many total years have you been taking injections (insulin and/or non-insulin for diabetes)? _____ (yrs)

c. Specify non-insulin injectables

No Yes

- DNSPP** Pramlintide (Symlin)
- DNSPB** Byetta (Exenatide)

No Yes

DNSPO Other, Specify: **DNSPOS** _____

Insulin **DNINS**

a. How many total units of insulin do you currently inject each day? **DNINST** _____ (units/day)

b. How many total years have you been taking injections (insulin and/or non-insulin for diabetes)? _____ (yrs)

DNINSY

3. Have your medications changed since you were diagnosed with diabetes? **MEDCHG**

- 0. No (Skip to question 4)
- 1. Yes (Check date of baseline visit)

If yes,

- 3.1 Did the participant have diabetes at baseline visit? 0. No → Skip to question 4
 1. Yes
DIABL

If yes,

3.1.1 What medications were you taking in (month and year) of BL assessment?

No Yes

- Oral Diabetes Medications **ORALBL**

a. How many years have you been taking oral diabetes medication? **ORALY** _____ (yrs)

b. Specify Oral Diabetes Medication:

No Yes

- DACTB** Actos (pioglitazone)
- DACARB** Acarbose (Precose)
- DCHLOB** Chlorpropamide (Diabinese)
- DGLIMB** Glimepiride (Amaryl)
- DGLIPB** Glipizide (Glucotrol/Glucotrol XL)
- DGLYB** Glyburide (Micronase, Glynase, Diabeta)
- DJANUB** Januvia (Sitagliptin)

No Yes

- DMEGB** Meglitol (Glyset)
- DMETB** Metformin (Glucophage)
- DNATEB** Nateglinide (Starlix)
- DONGB** Onglyza (Saxagliptin)
- DREPAB** Repaglinide (Prandin)
- DROSIB** Rosiglitazone (Avandia)
- DOTHRBS** Other, Specify: **DOTHRBS** _____

- Non-Insulin Injectables: **DNINJB**

a. How many total units of non-insulin do you currently inject each day? **DNTOTB** _____ (units/day)

b. How many total years have you been taking injections (insulin and/or non-insulin for diabetes)? _____ (yrs)

c. Specify non-insulin injectables

No Yes

- DNSPPB** Pramlintide (Symlin)
- DNSPBB** Byetta (Exenatide)

No Yes

- DNSPOB** Other, Specify: **DNSPOBS** _____

- Insulin **DNINSB**

a. How many total units of insulin do you currently inject each day? **DNINSTB** _____ (units/day) **DNINSYB**

b. How many total years have you been taking injections (insulin and/or non-insulin for diabetes)? _____ (yrs)

4. Have you ever required a hospitalization for treatment of a diabetes complication? **DIACOM**

- 0. No (Skip to question 5)
- 1. Yes

If yes,

4.1 During your hospitalization were you treated for any of the following due to diabetes?			Year of Hospitalization
No	Yes	Treatment	
<input type="checkbox"/> DHBP	<input type="checkbox"/>	Very high blood sugar or coma	<u> DHBPY </u>
<input type="checkbox"/> DKETO	<input type="checkbox"/>	Ketoacidosis	<u> DKETOY </u>
<input type="checkbox"/> DCELL	<input type="checkbox"/>	Severe skin infection (cellulitis)	<u> DCELLY </u>
<input type="checkbox"/> DLBF	<input type="checkbox"/>	Low blood flow to the toes, foot, or leg (claudication)	<u> DLBFY </u>
<input type="checkbox"/> DAMP	<input type="checkbox"/>	Amputation of the toes, foot, or leg	<u> DAMPY </u>
<input type="checkbox"/> DPUNK	<input type="checkbox"/>	Nausea and vomiting due to gastroparesis	<u> DPUNKY </u>
<input type="checkbox"/> DKID	<input type="checkbox"/>	Kidney failure or other kidney complication	<u> DKIDY </u>
<input type="checkbox"/> DOTH	<input type="checkbox"/>	Other (Specify: <u> DOTHS </u>)	<u> DOTHY </u>

5. Have you ever been diagnosed with hypertension? **DHYP**

- 0. No (Skip to question 7)
- 1. Yes

If yes,

5.1 How long have you had hypertension? DHYPY _____ (yrs)			
5.2 What medications are you CURRENTLY taking for hypertension?			
No	Yes	No	Yes
<input type="checkbox"/> DALD	<input type="checkbox"/> Aldactone (spironolactone)	<input type="checkbox"/> DEXFO	<input type="checkbox"/> Exforge (amlodipine/valsartan)
<input type="checkbox"/> DAVA	<input type="checkbox"/> Avapro (irbesartan)	<input type="checkbox"/> DINDE	<input type="checkbox"/> Inderal (propranolol)
<input type="checkbox"/> DAZOR	<input type="checkbox"/> Azor (amlodipine/olmesartan)	<input type="checkbox"/> DLASIX	<input type="checkbox"/> Lasix (furosemide)
<input type="checkbox"/> DBENI	<input type="checkbox"/> Benicar (olmesartan)	<input type="checkbox"/> DLOP	<input type="checkbox"/> Lopressor (metoprolol)
<input type="checkbox"/> DBYST	<input type="checkbox"/> Bystolic (nebivolol)	<input type="checkbox"/> DLOT	<input type="checkbox"/> Lotrel (amlodipine/benazepril)
<input type="checkbox"/> DCARDI	<input type="checkbox"/> Cardizem (diltiazem)	<input type="checkbox"/> DNORV	<input type="checkbox"/> Norvasc (amlodipine)
<input type="checkbox"/> DCARDU	<input type="checkbox"/> Cardura (doxazosin)	<input type="checkbox"/> DTEK	<input type="checkbox"/> Tekturna (aliskiren)
<input type="checkbox"/> DCORE	<input type="checkbox"/> Coreg (carvedilol)	<input type="checkbox"/> DTENO	<input type="checkbox"/> Tenormin (atenolol)
<input type="checkbox"/> DCOZA	<input type="checkbox"/> Cozaar (losartan)	<input type="checkbox"/> DTOPR	<input type="checkbox"/> Toprol-XL (metoprolol)
<input type="checkbox"/> DDIOV	<input type="checkbox"/> Diovan (valsartan)	<input type="checkbox"/> DVASO	<input type="checkbox"/> Vasotec (enalapril)
<input type="checkbox"/> DAQUA	<input type="checkbox"/> Aquazide H	<input type="checkbox"/> DOTHER	<input type="checkbox"/> Other, Specify: <u> DOTHERS </u>
<input type="checkbox"/> DHYDRO	<input type="checkbox"/> HydroDUIRIL		
<input type="checkbox"/> DMICRO	<input type="checkbox"/> Microzide (hydrochlorothiazide)		

6. Has your medications for hypertension changed since you were diagnosed?

- 0. No (Skip to question 7) HYPMCH
- 1. Yes (Check date of baseline visit)

If yes,

6.1 What medications were you taking in (month and year) of BL assessment? *If the participant does not remember exactly when they changed or what the medications were, get as much information as possible.*

No	Yes	No	Yes
<input type="checkbox"/> ALDAC	<input type="checkbox"/> Aldactone (spironolactone)	<input type="checkbox"/> EXFOC	<input type="checkbox"/> Exforge (amlodipine/valsartan)
<input type="checkbox"/> AVAC	<input type="checkbox"/> Avapro (irbesartan)	<input type="checkbox"/> INDERC	<input type="checkbox"/> Inderal (propranolol)
<input type="checkbox"/> AZORC	<input type="checkbox"/> Azor (amlodipine/olmesartan)	<input type="checkbox"/> LASIXC	<input type="checkbox"/> Lasix (furosemide)
<input type="checkbox"/> BENIC	<input type="checkbox"/> Benicar (olmesartan)	<input type="checkbox"/> LOPC	<input type="checkbox"/> Lopressor (metoprolol)
<input type="checkbox"/> BYSTC	<input type="checkbox"/> Bystolic (nebivolol)	<input type="checkbox"/> LOT	<input type="checkbox"/> Lotrel (amlodipine/benazepril)
<input type="checkbox"/> CARDIC	<input type="checkbox"/> Cardizem (diltiazem)	<input type="checkbox"/> NORVC	<input type="checkbox"/> Norvasc (amlodipine)
<input type="checkbox"/> CARDUC	<input type="checkbox"/> Cardura (doxazosin)	<input type="checkbox"/> TEKC	<input type="checkbox"/> Tekturna (aliskiren)
<input type="checkbox"/> COREGC	<input type="checkbox"/> Coreg (carvedilol)	<input type="checkbox"/> TENOC	<input type="checkbox"/> Tenormin (atenolol)
<input type="checkbox"/> COZAARC	<input type="checkbox"/> Cozaar (losartan)	<input type="checkbox"/> TOPRC	<input type="checkbox"/> Toprol-XL (metoprolol)
<input type="checkbox"/> DIOVC	<input type="checkbox"/> Diovan (valsartan)	<input type="checkbox"/> VASOC	<input type="checkbox"/> Vasotec (enalapril)
<input type="checkbox"/> AQUAC	<input type="checkbox"/> Aquazide H	<input type="checkbox"/> OTHR	<input type="checkbox"/> Other, Specify: <u>OTHRCS</u>
<input type="checkbox"/> HYDROC	<input type="checkbox"/> HydroDUIRIL		
<input type="checkbox"/> MICROC	<input type="checkbox"/> Microzide (hydrochlorothiazide)		

7. Have you ever had?

No Yes

LEGSE

- 7.1 Leg swelling accompanied by blistering, infections, discolorations or alterations of the skin: *If Yes →*

Specify treatment(s) within the past 12 months

No	Yes	No	Yes
<input type="checkbox"/> SHOSE	<input type="checkbox"/> Support hose	<input type="checkbox"/> UNNAB	<input type="checkbox"/> Unna boots
<input type="checkbox"/> DIURE	<input type="checkbox"/> Diuretic	<input type="checkbox"/> SEQCB	<input type="checkbox"/> Sequential compression boots
<input type="checkbox"/> OPERA	<input type="checkbox"/> Operation(s)	<input type="checkbox"/> EVERO	<input type="checkbox"/> Other (Specify: <u>EVEROS</u>)
<input type="checkbox"/> BLOOD	<input type="checkbox"/> Blood thinners		
<input type="checkbox"/> ELEV	<input type="checkbox"/> Elevation of the legs		

FPCLOT

- 7.2 Filter placement to prevent blood clot

ANG

- 7.3 Angina: *If Yes →*

Symptoms in the past 12 months? 0. No 1. Yes **ANG12**
 classification level: I II III IV **ANGCL**

Canadian Cardiovascular Society Classification Level

Class I – Ordinary physical activity, such as walking several blocks or climbing stairs does not cause angina. Angina will occur with strenuous, rapid, or prolonged exertion at work or recreation.

Class II – Moderate exertion, such as walking or climbing rapidly, walking uphill, walking or stair climbing after meals, in wind, or when under emotional stress or during periods after awakening, or walking more than 2 level blocks, or climbing more than one light or stairs causes limiting angina symptoms. Comfort at rest. Slight limitation of ordinary activity.

Class III – Ordinary physical activity, such as walking 1-2 level blocks or climbing one flight of stairs at a normal pace, causing limiting anginal symptoms. Comfort at rest. Marked limitation of ordinary activity.

Class IV – Any physical activity that causes limiting symptoms. Anginal symptoms may be present at rest with prior exertional angina.