



## L-PVDOMICS STUDY

### Non-PVD Comorbidity, Medical and Surgical History Since Last Parent Visit - Form #503

**Instructions:** This form is used to capture all comorbidities, medical and surgical history OTHER THAN pulmonary vascular disease (PVD) which is on Form 502 for all levels of participation. Information should be obtained from medical records, local physician records, and participant interview. It should include any current diagnoses and past pertinent history since the last parent study visit.

Medical records might include, but are not limited to: hospital discharge summaries, consultation letters, MD progress notes, problem lists, medication records and imaging reports, i.e. x-ray, ultrasound, CT.

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1. Identification Number

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2. Alphacode

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3a. Date of review: mm/dd/yyyy

#### Newly Reported Conditions Since the Parent Study:

4. Is there documentation in the medical record to support the assessment of non-PVD status and co-morbidities? .....
- 0=No, no supporting documentation in the medical record and no history obtained from participant
- 1=No, no supporting documentation in the medical record and new history obtained from participant (self-reported)
- 2=Yes, there is supporting documentation in the medical record.

#### New Dx

#### Since the Last Parent Visit:

5. How many times was the participant admitted to an ICU for > 24 hours .....  
(0=Not admitted, 1=Admitted once, 2=Admitted twice 3=Admitted 3 times or more)?
6. Intubated other than for surgery? (0=No, 1=Yes).....
7. Myocardial infarction (MI)? (0=No, 1=Yes).....
8. Coronary artery bypass grafting or stenting of coronary artery? (0=No, 1=Yes) .....
9. Atrial arrhythmia? (0=No, 1=Yes, current, 2=Yes, past, 3=Yes, both current and past) .....
10. Cardiac shunt repaired? (0=No, 1=Yes, 8=N/A-no shunt).....
- a. Atrial septostomy? (0=No, 1=Yes) .....
- b. Status of shunt (1=Closed since parent study, 8=Not applicable, 9=Unknown).....
11. Cerebrovascular/TIA disease? (0=No, 1=Yes).....
- a. CVA? (0=No, 1=Yes, without residual deficits, 2=Yes, with residual deficits) .....
- b. Carotid stenosis? (0=No, 1=Yes).....
12. Peripheral vascular disease? (0=No, 1=Yes).....
- a. Claudication with medical therapy or stenting or surgery? (0=No, 1=Yes).....

**New Dx**

13. TAA or AAA or dissection? (0=No, 1=Yes).....  
a. TAA or AAA repair/grafting? (0=No, 1=Yes) .....
14. Hypertension? (0=No, =Yes) .....
15. Diabetes (0=No, 1=Yes, Type 1, 2=Yes, Type 2)? .....
- a. Current diabetes therapy:  
a1. Diabetes controlled by diet only (0=No, 1=Yes) .....
- a2. Currently taking oral meds (0=No, 1=Yes).....
- a3. Currently using insulin (0=No, 1=Yes).....
- b. Retinopathy? (0=No, 1=Yes) .....
- c. Neuropathy? (0=No, 1=Yes).....
- d. Kidney Disease? (0=No, 1=Yes) .....
16. Thyroid disease? (0=No, 1=Yes) .....
- a. Hyperthyroidism? (0=No, 1=Yes) .....
- b. Hypothyroidism? (0=No, 1=Yes) .....
17. Clinically diagnosed depression? (0=No, 1=Yes, on medication, 2=Yes, not on medication).....
18. Primary biliary cirrhosis (PBC)? (0=No, 1=Yes) .....
19. Reactive airway disease? (0=No, 1=Yes) .....
- If asthma, must be receiving treatment.*
20. Hepatitis B surface antigen positive? (0=No, 1=Yes) .....
21. Hepatitis C positive? (0=No, 1=Yes) .....
22. Hepatitis (not otherwise specified, treated or not)? ((0=No, 1=Yes).....
23. HIV (Human Immunodeficiency Virus) infection/AIDs? (0=No, 1=Yes).....
24. Cancer (other than non-melanoma skin cancer)? (0=No, 1=Yes) .....
25. Deep vein thrombosis\* (DVT) (0=No, 1=Yes) .....
- a. Provoked? (0=No, 1=Yes, 9=Unknown) .....
26. Pulmonary embolism\* (PE)? (0=No, 1=Yes) .....
- a. Provoked? (0=No, 1=Yes, 9=Unknown) .....

**\*For Questions 25a and 26a only: Definitions**

**PROVOKED**

- a) Within the 3 months prior to VTE has patient had surgery, trauma, immobilization for > 3 days, hospitalization for > 3 days for an acute medical illness, presence of central venous catheter OR
- b) Concurrent to VTE has the patient used oral contraceptives or hormone replacement Rx, is pregnant, OR
- c) Had episode of prolonged travel (>4 hrs) within the past 4 weeks.
- d) UNPROVOKED - None of the above

**The following procedures in Q27-Q36 were not asked at the time of the parent study and now important for future analyses. Please review the participant's chart for all available procedures and document if any of the procedures had been done prior to enrollment in L-PVDOMICS. You will not need to complete a separate procedure form if participant consents to the L-PVDOMICS study.**

27. Were any of the following procedures performed up to time of L-PVDOMICS study enrollment? (0=No, 1=Yes).....

28. Valvular heart surgery? (0=No, 1=Yes) .....

a. If yes, date of surgery (mm/yyyy) ...../...../.....

29. Percutaneous valve intervention (PAV-R, TMVR/TAVI, MitraClip) (0=No, 1=Yes).....

a. If yes, date of surgery (mm/yyyy) ...../.....

30. Pacemaker placed? (0=No, 1=Yes) .....

a. If yes, date of surgery (mm/yyyy) ...../.....

31. Defibrillator placed (0=No, 1=Yes).....

a. If yes, date of surgery (mm/yyyy) ...../.....

32. Left ventricular assist device (LVAD) placed? (0=No, 1=Yes).....

a. If yes, date of surgery (mm/yyyy) ...../.....

33. Pulmonary thromboendarterectomy (PTE) (0=No, 1=Yes).....

a. If yes, date of surgery (mm/yyyy) ...../.....

34. Balloon pulmonary angioplasty (BPA) (0=No, 1=Yes).....

a. If yes, date of surgery (mm/yyyy) ...../.....

35. Pulmonary artery denervation procedure (0=No, 1=Yes).....

a. If yes, date of surgery (mm/yyyy) ...../.....

36. Bariatric surgery (gastric bypass, banding) (0=No, 1=Yes) .....

a. If yes, date of **most recent** surgery (mm/yyyy) ...../.....

Exercise History:

37. Current exercise frequency (times per week).....

38. Current usual exercise duration (minutes)..... .

200. Date this form completed (mm/dd/yyyy)...../...../.....

201. Username of person reviewing completeness of this form .....

**Clinical Center Use Only**

Date Form Entered (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Username of person entering this form \_\_\_\_\_