



## PVDOMICS STUDY

### Non-PVD Comorbidity, Medical and Surgical History - Form #103

**Instructions:** This form is used to capture all comorbidities, medical and surgical history OTHER THAN pulmonary vascular disease (PVD) which is on Form 102. Information should be obtained from medical records, local physician records, and participant interview. It should include any current diagnoses and past pertinent history.

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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3. Date of visit: mm/dd/yyyy

**History of any of the following conditions:****For Questions 4-26: 0=No, 1=Yes, except where indicated otherwise**

4. In the last 12 months, how many times was the patient admitted to an ICU for > 24 hours (0=Not admitted, 1=Admitted once, 2=Admitted twice 3=Admitted 3 times or more)? ..... \_\_\_\_
5. Ever been intubated other than for surgery? ..... \_\_\_\_
6. Myocardial infarction (MI)? (0=No, 1=Yes, answer a & b) ..... \_\_\_\_
  - a. Myocardial infarction in past year? ..... \_\_\_\_
  - b. Myocardial infarction > than 1 year? ..... \_\_\_\_
7. Coronary artery bypass grafting or stenting of coronary artery? ..... \_\_\_\_
8. Atrial arrhythmia? (0=No, 1=Yes, current, 2=Yes, past, 3=Yes, both current and past) ..... \_\_\_\_
9. History of a cardiac shunt? (0=No, 1=Yes) ..... \_\_\_\_
 

If yes to Q9, code 9a-d: 0=No, 1=Yes

  - a. Patent foramen ovale (PFO)..... \_\_\_\_
  - b. Atrial septal defect (ASD) ..... \_\_\_\_
  - c. Ventricular septal defect (VSD)..... \_\_\_\_
  - d. Atrial septostomy ..... \_\_\_\_
  - e. Status of shunt (1=Closed, 2=Not closed, 9=Unknown) ..... \_\_\_\_
10. Cerebrovascular/TIA disease? ..... \_\_\_\_
  - a. CVA? (0=No, 1=Yes, without residual deficits, 2=Yes, with residual deficits) ..... \_\_\_\_
  - b. Carotid stenosis? ..... \_\_\_\_
11. Peripheral vascular disease? ..... \_\_\_\_
  - a. Claudication with medical therapy or stenting or surgery? ..... \_\_\_\_

12. TAA or AAA or dissection? ..... \_\_\_\_\_
13. TAA or AAA repair/grafting? ..... \_\_\_\_\_
14. Hypertension? ..... \_\_\_\_\_
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. History of reactive airway disease? (0=No, 1=Yes) ..... \_\_\_\_\_
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. History of cancer (other than non-melanoma skin cancer)? (0=No, 1=Yes)..... \_\_\_\_\_  
0=No, 1=Yes, within the past 5 years, 2=Yes,  $\geq 5.0$  years

**Exercise History:**

25. Current exercise frequency (times per week)..... \_\_\_\_\_
26. 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 \_\_\_\_\_