

ARIC

Atherosclerosis Risk in Communities

REPORT AND REFERRAL FORM

O.M.B. 0925-0281
exp. 09/30/98

ID NUMBER:

CONTACT YEAR:

FORM CODE:

VERSION: D 05/22/97

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "Yes/No" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

REPORT AND REFERRAL FORM (REFD screen 1 of 1)

| A. VISIT 4 CLINIC EXAMINATION | | B. ADMINISTRATIVE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|---|----------|--------|----------|-------------------|------------------------|-------|---|---------------------------|-------|---|-----------------------------|--------------------------------|---|----------|-------|---------------|---|---|---|--------------------|---|---|---|--------------------------------|---|---|---|-----------|---|---|---|----------------------|---|---|---|--|---|---|---|----------|--|--|--|--|--|
| 1. Referral/alert made at Visit 4? Yes Y No N <input type="text" value="Go to Item 3"/> | | 3. Date of data collection: <input type="text"/> / <input type="text"/> / <input type="text"/> month day year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Was a referral made for: <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Not Done</th> </tr> </thead> <tbody> <tr> <td>a. Blood pressure</td> <td>Y</td> <td>N</td> <td>U</td> </tr> <tr> <td>b. ECG</td> <td>Y</td> <td>N</td> <td>U</td> </tr> <tr> <td>c. TIA/stroke in last 6 months</td> <td>Y</td> <td>N</td> <td>U</td> </tr> <tr> <td>d. Ultrasound</td> <td>Y</td> <td>N</td> <td>U</td> </tr> <tr> <td>e. Fasting Glucose</td> <td>Y</td> <td>N</td> <td>U</td> </tr> <tr> <td>f. Oral Glucose Tolerance Test</td> <td>Y</td> <td>N</td> <td>U</td> </tr> <tr> <td>g. Lipids</td> <td>Y</td> <td>N</td> <td>U</td> </tr> <tr> <td>h. Other chemistries</td> <td>Y</td> <td>N</td> <td>U</td> </tr> <tr> <td>i. Other conditions, please specify below.</td> <td>Y</td> <td>N</td> <td>U</td> </tr> <tr> <td>j. _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | Yes | No | Not Done | a. Blood pressure | Y | N | U | b. ECG | Y | N | U | c. TIA/stroke in last 6 months | Y | N | U | d. Ultrasound | Y | N | U | e. Fasting Glucose | Y | N | U | f. Oral Glucose Tolerance Test | Y | N | U | g. Lipids | Y | N | U | h. Other chemistries | Y | N | U | i. Other conditions, please specify below. | Y | N | U | j. _____ | | | | 4. Method of data collection: Computer C Paper form P | |
| | Yes | No | Not Done | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Blood pressure | Y | N | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. ECG | Y | N | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. TIA/stroke in last 6 months | Y | N | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Ultrasound | Y | N | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Fasting Glucose | Y | N | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Oral Glucose Tolerance Test | Y | N | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Lipids | Y | N | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Other chemistries | Y | N | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Other conditions, please specify below. | Y | N | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5. Code number of person completing this form: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 6. Outcome of Ultrasound: <table border="1"> <tbody> <tr> <td>Normal</td> <td>.....</td> <td>N</td> </tr> <tr> <td>Abnormal</td> <td>.....</td> <td>A</td> </tr> <tr> <td>Not Done</td> <td>.....</td> <td>U</td> </tr> <tr> <td>Delayed</td> <td>.....</td> <td>D</td> </tr> </tbody> </table> | | Normal | | N | Abnormal | | A | Not Done | | U | Delayed | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normal | | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abnormal | | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not Done | | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delayed | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7. Outcome of ECG review: <table border="1"> <tbody> <tr> <td>Normal</td> <td>.....</td> <td>N</td> </tr> <tr> <td>Abnormal but Unchanged</td> <td>.....</td> <td>A</td> </tr> <tr> <td>Changed but Insignificant</td> <td>....</td> <td>I</td> </tr> <tr> <td>Abnormal/Significant change</td> <td>..</td> <td>S</td> </tr> <tr> <td>Not Done</td> <td>.....</td> <td>U</td> </tr> </tbody> </table> | | Normal | | N | Abnormal but Unchanged | | A | Changed but Insignificant | | I | Abnormal/Significant change | .. | S | Not Done | | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normal | | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abnormal but Unchanged | | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Changed but Insignificant | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abnormal/Significant change | .. | S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not Done | | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ARIC ALERT/REFERRAL LOG

ID NUMBER:

CONTACT YEAR:

FORM CODE: **A L T**

VERSION: B 11/17/92

LAST NAME:

INITIALS:

Date Received: / / Alert Value: Referral/Action: Date of Action: Notes: Initials:

mm / dd / yy Item: Value: No Yes Immediate Urgent Routine mm / dd / yy

Date Received: / / Alert Value: Referral/Action: Date of Action: Notes: Initials:

mm / dd / yy Item: Value: No Yes Immediate Urgent Routine mm / dd / yy

Date Received: / / Alert Value: Referral/Action: Date of Action: Notes: Initials:

mm / dd / yy Item: Value: No Yes Immediate Urgent Routine mm / dd / yy

Date Received: / / Alert Value: Referral/Action: Date of Action: Notes: Initials:

mm / dd / yy Item: Value: No Yes Immediate Urgent Routine mm / dd / yy

Participant called on / / Call taken by Notes

Participant called on / / Call taken by Notes

Ppt's MD called on / / Call taken by Notes

ARIC called Ppt. on / / Call made by Notes

ARIC called Ppt's MD / / Call made by Notes