

TRIAD MEDICAL CHART REVIEW INSTRUMENT

VERSION 5.1

Please refer to the **TRIAD Medical Chart Abstraction Instructions**
for detailed information regarding use of this instrument.

Study Subject ID Number:	_____
Date of TRIAD Patient Survey Interview:	____/____/____ (month) (day) (4 digit year)
Review Period End Date:	____/____/____ (month) (day) (4 digit year)
18-Month Review Period Start Date:	____/____/____ (month) (day) (4 digit year)
3-Year Review Interval Start Date:	____/____/____ (month) (day) (4 digit year)

Date of Medical Chart Abstraction:	____/____/____ (month) (day) (4 digit year)
Reviewer's ID Number:	_____

PATIENT DEMOGRAPHICS

1. Patient's Date of Birth: _____
(month) (day) (4 digit year)
2. Patient's Gender: Male 1
Female 2

PATIENT MEDICAL HISTORY

For the Patient Medical History Section (items 3-12), abstractors should consider medical documentation covering an entire 3-year interval. Based on these medical records, check 'Yes' or 'No' to indicate if the patient has a record of EVER having the listed condition, treatment, or risk factor.

Refer to page 1 for start and end dates of the 3-year interval.

3. History of Cardiovascular Risk Factor or Vascular Disease: *(answer all items)*

- | | | |
|---|-------------------------------|--------------------------------|
| a. Hypertension (HTN) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| b. Hyperlipidemia/Hypercholesterolemia | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| c. Cigarette Smoking | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| d. Transient ischemic attack (TIA) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| e. Cerebral vascular accident (CVA) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| f. Angina | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| g. Myocardial Infarction (MI) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| h. Congestive heart failure | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| i. Other coronary heart disease (CHD) or
Coronary Artery Disease (CAD) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| j. Peripheral Vascular Disease (PVD) /
PVOD / Claudication | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |

4. History of Vascular Treatment: *(answer all items)*

- | | | |
|--|-------------------------------|--------------------------------|
| a. Carotid endarterectomy | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| b. Coronary angioplasty | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| c. Coronary bypass (CABG) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| d. Peripheral vascular angioplasty or bypass | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |

5. History of End-Stage Renal Disease (ESRD):

1 No 2 Yes

If No, go to Q.6

- | | | |
|---------------------------------|-------------------------------|--------------------------------|
| a. History of Dialysis | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| b. History of Kidney Transplant | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |

6. History of Microalbuminuria:

1 No 2 Yes

7. History of Diabetic Nephropathy:

1 No 2 Yes

8. History of Diabetic Peripheral Neuropathy:

1 No 2 Yes

PATIENT MEDICAL HISTORY continued

9. History of complete Amputation of both Feet: ₁ No ₂ Yes
10. History of Retinal Laser Treatment: ₁ No ₂ Yes
11. History of Diabetic Retinopathy: ₁ No ₂ Yes
12. History of Comorbid Conditions: *(check one box for each item in the list below):*
- a. Dementia ₁ No ₂ Yes
- b. Chronic Pulmonary Disease ₁ No ₂ Yes
- c. Connective Tissue Disease ₁ No ₂ Yes
- d. Ulcer Disease ₁ No ₂ Yes
- e. Mild Liver Disease ₁ No ₂ Yes
- f. Hemiplegia ₁ No ₂ Yes
- g. Non-metastatic solid cancer (5 yrs.) ₁ No ₂ Yes
- h. Leukemia ₁ No ₂ Yes
- i. Lymphoma ₁ No ₂ Yes
- j. Moderate or Severe Liver Disease ₁ No ₂ Yes
- k. Metastatic solid cancer ₁ No ₂ Yes
- l. AIDS ₁ No ₂ Yes ₃ Not Abstracted

For Item 12 l., check the "Not Abstracted" box only if review of AIDS status has not received local IRB approval. Otherwise, check either "No" or "Yes" for this item.

MEDICAL DATA DURING 18 MONTH REVIEW PERIOD

**For Items 13-28 all tests and other events considered MUST have occurred during the 18-month period.
Refer to page 1 for start and end dates of the 18-month review period.**

13. Did the patient have Outpatient Visits to a PCP, Nurse Practitioner, Endocrinologist, or Diabetologist during the review period?
(exclude telephone encounters and visits to other specialists, ER visits, urgent care visits, and visits for lab tests, infusions, flu or allergy injections) 1 No 2 Yes
If No, go to Q.16

a. Total number of outpatient visits to PCP, NP, Endocrinologist or Diabetologist: _____

b. Total number of visits recorded in #13a. for which a record of the visit was not available for review: _____

14. Was Weight recorded at a visit included in #13a? 1 No 2 Yes
If No, go to Q.15

a. Most recent recorded Weight _____ • _____ kg or lbs.
(IMPORTANT: circle unit of measure)

15. Was a blood pressure reading taken at any visit included in item #13a? 1 No 2 Yes
If No, go to Q.16

a. Number of such visits during which a b.p. reading was taken: 1 One
2 Two
3 Three
4 Four
5 Five
6 Six or more

b. Value of most recent systolic pressure: _____

c. Value of most recent diastolic pressure: _____

Date: _____ / _____ / _____

16. Was a glycosylated hemoglobin, HbA1c, or Fructosamine test performed during the review period? 1 No 2 Yes
If No, go to Q.17

a. Total number of g. hemoglobin, HbA1c, and Fructosamine tests: _____

b. Value of first g. hemoglobin or HbA1c test : _____ %
Upper limit of normal range for first assay: _____ %
Note: exclude Fructosamine tests in 16b. Date: _____ / _____ / _____

c. Value of most recent g. hemoglobin or HbA1c test: _____ %
Upper limit of normal range for most recent assay: _____ %
Note: exclude Fructosamine tests in 16c. Date: _____ / _____ / _____

MEDICAL DATA DURING 18-MONTH REVIEW PERIOD *continued*

17. Was Total Cholesterol measured during the review period? ₁ No ₂ Yes

If No, go to Q.18

a. Most recent Total Cholesterol measured:

Date: ___/___/_____

18. Were Triglycerides measured during the review period? ₁ No ₂ Yes

If No, go to Q.19

a. Most recent Triglycerides value:

Date: ___/___/_____

19. Was high-density lipid (HDL) measured during the review period? ₁ No ₂ Yes

If No, go to Q.20

a. Most recent HDL value:

Date: ___/___/_____

20. Was low-density lipid (LDL) measured during the review period? ₁ No ₂ Yes

If No, go to Q.21

a. Most recent LDL value:

Date: ___/___/_____

21. Was Serum Creatinine measured during the review period? ₁ No ₂ Yes

If No, go to Q.22

a. Most recent Serum Creatinine value:

_____ . _____

Date: ___/___/_____

22. Was a dipstick Urinalysis performed during the review period? ₁ No ₂ Yes

If No, go to Q.23

a. Most recent Urine Protein value:

₁ 0 mg/dl or Negative

₂ 15 mg/dl or Trace

₃ 30 mg/dl or "1+"

₄ 100 mg/dl or "2+"

₅ 500 mg/dl or "3+"

Date: ___/___/_____

MEDICAL DATA DURING 18-MONTH REVIEW PERIOD continued

23. Were any of the following Microalbuminuria or quantitative urine protein tests performed during the review period? ₁ No ₂ Yes

- Urine Microalbumin/Creatinine ratio
- Urine Protein/Creatinine ratio
- Urine Microalbumin (*without Creatinine*)
- Quantitative Urine Protein (*without Creatinine*)
- Micral Test

If No, go to Q.24

a. *If Yes, Which tests listed above were performed during the 18-month review period? (check all that apply)*

- | | | |
|--|--|---|
| a ₁ . Urine Microalbumin/Creatinine ratio | <input type="checkbox"/> ₁ No | <input type="checkbox"/> ₂ Yes |
| a ₂ . Urine Protein/Creatinine ratio | <input type="checkbox"/> ₁ No | <input type="checkbox"/> ₂ Yes |
| a ₃ . Urine Microalbumin | <input type="checkbox"/> ₁ No | <input type="checkbox"/> ₂ Yes |
| a ₄ . Quantitative Urine Protein | <input type="checkbox"/> ₁ No | <input type="checkbox"/> ₂ Yes |
| a ₅ . Micral Test | <input type="checkbox"/> ₁ No | <input type="checkbox"/> ₂ Yes |

b. For the test checked YES appearing first in the list, indicate the most recent value, unit of measure and date:

For example: if a₁ and a₃ are checked YES, record the a₁ result.

_____ . _____
Unit: _____ / _____
 numerator denominator

Date: ___ / ___ / _____

c. If a Micral test is the *only* test checked above, indicate the most recent Micral result:

- ₁ Negative
- ₂ 20 mg/l
- ₃ 50 mg/l
- ₄ 100 mg/l
- ₉ UTD

24. Was an EKG test performed during the review period?

₁ No ₂ Yes

If No, go to Q.25

a. Date of the most recent EKG:

Date: ___ / ___ / _____

MEDICAL DATA DURING 18-MONTH REVIEW PERIOD continued

25. Was a Foot Exam performed during the review period? ₁ No ₂ Yes
Include foot exams by any provider in any setting. If No, go to Q.26
- a. Date of most recent Foot Exam: Date: ___/___/____
- b. Total number of Foot Exams performed: ₁ One
₂ Two
₃ Three
₄ Four
₅ Five
₆ Six or more
- c. Specify the Foot Exams performed during the review period (*check all that apply*)
- c₁. Visual inspection of the feet (lesions, dry skin, callus, deformity, infection, nail changes, ulcers and/or amputation): ₁ No ₂ Yes
c_{1a}Result of the most recent exam: ₁ Normal ₂ Abnormal ₉ UTD
- c₂. 10 gram Monofilament test: ₁ No ₂ Yes
c_{2a}Result of the most recent exam: ₁ Normal ₂ Abnormal ₉ UTD
- c₃. Sensory examination other than monofilament (temperature, pin, vibration, and/or soft touch): ₁ No ₂ Yes
c_{3a}Result of the most recent exam: ₁ Normal ₂ Abnormal ₉ UTD
- c₄. Vascular examination (pulses): ₁ No ₂ Yes
c_{4a}Result of the most recent Exam: ₁ Normal ₂ Abnormal ₉ UTD
- c₅. Unable to Determine type of Exam ₁ No ₂ Yes
c_{5a}Result of the Exam: ₁ Normal ₂ Abnormal ₉ UTD
26. Was a Dilated Eye Exam performed during the review period? ₁ No ₂ Yes
If No, go to Q.26d.
- a. Date of most recent dilated eye exam: Date: ___/___/____
- b. Total number of dilated eye exams performed: _____
- c. Who performed the dilated eye exam(s) during the review period? (*check all that apply*)
- c₁. Ophthalmologist ₁ No ₂ Yes
- c₂. Optometrist ₁ No ₂ Yes
- c₃. PCP ₁ No ₂ Yes
- c₄. UTD ₁ No ₂ Yes
- d. Were retinal photos submitted to an eye care professional during the review period? ₁ No ₂ Yes

MEDICAL DATA DURING 18-MONTH REVIEW PERIOD continued

27. What is the Retinopathy status:
(indicate the highest level noted; check only one)
- a. None 1
 - b. Diabetic Retinopathy noted, level not specified 2
 - c. Non-proliferative Diabetic Retinopathy (NPDR)
or Background Diabetic Retinopathy (BDR) 3
 - d. Macular Edema (ME or CSME) 4
 - e. Proliferative Diabetic Retinopathy
(PDR or PDR with HRC) 5
 - f. UTD- no record of retinopathy status 9

CURRENT MEDICATIONS

28. Were any of the medications listed on pages 9-11 prescribed or taken during the review period with no indication that they were stopped or discontinued prior to the end of the review period?
- 1 No 2 Yes

If Yes, indicate these current medications by recording the number of each in the spaces provided below.

Note: Medications are listed alphabetically. Trade names are capitalized and generics are in lower case. Generic equivalents to trade name medications are shown within brackets.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

END OF DATA ENTRY

1. acarbose
2. Accupril [quinapril]
3. acebutolol
4. Aceon [perindopril]
5. acetoexamide
6. Actos [pioglitazone]
7. Adalat [nifedipine]
8. Adalat CC [nifedipine]
9. Aldactazide [HCTZ/spironolactone]
10. Aldactone [spironolactone]
11. Aldoclor [chlorothiazide/methyldopa]
12. Aldomet [methyldopa]
13. Aldoril [HCTZ/methyldopa]
14. Altace [ramipril]
15. Amaryl [glimeperide]
16. amiloride
17. amlodipine
18. Aquazide H [HCTZ]
19. Aspirin
20. Atacand [candesartan]
21. atenolol
22. atorvastatin
23. Atromid-S [clofibrate]
24. Avalide [irbesartan/HCTZ]
25. Avandia [rosiglitazone]
26. Avapro [irbesartan]
27. Baycol [cerivastatin]
28. benazepril
29. bendroflumethiazide
30. bepridil
31. Betapace [sotalol]
32. betaxolol
33. bisoprolol
34. Blocardren [timolol]
35. Brevibloc [esmolol]
36. bupropion
37. Calan [verapamil]
38. Calan SR [verapamil]
39. candesartan
40. Capoten [captopril]
41. Capozide
42. captopril
43. Cardene [nicardipine]
44. Cardene SR [nicardipine]
45. Cardizem [diltiazem]
46. Cardizem CD [diltiazem]
47. Cardizem SR [diltiazem]
48. Cardura [doxazosin]
49. carteolol
50. Cartia XT [diltiazem]
51. Cartrol [carteolol]
52. carvedilol
53. Catapres [clonidine]
54. Catapres-TTS [clonidine]
55. Celexa [citalopram]
56. cerivastatin
57. chlorothiazide
58. chlorpropamide
59. chlorthalidone
60. cholestyramine
61. Cholestyramine Light [cholestyramine]
62. citalopram
63. clofibrate
64. clonidine
65. Clorpres [chlorthalidone/clonidine]
66. Colestid [colestipol]
67. colestipol
68. Combipres [chlorthalidone/clonidine]
69. Coreg [carvedilol]
70. Corzide 40/5 [bendroflumethiazide/nadolol]
71. Corzide 80/5 [bendroflumethiazide/nadolol]
72. Covera-HS [verapamil]
73. Cozaar [losartan]
74. Demadex [torsemide]
75. DiaBeta [glyburide]
76. Diabinese [chlorpropamide]
77. Dibenzylamine [phenoxybenzamine]
78. Dilacor XR [diltiazem]
79. Diltia XT [diltiazem]
80. diltiazem
81. Diovan [valsartan]
82. Diucardin [hydroflumethiazide]
83. Diuril [chlorothiazide]
84. Diuril Oral Suspension [chlorothiazide]
85. doxazosin
86. Dyazide [triamterene/HCTZ]
87. Dymelor [acetoexamide]
88. Dynacric [isradipine]
89. Dynacric CR [isradipine]
90. Dyrenium [triamterene]
91. Edecrin [ethacrynic acid]
92. Effexor [venlafaxine]
93. Effexor XR [venlafaxine]
94. enalapril
95. Enduron [methyclothiazide]
96. Esidrix [HCTZ]
97. esmolol
98. ethacrynic acid

99. Ezide [HCTZ]
100. felodipine
101. fenofibrate
102. fluoxetine
103. fluvastatin
104. fosinopril
105. Furocot [furosemide]
106. Furomide MD [furosemide]
107. furosemide
108. gemfibrozil
109. glargine, same as insulin glargine
110. glimeperide
111. glipizide
112. Glucophage [metformin]
113. Glucotrol [glipizide]
114. Glucotrol XL [glipizide]
115. Glucovance [metformin/glyburide]
116. glyburide
117. Glycron [glyburide]
118. Glynase [glyburide]
119. Glyset [miglitol]
120. guanadrel
121. guanfacine
122. HCTZ generic, same as hydrochlorothiazide
123. Humalog [insulin]
124. Humulin 50/50 [insulin]
125. Humulin 70/30 [insulin]
126. Humulin L [insulin]
127. Humulin N [insulin]
128. Humulin NPH [insulin]
129. Humulin R [insulin]
130. Humulin U [insulin]
131. hydrochlorothiazide, same as HCTZ
132. Hydrocot [HCTZ]
133. Hydrodiuril [HCTZ]
134. hydroflumethiazide
135. Hylorel [guanadrel]
136. Hytrin [terazosin]
137. Hyzaar 100 [losartan/HCTZ]
138. Hyzaar 50 [losartan/HCTZ]
139. Iletin II Regular [insulin]
140. Iletin II, L [insulin]
141. Iletin II, NPH [insulin]
142. indapamide
143. Inderal [propranolol]
144. Inderal LA [propranolol]
145. Inderide [propranolol/HCTZ]
146. insulin
147. insulin glargine
148. irbesartan
149. Isoptin SR [verapamil]
150. isradipine
151. Kerlone [betaxolol]
152. labetalol
153. Lantus
154. Lasix [furosemide]
155. Lescol [fluvastatin]
156. Levatol [penbutolol]
157. Lexxel [felodipine/enalapril]
158. Lipitor [atorvastatin]
159. lisinopril
160. Locholest [cholestyramine]
161. Locholest Light [cholestyramine]
162. Lopid [gemfibrozil]
163. Lopressor [metoprolol]
164. Lopressor HCT [metoprolol/HCTZ]
165. losartan
166. Lotensin [benazepril]
167. Lotensin HTC [benazepril/HCTZ]
168. Lotrel [amlodipine/benazepril]
169. lovastatin
170. Mavik [trandolapril]
171. Maxzide [triamterene/HCTZ]
172. metformin
173. methyclothiazide
174. methyl dopa
175. metolazone
176. metoprolol
177. Mevacor [lovastatin]
178. Micardis [telmisartan]
179. Micronase [glyburide]
180. Microzide [HCTZ]
181. Midamor [amiloride]
182. miglitol
183. Minipress [prazosin]
184. Minizide [polythiazide/prazosin]
185. mirtazapine
186. Moderil [rescinamine]
187. Moduretic [amiloride/HCTZ]
188. moexipril
189. Monopril [fosinopril]
190. Mykrox [metolazone]
191. nadolol
192. nateglinide
193. nefazodone
194. niacin
195. Niacor [niacin]
196. Niaspan [niacin]

197. nifedipine
198. nifedipine
199. nimodipine
200. Nimotop [nimodipine]
201. nisoldipine
202. Normodyne [labelatol]
203. Norvasc [amlodipine]
204. Novolin 70/30 [insulin]
205. Novolin L [insulin]
206. Novolin N [insulin]
207. Novolin R [insulin]
208. Oretic [HCTZ]
209. Orinase [tolbutamide]
210. paroxetine
211. Paxil [paroxetine]
212. penbutolol
213. perindopril
214. phenoxybenzamine
215. pioglitazone
216. Plendil [felodipine]
217. polythiazide
218. Prandin [repaglinide]
219. Pravachol [pravastatin]
220. pravastatin
221. prazosin
222. Precose [acarbose]
223. Prevalite [cholestyramine]
224. Prinivil [lisinopril]
225. Prinzide [lisinopril/HCTZ]
226. Procardia [nifedipine]
227. Procardia XL [nifedipine]
228. propranolol
229. Prozac [fluoxetine]
230. Purified Pork Lente [insulin]
231. Purified Pork NPH Isophane [insulin]
232. Purified Pork R [insulin]
233. Questran [cholestyramine]
234. Questran Light [cholestyramine]
235. quinapril
236. ramipril
237. Remeron [mirtazapine]
238. Renese [polythiazide]
239. repaglinide
240. rescinamine
241. Rezulin [troglitazone]
242. rosiglitazone
243. Sectral [acebutolol]
244. sertraline
245. Serzone [nefazodone]
246. simvastatin
247. sotalol
248. spironolactone
249. Starlix [nateglinide]
250. Sular [nisoldipine]
251. Tarka [verapamil/trandolapril]
252. telmisartan
253. Tenex [guanfacine]
254. Tenoretic [atenolol/chlorthalidone]
255. Tenormin [atenolol]
256. terazosin
257. Thalitone [chlorthalidone]
258. Tiazac [diltiazem]
259. Timolide [HCTZ/timolol]
260. timolol
261. tolazamide
262. tolbutamide
263. Tolinase [tolazamide]
264. Toprol-XL [metoprolol]
265. torsemide
266. Trandate [labetalol]
267. trandolapril
268. triamterene
269. Tricor [fenofibrate]
270. troglitazone
271. Uniretic [moexipril/HCTZ]
272. Univasc [moexipril]
273. valsartan
274. Vascor [bepridil]
275. Vaseretic [enalapril/HCTZ]
276. Vasotec [enalapril]
277. Velosulin BR [insulin]
278. venlafaxine
279. verapamil
280. Verelan [verapamil]
281. Verelan PM [verapamil]
282. Wellbutrin [bupropion]
283. Wellbutrin SR [bupropion]
284. Zaroxolyn [metolazone]
285. Zebeta [bisoprolol]
286. Zestoretic [lisinopril/HCTZ]
287. Zestril [lisinopril]
288. Ziac [bisoprolol/HCTZ]
289. Zocor [simvastatin]
290. Zolofit [sertraline]

