

OCCLUDED ARTERY TRIAL (OAT)
Intake Physical Examination

OAT Form 02
Rev 0 (email)
04/14/2003
1 of 1 Pages



62853

Please Use Black Pen To Fill Out Form.

Patient's ID Number:

Four digit boxes separated by a hyphen

Letter Code:

Two digit boxes

Correction

Date of OAT Randomization:

Month (mmm), Day (dd), Year (yyyy) boxes with 'fm02dt' label

INTAKE PHYSICAL EXAM - baseline (at time of randomization) values

- 1. Weight [weight] kg
- 2. Height [height] cm
- 3. Heart rate [hrtrate] beats/min
- 4. Blood Pressure [sbp] (systolic) / [dbp] (diastolic) mmHg
- 5. Serum Creatinine [creat_mg] mg/dL or [creat_um] umol/L
- 6. Fasting Blood Glucose [fgluc_mg] mg/dL or [fgluc_mm] mmol/L

7. A. S3 Yes No Uncertain **s3**

- B. Rales (mark only one):
- \geq 1/2 lung field **rales**
 - $<$ 1/2 lung field
 - None
 - Unknown

8. Highest Killip Class during index MI prior to randomization
Class I Class II Class III Class IV
 killip

9. New York Heart Association Classification of CHF at the time of randomization
 nyharand
ineligible ineligible

Signature: _____

Four digit boxes separated by a hyphen
OAT Staff Number