

OCCLUDED ARTERY TRIAL (OAT)
Cardiovascular Status Outcome
Follow-Up Form

OAT Form 12
Rev 1 (email)
04/14/2003
1 of 1 Page

2590

Please Use Black Pen To Fill Out Form.

Patient's ID Number:

-

Letter Code:

Correction

Date of Follow-Up:

mmm dd yyyy

Not Done
form12nd

Period: 4 mo 12 mo 24mo 36 mo 48 mo 60 mo *nvisit*

1. Have you had angina pectoris or an anginal equivalent during the past four months?
If Yes, answer A.

Yes No Uncertain
angina_4

A. Rate the patient's anginal status (Canadian Cardiovascular Society Classification).

Ordinary physical activity, such as walking and climbing stairs, does not cause angina. Angina results from strenuous or rapid or prolonged exertion at work or recreation.

Slight limitation of ordinary activity. Angina results from walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, in cold, in wind, or when under emotional stress, or only during the few hours after awakening. Walking more than two blocks on the level and more than one flight of stairs at a normal pace and under normal conditions results in angina.

Marked limitation of ordinary physical activity. Angina results from walking one or two blocks on the level and climbing one flight under normal conditions.

Inability to carry on any physical activity without discomfort, anginal syndrome may be present at rest.

Class I *angclass*
 Class II
 Class III
 Class IV

2. Have you been diagnosed or treated for congestive heart failure in the past four months?
If Yes, answer A and B.

Yes No Uncertain
chf_4

A. Rate the patient's most severe heart failure in the past four months using the following functional classification (New York Heart Association Function Classification):

No symptoms with ordinary physical exertion.

Symptoms with ordinary activity (activities of daily living). Slight limitation of activity.

Symptoms with less than ordinary activity. Marked limitation of activity.

Symptoms with any physical activity or even at rest.

Class I *chfclass*
 Class II
 Class III **(Complete Form 18)**
 Class IV **(Complete Form 18)**

- B. Is this the first episode of CHF since study entry? (i.e. CHF has not previously been diagnosed after randomization)

Yes No Uncertain
chfnew

Signature: _____

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OAT Staff Number