

30-32 (1) FORM NUMBER

33 (2) VERSION

INITIAL NOTIFICATION OF MORBID EVENT

40 (518) SEQUENCE

SPECIAL INSTRUCTIONS

- This form should be completed and a copy mailed to the Coordinating Center within 48 hours after the SHEP staff learns that a randomized participant has had a possible stroke, MI, TIA, or left ventricular failure, during a routine SHEP clinic visit or through other notification.
- A Final Report of Morbid Event (SH21) should be completed within 6 weeks and sent to the Coordinating Center with appropriate attached materials.
- If the participant dies during the acute phase, complete Forms SH22 and SH23 for fatal events, in addition to the SH20 and SH21.

1. SHEP ID: (3) 22 23 - (4) 24 25 26 27 - (5) 28 29 2. Acrostic: (6) 41-46

3. Date this form completed: (7) 49 50 51 52 47 48
 Month Day Year

4. Date of onset of morbid event: (8) 36 37 38 39 34 35
 Month Day Year

RECORD TYPE (16) 61
 DATE RECEIVED (17) 62-67
 UPDATE NUMBER (18) 68-70
 DATE LAST PROCESSED (19) 71-76
 PAPER COPY (20) 77

5. Nature of possible morbid event (check all that apply): (21) CROSS-FORMS EDIT STATUS

- 53 (9) a. 1 Stroke → obtain Neurologic Exam for Stroke (SH27) and CT Scan (if not already available) as soon as possible
- 54 (10) b. 1 Acute myocardial infarction
- 55 (11) c. 1 Left ventricular failure
- 56 (12) d. 1 Transient ischemic attack → obtain Neurologic Exam for TIA (SH28) as soon as possible

6. Was the participant hospitalized? Yes 1
 No 2
 Unknown 3

Hospital _____
 Address _____
 City _____ State ____ Zip _____
 Telephone number _____
 Date of admission _____

Obtain hospital records.

7. Was the participant seen by a non-SHEP physician? Yes 1
 No 2 (14) 58
 Unknown 3

Name _____
 Address _____
 City _____ State ____ Zip _____
 Telephone number _____
 Date(s) _____

Obtain medical records.

8. Person completing this form: _____ (15) 59 60

3-8 (514) BATCH DATE 17-20 (516) TIME MODIFIED Signature

11-16 (515) DATE MODIFIED 21 (517) EDIT STATUS

Code SH20/1

INITIAL NOTIFICATION OF MORBID EVENT

SPECIAL INSTRUCTIONS

- This form should be completed and a copy mailed to the Coordinating Center within 48 hours after the SHEP staff learns that a randomized participant has had a possible stroke, MI, TIA, left ventricular failure, other hospitalization or intermediate or skilled nursing home admission during a routine SHEP clinic visit or through other notification.
- A Final Report of Morbid Event (SH21) should be completed within 6 weeks and sent to the Coordinating Center with appropriate attached materials.
- If the participant dies during the acute phase, complete Forms SH22 and SH23 for fatal events, in addition to the SH20 and SH21.

(3) 1. SHEP ID: - - 2. Acrostic: (6) 41-46

3. Date this form completed: (4) (5) 4. Date of onset of morbid event: (7) (8)
 Month Day Year Month Day Year

5. Nature of possible morbid event (check all that apply):

- 53 (9) a. 1 Stroke - obtain SHEP Neurological Exam for Stroke (SH27) and CT Scan (if not already available) as soon as possible
- 54 (10) b. 1 Acute myocardial infarction
- 55 (11) c. 1 Left ventricular failure
- 56 (12) d. 1 Transient ischemic attack - obtain SHEP Neurological Exam for TIA (SH28) as soon as possible
- 79 (22) e. 1 Other hospitalization } Reason: _____
- 80 (23) f. 1 Admission to intermediate or skilled nursing home } _____

6. Was the participant hospitalized or admitted to an intermediate or skilled care nursing home? Yes 1 No 2 Unknown 3 (13) 57

7. Was the participant seen by a non-SHEP physician? Yes 1 No 2 Unknown 3 (14) 58

Institution _____

Address _____

City _____ State ____ Zip _____

Telephone number _____

Date of admission _____

Name _____

Address _____

City _____ State ____ Zip _____

Telephone number _____

Date(s) _____

Obtain complete hospital or nursing home record for stroke, MI, LVF and TIA. For other hospitalizations, obtain discharge summary or admission record only.

Obtain medical records.

8. Person completing this form: _____ (15) Code