30-32 (1) FORM NUMBER

33 (2) VERSION

40 (518) SEQUENCE

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, 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 Month, 51 52 Day, 47 48 Year

4. Date of onset of morbid event: (8) 36 37 Month, 38 39 Day, 34 35 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
(21) 78 CROSS-FORMS EDIT STATUS

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

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? 57 (13) 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? (14) 58 Yes ☐ 1 No ☐ 2 Unknown ☐ 3

Name _____

Address _____

City _____ State ____ Zip ____

Telephone number _____

Date(s) _____

Obtain medical records.

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

3-8 (514) BATCH DATE

11-16 (515) DATE MODIFIED

17-20 (516) TIME MODIFIED

21 (517) EDIT STATUS

30-32 (1) FORM NUMBER

40 (518) SEQUENCE

33 (2) VERSION

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: 22 23 - 24 25 26 27 - 28 29

2. Acrostic: ☐☐☐☐☐☐ (6) 41-46

3. Date this form completed: (4) (5)

(7) 49 50 Month 51 52 Day 47 48 Year

4. Date of onset of morbid event:

(8) 36 37 Month 38 39 Day 34 35 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

80 (23) f. 1 ☐ Admission to intermediate or skilled nursing home

→ Reason: _____

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

Institution _____

Address _____

City _____ State ____ Zip ____

Telephone number _____

Date of admission _____

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

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

Name _____

Address _____

City _____ State ____ Zip ____

Telephone number _____

Date(s) _____

Obtain medical records.

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

Signature

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

Version 2 - 8/85 (21) EDIT STATUS (CROSS FORMS) 78 (514) BATCH DATE 3-8 (515) DATE MODIFIED 11-16 (516) TIME MODIFIED 17-20 (517) EDIT STATUS 21

SH20/1