D:A:D

Event Checking Chart
Cases of Diabetes Mellitus

Name of centre and cohort _____

Patient ID code:_____ Gender:_____

Year of birth (yyyy):_____ Date of event (dd/mm/yy):_____

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1. Has diabetes been diagnosed by repeated elevated fasting plasma glucose? yes |__| no |__|

   If yes, please indicate measurements on independent dates:

   date: / / fasting plasma glucose: unit:
   date: / / fasting plasma glucose: unit:

   if no, how was diabetes diagnosed?: _____

   _____

2. Did the patient receive any medical treatment, other than ART, that could have precipitated diabetes? yes |__| no |__|
   if yes, which therapy (please indicate drug by generic name)? : _____

   _____

3. Any current or previous medical history of pancreatitis? Yes |__| No |__| Unknown |__|

|__| All available information regarding this event has been collected,

Signature:_____ the Study Coordinating Office, Date:_____(dd/mm/yyyy)

Monitored at site by: _____ _____ Date: _____
Print Name Signature dd/mm/yyyy

Please return this form to the DAD study coordinating office incl. copies of relevant documents from the medical record (made anonymous and labelled with the patients ID-code) by air-mail and keep a copy of the chart at the cohort coordinating office.