D:A:D

Follow-up

Patient identification code _____Date of completion (dd/mm/yy) _____
Completed by _____

---

1. Have any of the following disease(s)/procedures been diagnosed/performed since D.A.D enrolment/ last follow-up*:

a) Myocardial infarction (definitive/possible)	|__| Yes |__| No	If yes,date of diagnosis (mm/yy):	|_____|
b) Stroke	|__| Yes |__| No	If yes,date of diagnosis (mm/yy):	|_____|
c) Diabetes mellitus	|__| Yes |__| No	If yes,date of diagnosis (mm/yy):	|_____|
d) Coronary artery by-pass grafting	|__| Yes |__| No	If yes,date of procedure (mm/yy):	|_____|
e) Coronary angioplasty/stenting	|__| Yes |__| No	If yes,date of procedure (mm/yy):	|_____|
f) Carotic endarterectomy	|__| Yes |__| No	If yes,date of procedure (mm/yy):	|_____|
g) Cancer	|__| Yes |__| No	If yes,date of procedure (mm/yy):	|_____|
h) End-stage liver disease	|__| Yes |__| No	If yes,date of procedure (mm/yy):	|_____|
i) End-stage renal disease	|__| Yes |__| No	If yes,date of procedure (mm/yy):	|_____|

*** All diseases need to meet the criteria for the DAD events listed in the DAD MOOP and the New DAD Endpoint Guidelines**

---

2. Have any first degree relatives (genetic mother, father, brother, sister) experienced myocardial infarction or stroke before the age of 50 years?

|__| Yes |__| No |__| Unknown

---

3. Most recently measured:

	Not done	Fasting	Value	Unit	Date of measurement (mm/yy)
Serum total cholesterol	|__|	|__|	|_____|	|_____|	|_____|
Serum HDL cholesterol	|__|	|__|	|_____|	|_____|	|_____|
Serum triglycerides	|__|	|__|	|_____|	|_____|	|_____|

	Not done	Value	Date of measurement (dd/mm/yy)
4. Systolic and diastolic blood pressure	|__|	|_____/_____|	|_____|

---

5. Ongoing treatment at time of this follow-up

	On treatment at current visit (Y=Yes, N=No, U=Unknown)	Start date (dd/mm/yy)	Stop date (dd/mm/yy)
a) Anti-platelets	|__|	|_____|	|_____|
b) ACE inhibitors	|__|	|_____|	|_____|
c) Antihypertensive agents, others	|__|	|_____|	|_____|
d) Lipid lowering agents	|__|	|_____|	|_____|
e) Oral antidiabetic agents	|__|	|_____|	|_____|
f) Insulin or derivatives hereof	|__|	|_____|	|_____|
g) Anabolic steroids/appetite stimulants	|__|	|_____|	|_____|

---

6. Is the patient currently a cigarette smoker |__| Yes |__| No |__| Unknown

---

7. Is the patient experiencing loss of fat from extremities, buttocks or face? |__| Yes |__| No

8. Is the patient experiencing accumulation of fat in abdomen, neck, breasts or other defined location? |__| Yes |__| No