D:A:D

Event Checking Chart

Cases of Diabetes Mellitus (DM)

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:

2. Has diabetes been diagnosed by NGSP HbA1c? yes |__| no |__|

    If yes, please indicate date_____ and measurement in %_____

    3. Has the patient initiated anti-DM treatment? yes |__| no |__|

    If yes, please indicate date_____ and treatment_____

    If neither 1, 2, or 3, how was diabetes diagnosed?: _____

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4. 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)? : _____

    _____

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

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

For fatal cases, please also complete a CoDe form.

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-or email and keep a copy of the chart at the cohort coordinating office.