D:A:D

Enrolment

Patient identification code_____Date of completion (dd/mm/yy) _____

Completed by _____

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1. Have any of the following diseases/procedures ever been diagnosed/performed*:

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

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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

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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 (mm/yy)
4. Systolic and diastolic blood pressure	|__|	|_____/_____|	|_____|

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5. Ongoing treatment

	On treatment			On treatment	
a) Anti platelets	|__| Yes	|__| No	e) Oral antidiabetic agents	|__| Yes	|__| No
b) ACE inhibitors	|__| Yes	|__| No	f) Insulin or derivatives hereof	|__| Yes	|__| No
c) Antihypertensive agents,others	|__| Yes	|__| No	g) Anabolic steroids/ appetite stimulants	|__| Yes	|__| No
d) Lipid lowering agents	|__| Yes	|__| No			

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

If NO - has he/she ever smoked cigarettes |__| Yes |__| No |__| Unknown

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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