

Patient Name:

MRN:

Phone number:

Do not send information in the row above to the University of Iowa. Please copy this form and redact or cut out this info before sending.

SCREENING LOG AND VERIFICATION OF INCLUSION AND EXCLUSION CRITERIA

INSTRUCTIONS

* = Required for all screened patients

- Please record screening data below for any patient whose chart you have accessed for the ICARE study.
Patients that you identify as potentially eligible for the study should be sent a recruitment letter/consent/brochure.
If you have questions on this form contact Brian at 319-353-3857 or brian-gryzlak@uiowa.edu

Screening Number: 601

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*Gender: Male, Female
*Ethnicity: Hispanic, Not Hispanic
Date letter mailed: n/a
Date letter returned: n/a
*Race (Check all that apply): White, Black/African-American, Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander
*Outcome: Patient enrolled in study, Patient ineligible for study, Patient declined via letter, Patient declined via phone, Patient declined in person, Unable to reach via mail, Unable to reach via phone, Other outcome:

Phone contact dates and notes (up to 3 attempts):

Section A: Demographic Criteria

- 1. Has the patient been seen in your clinic or practice at least once in the past 24 months? YES -> Continue to #2, NO -> STOP - not eligible
2. Is the patient an English-speaking male or female? YES -> Continue to #3, NO -> STOP - not eligible
3. Age of patient in years: AGE: IF >= 50, go to #4a. If less than 50, STOP - not eligible.

Section B: Risk Factors (search back 24 months in the medical record)

4a. Has a diagnosis of diabetes? (ICD9 Code 250) YES -> Continue to #4b, NO -> Skip to #5a
4b. Enter most recent Hg A1c from chart IF >= 7.5%: Hg A1c: % Date:
5a. Has a diagnosis of high cholesterol? (ICD9 Code 272) YES -> Continue to #5b, NO -> Skip to #6a
5b. Enter most recent LDL from chart IF: >110mg/dl for patients with PAD, CAD, Stroke, TIA, or Diabetes OR >140mg/dl
6a. Has a diagnosis of hypertension? (ICD9 Codes 401, 402, 403, 404, 405) YES -> Continue to #6b, NO -> Skip to #7
6b. Enter most recent blood pressure from chart IF: >=150 mm Hg SBP or >= 90 mm Hg DBP for patients with uncomplicated hypertension OR >=140 mm Hg SBP for patients with diabetes or chronic kidney disease
7. Section B Total: In box at the right, add the number of checked boxes above for Questions 4, 5 and 6. Meets Criteria?

Section C: Cardiovascular Conditions (ICD9 Codes)		Check if meets inclusion criterion
8. History of coronary artery disease (CAD) (ICD9 Code 414)		<input type="checkbox"/>
9. History of previous MI (heart attack) (ICD9 Codes 410, 411, 412)		<input type="checkbox"/>
10. History of stroke (ICD9 Codes 430, 431, 432, 433, and 434)		<input type="checkbox"/>
11. History of TIA (ICD9 Code 435)		<input type="checkbox"/>
12. History of atrial fibrillation (A. Fib) (ICD9 Codes 427.31, 427.3)		<input type="checkbox"/>
13. History of peripheral vascular disease/ Claudication (PAD) (ICD9 Codes 440.2, 440.3, 440.4, and 443.9)		<input type="checkbox"/>
14. History of carotid artery disease (ICD9 Code 433.1)		<input type="checkbox"/>
15. Current smoker (ICD9 Code 305.1)		<input type="checkbox"/>
16. Diagnosis of obesity (BMI >= 30) (ICD9 Code 278.0) Enter most recent BMI >= 30 from chart: _____ Date: ____ / ____ / _____		<input type="checkbox"/>
17. Section C Total: In box at the right, add the number of checked boxes for Questions 8-16 →		<input type="checkbox"/>
18. Add the answers for #7 & #17. If 3 or more, CONTINUE to # 19. If less than 3, STOP – not eligible →		<input type="checkbox"/>
Section D: Exclusion Criteria (from Medical Record, Direct Observation, OR Self-Report)		Check if meets exclusion criterion
19. Inability to give informed consent - direct observation OK		<input type="checkbox"/>
20. Pregnant (ICD9 Codes V22, V23, V24)		<input type="checkbox"/>
21. Diagnosis of pulmonary hypertension (ICD9 Code 416; Note: secondary pulmonary hypertension is OK)		<input type="checkbox"/>
22. Cancer diagnosis with a life expectancy estimated less than 2 years		<input type="checkbox"/>
23. Residence in a nursing home or diagnosis of dementia –Self-report OK for N.H. residence		<input type="checkbox"/>
24. No telephone or have a hearing impairment not allowing them to use a phone – Direct observation and self-report OK		<input type="checkbox"/>
25. Omron blood pressure cuff cannot be used on patient's arm for any reason – direct observation OK (e.g., patient is morbidly obese and requires use of a thigh cuff)		<input type="checkbox"/>
26. Section D total: In box at the right, add the number of checked boxes for Questions 19-25 → If 0, CONTINUE to Question 27. If 1 or more, STOP– not eligible		<input type="checkbox"/>
27. Subject is potentially eligible based on your chart review and can be sent a recruitment letter / consent / brochure or otherwise considered for enrollment. At the right, enter the date that the chart review for Sections B, C, and D was completed. Then continue to Question 28 in Section E. Date: ____ / ____ / _____		
Section E: Exclusion Criteria from Patient Self-Report (Ask during your contact to schedule the baseline visit)		Check if meets exclusion criterion
28. Refusal to consider attempting to use the internet to access the PHRM		<input type="checkbox"/>
29. Patient has plans to move from the area or transfer care to a different clinic in the next 12 months		<input type="checkbox"/>
30. Section E total: In box at the right, add the number of checked boxes for Questions 28-29 → If 0, CONTINUE to Question 31. If 1 or more, STOP– not eligible		<input type="checkbox"/>
31. Before the subject signs consent, verify that all are correct:	<input type="checkbox"/> ANSWER TO QUESTION 18 IS 3 OR MORE. <input type="checkbox"/> DATE IN QUESTION 27 IS LESS THAN 6 MONTHS FROM THE DATE THAT THE PATIENT WOULD SIGN THE CONSENT DOCUMENT (#32 BELOW). If the date in Question 27 is MORE THAN 6 months from the date the consent would be signed, rescreen the patient for eligibility with a new screening log using current medical record data. <input type="checkbox"/> PATIENT HAS NONE OF THE EXCLUSION CRITERIA BASED ON MEDICAL RECORD, DIRECT OBSERVATION, OR PATIENT REPORT	
32. Subject may sign consent. Enter date subject signed:	Date: ____ / ____ / _____	