

VITATOPS Baseline Data Form

Please use a black pen & BLOCK PRINT IN CAPITALS

Centre and Patient Details:

Patient initials _____ Randomising Dr/RN _____ VITATOPS number _____

Past Medical History

Stroke (including randomising event)? Yes (1) No (2) If yes, date of first ever stroke ____/____/____
 Myocardial infarction? Yes (1) No (2) dd mm yyyy
 Ischaemic limb? Yes (1) No (2)

Past Surgical History

Carotid endarterectomy or angioplasty /stent? Yes (1) No (2)
 Coronary artery bypass graft or angioplasty / stent? Yes (1) No (2)
 Aorto-femoral-popliteal bypass graft or angioplasty / stent? Yes (1) No (2)

Risk Factors

Hypertension: - history of (previous or current)? Yes (1) No (2)
 - treated at the time of the event? Yes (1) No (2)
 - current blood pressure (*systolic/diastolic*) _____ / _____ (*seated, right arm, Phase V Korotkov sound*)
 Smoking: - ever? Yes (1) No (2)
 - current / at the time of the event? Yes (1) No (2)
 Hypercholesterolaemia (cholesterol \geq 6.5 mmol/L) - history of? Yes (1) No (2) Unsure (3)
 - treated at the time of the event? Yes (1) No (2)
 Diabetes mellitus - history of (previous or current)? Yes (1) No (2)
 Ischaemic heart disease - history of (previous or current)? Yes (1) No (2)
 Atrial fibrillation: - history of (previous or current)? Yes (1) No (2)
 Peripheral vascular disease (intermittent claudication) - history of? Yes (1) No (2)
 Depression - history of (previous or current)? Yes (1) No (2)
 Alcohol: - intake at the time of the event? _____ drinks/day (*1 drink = 10g alcohol*)
 Ethnic Background: - country of birth _____
 - describe participants, parents and grandparents ethnic background (*see back of this sheet for categories*)

Oxford Handicap Score at Time of Randomisation (0) (1) (2) (3) (4) (5) (*see back of this sheet for categories*)

Blood Test Results (if available)

Homocysteine (fasting) _____ (μ mol/L)
 Post ML homocysteine _____ (μ mol/L)
 Cholesterol (fasting) _____ (mmol/L)
 Triglycerides (fasting) _____ (mmol/L)
 Creatinine _____ (μ mol/L)
 Glucose (fasting) _____ (mmol/L)
 Vitamin B12 _____ (pmol/L)
 (Cyanocobalamin)

DNA sample collected and stored ? (optional) Yes (1) No (2)
 HISS sub-study samples collected ? (RPH only) Yes (1) No (2)

1. Please inform the patient's GP of their participation in VITATOPS
2. Please make a follow up appointment for 1-3 months from now
3. Please FAX this form now to: VITATOPS Trial coordinator Fax: 0800 291 523

Ethnic Background Categories

- **Caucasian**
- **African**
- **Oriental** (east of Urals to Japan and Philippines; south to Black Sea)
- **South Asian** (south of Himalayas)
- **Middle East** (from Mediterranean to Afghanistan)
- **Oceania** (Melanesian, Polynesian (includes Maori and Pacific Islanders), Micronesian)
- **Other indigenous** (Aboriginal, Torres Strait Islander, Sami, Inuit, Native American, etc.)

Oxford Handicap Score

- 0) No symptoms
- 1) Minor symptoms that do not interfere with lifestyle
- 2) Minor handicap, symptoms that lead to some restriction in lifestyle but do not interfere with the patient's capacity look after himself/ herself
- 3) Moderate handicap, symptoms that significantly restrict lifestyle and prevent totally independent existence
- 4) Moderately severe handicap, symptoms that clearly prevent independent existence though not needing constant attention
- 5) Severe handicap, totally dependent patient requiring constant attention night and day