DATAFORM 2
Chart Review Form

Collect at 4 months from study enrollment date (one month prior to T)

1. Study ID Number: ___________
2. Reviewer ID Number: _________
5. Date of Chart Review: ________/______/______
6. How many specialists does the patient see: ______
   1. One
   2. Two
   3. Three or more
   4. None
7. What was this visit for? ______
   1. Routine checkup
   2. Care for a new problem or condition
   3. Follow up care after new illness
   4. Routine care for an ongoing condition
   5. Other, specify: __________
   6. Not sure
8. Evidence in chart of any of the following health conditions in the last 3 months:

**Charlson Co-Morbidity Data**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8.1 MYOCARDIAL INFARCTION</strong> (current or past)</td>
<td>1 No</td>
<td>Have had at least one definite or probable MI recorded in chart (EKG changes alone are not an MI)</td>
</tr>
<tr>
<td><strong>8.2 CONGESTIVE HEART FAILURE</strong> (current or past)</td>
<td>1 No</td>
<td>Have had exertional or paroxysmal dyspnea, and receiving treatment with digoxin, diuretics or afterload reducing agents (captopril), or chart says CHF</td>
</tr>
<tr>
<td><strong>8.3 PERIPHERAL VASCULAR DISEASE</strong></td>
<td>1 No</td>
<td>Now have claudication or have had bypass for arterial insufficiency, or chart says PVD</td>
</tr>
<tr>
<td><strong>8.4 CEREBROVASCULAR DISEASE</strong></td>
<td>1 No</td>
<td>Have had a stroke or transient ischemic attacks (TIA’s) ever</td>
</tr>
<tr>
<td><strong>8.5 DEMENTIA</strong></td>
<td>1 No</td>
<td>Have chronic cognitive deficits</td>
</tr>
<tr>
<td><strong>8.6 CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</strong></td>
<td>1 No</td>
<td>Have dyspnea with moderate activity without treatment or those who are dyspneic only with attacks, e.g. asthma; Anybody worse, i.e. on home oxygen, baseline pO2 &lt;50.</td>
</tr>
<tr>
<td><strong>8.7 CONNECTIVE TISSUE DISEASE</strong></td>
<td>1 No</td>
<td>Have lupus (SLE), “moderate to severe” rheumatoid arthritis, or polymyalgia rheumatica</td>
</tr>
<tr>
<td><strong>8.8 ULCER DISEASE</strong></td>
<td>1 No</td>
<td>Have had treatment for radiographically or endoscopically documented peptic ulcer disease or have bled from peptic ulcers, or s/p gastrectomy, pyloroplasty, or vagotomy</td>
</tr>
<tr>
<td><strong>8.9 MILD LIVER DISEASE</strong></td>
<td>1 No</td>
<td>Have cirrhosis without portal hypertension (variceal bleeding) or chronic hepatitis (within the last 6 months)</td>
</tr>
<tr>
<td><strong>8.10 MODERATE OR SEVERE LIVER DISEASE</strong></td>
<td>1 No</td>
<td>Cirrhosis with portal hypertension (variceal bleeding) or documented varices, hepatic failure with coma or encephalopathy (within the last 6 months)</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>------------------------------------------------------------------------</td>
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<tr>
<td>8.11 DIABETES-MILD TO MODERATE</td>
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<tr>
<td>Currently being treated with insulin or oral agents, (not on diet alone)</td>
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<tr>
<td>8.12 DIABETES WITH END-ORGAN DAMAGE</td>
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<tr>
<td>Retinopathy, neuropathy, or nephropathy</td>
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<tr>
<td>8.13 HEMIPLEGIA</td>
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<tr>
<td>Paralysis of one side of the body from any cause</td>
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<tr>
<td>8.14 MODERATE OR SEVERE RENAL DAMAGE</td>
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<tr>
<td>Creatinine &gt;3.0 or any patient on dialysis or status post kidney transplant</td>
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<tr>
<td>8.15 ANY TUMOR</td>
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<tr>
<td>Solid tumor without documented metastases but initially treated within the last five years, if treated more than five years ago and no sign of tumor, then considered disease-free.</td>
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<tr>
<td>8.16 LEUKEMIA</td>
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<tr>
<td>AML, CML, ALL, CLL, and polycythemia vera (PCV) or Multiple myeloma (within the last 6 months)</td>
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<tr>
<td>8.17 HODGKIN’S DISEASE, WALDENSTROM’S MACROGLOBULINEMIA</td>
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<tr>
<td>8.18 NON-HODGKIN’S LYMPHOMA</td>
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<td>(within the last 6 months)</td>
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<tr>
<td>8.19 METASTATIC SOLID TUMOR</td>
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<tr>
<td>Documented metastases only (within the last 6 months)</td>
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<tr>
<td>8.20 AIDS (DEFINITIVE DIAGNOSIS OF AIDS)</td>
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<tr>
<td>Does not include patients with “probable” AIDS (within the last 6 months)</td>
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<tr>
<td>8.21 HIV POSITIVE, ARC, OR “PROBABLE” AIDS</td>
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<tr>
<td>8.22 IMMUNOSUPPRESSION</td>
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<tr>
<td>Immunosuppression from prior radiation, chemotherapy, or the daily use of high doses of equivalent steroid (greater than 20mg of prednisone or equivalent per day) within the last 6 months.</td>
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<tr>
<td>8.23 CARDIOVASCULAR (past):</td>
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<tr>
<td>New York Heart Association Class IV, e.g. angina or dyspnea at rest</td>
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<td>8.24 RESPIRATORY (past)</td>
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</table>
Chronic restrictive, obstructive or vascular disease causing severe exercise restriction, e.g. unable to climb stairs or do household duties; documented chronic hypoxia (using oxygen), hypercapnea (>45mmHg), or ventilator dependency.
11. Patient medication list at end of index visit from note and/or medication list and/or other source (including prescriptions from that visit):

1. ________________________  11. ________________________
2. ________________________  12. ________________________
3. ________________________  13. ________________________
4. ________________________  14. ________________________
5. ________________________  15. ________________________
6. ________________________  16. ________________________
7. ________________________  17. ________________________
8. ________________________  18. ________________________
9. ________________________  19. ________________________
10. ________________________  20. ________________________

12. Category of medications (Multiples permitted)
1. ACE inhibitor
2. Analgesic (narcotic)
3. Analgesic (non-narcotic, non-NSAID)
   2.01 Acetaminophen
   2.02 Other
4. Antianemia
5. Antianxiety
6. Antiarrhythmics
7. Antibiotic
   4.01 Cephalosporins
   4.02 Clindamycin
   4.03 Macrolides
   4.04 Misc. antibiotics
   4.05 Ophthalmic preps
   4.06 Otic Preps
   4.07 Penicillin or derivative
   4.08 Quinolones
   4.09 Sulfa
   4.10 Tetracycline
   4.11 Topical
   4.12 Other
   4.13 Nitrofurantoin antimicrobial
8. Anticholinergic
9. Anticoagulant
10. Anticonvulsant
11. Antidepressant
12. Antiemetic
13. Antifungals (oral)
14. Antifungals (topical)
15. Anthelminthic
16. Antihistamine (all forms)
17. Antihypertensive
18. Antimalarial
19. Antineoplastic
20. Anti-Parkinson
21. Antipsychotic
22. Antituberculosis
23. Antitussive
24. Antiviral (all forms)
25. Barbituate
26. Beta Blocker
27. Bronchodilator (inhaled)
28. Bronchodilator (oral)
29. Cholesterol medication
30. Contraceptive (injectable)
31. Contraceptive (patch)
32. Decongestant
33. Dermatologicals
34. Diabetes (oral agents)
35. Digoxin
36. Diuretics
37. Electrolyte concentrates
38. Emollients
39. Epinephrine
40. Estrogen Replacement therapy
41. Estrogen, topical
42. GI Meds
   42.01 Antiflatulant
   42.02 H2 blocker
   42.03 Proton pump inhibitor
   42.04 Probiotic
   42.05 Antacid
   42.06 Laxative
43. Hemostatic
44. Immunologicals (topical)
45. Immunosuppressants
46. Insulin
47. Iron
48. Keratolytic
49. Leukotriene Receptor Antagonists
50. Local Anesthetic
51. Mast cell stabilizer
52. Muscle relaxants
53. Nasal Spray
54. Nicotine
55. Normal Saline
56. NSAID
   56.01 Ibuprofen
   56.02 Other
57. Oral contraceptive
58. Scabicide
59. Sedative, hypnotic
60. Steroids (inhaled)
61. Steroids (oral)
62. Steroids (topical)
63. Stimulants
64. Thyroid agents
65. Topical anesthetic
66. Vaccines
67. Vitamins
68. Other
13. Allergy history documented?  

   1. No, allergy history not documented  
   2. Yes, allergy history documented and allergies are present  
   3. Yes, allergy history documented and there are NKDA  
   4. Yes, but not well documented  

14. Comments. Additional comments on this Chart Review?  


14. How many medication errors were found on chart review?  

15. How many near misses were found on chart review?  

16. How many adverse drug events were found on chart review  
