# I. INCLUSION AND EXCLUSION CRITERIA

## INCLUSION CRITERIA

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age under 55 for men or under 60 for women at first clinical manifestation of atherosclerosis (patient can be older at time of recruitment).</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Evidence of atherosclerosis, manifested by at least one of:</td>
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<tr>
<td></td>
<td>a. Documented acute myocardial infarction.</td>
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<tr>
<td></td>
<td>b. Angiographically documented coronary artery disease ($\geq 70%$ narrowing of an epicardial coronary artery).</td>
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<tr>
<td></td>
<td>c. Typical history of effort-induced angina, accompanied by defects of at least moderate size and severity on perfusion imaging, and/or regional wall motion abnormalities.</td>
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<tr>
<td></td>
<td>d. Peripheral arterial disease, defined as either $\geq 70%$ angiographic narrowing of a lower limb artery or evidence of hemodynamically significant narrowing on ultrasound-duplex.</td>
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<tr>
<td></td>
<td>e. Carotid artery disease, defined as in d.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>An LDL value under 200 mg/dl in the absence of lipid lowering therapy.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>All 4 grandparents are of Ashkenazi Jewish origin as declared by the subject.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Subject or subject’s legal representative has signed the informed consent form.</td>
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</tbody>
</table>

## EXCLUSION CRITERIA

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Diabetes mellitus requiring therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>A known pro-thrombotic tendency (e.g. anti-cardiolipin antibodies, activated protein C resistance, deficiency of protein C or protein S).</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Non-atherosclerotic myocardial ischemia (e.g. coronary embolism or vasculitis).</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Subject is a known carrier of a blood transmitted infectious disease.</td>
<td></td>
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</tr>
</tbody>
</table>

Subject is eligible for the study if all **INCLUSION** criteria are **YES** and all **EXCLUSION** criteria are **NO**.

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**INVESTIGATOR’S STATEMENT CONCERNING DATA VERIFICATION**

I have verified the data entered in the Case Report Form and have determined that it is complete, accurate and compatible with the source documents.

Investigator’s name (printed)  Investigator’s signature  Day / Month / Year

Where appropriate mark like this ☒ (not like this ☑)
II. DEMOGRAPHICS

1. Year of birth: [ ] [ ] [ ]  
4. Height*: [ ] [ ] cm

2. Country of birth: ____________________  
5. Weight *: [ ] [ ] kg

3. Year of immigration: [ ] [ ] [ ]  
6. Sex:  
   [ ] Male  
   [ ] Female

* If measurements cannot be carried out, subject declaration is sufficient.

III. FAMILY HISTORY

1. Maternal  
   Country of birth

   1.1 Mother: ______________
   1.2 Grandfather: ______________
   1.3 Grandmother: ______________

2. Paternal  
   Country of birth

   2.1 Father: __________________
   2.2 Grandfather: ______________
   2.3 Grandmother: ______________

2. Specify number of siblings (including patient): [ ] [ ]

3. For close relatives suffering from atherosclerosis, please mark appropriate boxes and specify age at onset:

<table>
<thead>
<tr>
<th></th>
<th>MI¹</th>
<th>PCI / CABG²</th>
<th>CVA / TIA³</th>
<th>PVD⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Yes</td>
<td>Age</td>
<td>Yes</td>
<td>Age</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sib. 1</td>
<td>M</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sib. 2</td>
<td>M</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sib. 3</td>
<td>M</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>M</td>
<td>F</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹MI – myocardial infarction.
²PCI / CABG – percutaneous coronary intervention / coronary artery bypass grafting.
³CVA / TIA – cerebrovascular accident / transient ischemic attack.
⁴PVD – peripheral vascular disease.
### IV. CLINICAL CHARACTERISTICS

#### 1. Age at diagnosis:  

#### 2. Inclusion was based upon (mark as many as appropriate):

- a. Documented acute myocardial infraction.  
- b. Angiographically documented coronary artery disease (≥ 70% narrowing of an epicardial coronary artery).  
- c. Typical history of effort-induced angina, accompanied by defects of at least moderate size and severity on perfusion imaging, and/or regional wall motion abnormalities.  
- d. Peripheral arterial disease, defined as either ≥ 70% angiographic narrowing of a lower limb artery or evidence of hemodynamically significant narrowing on ultrasound-duplex.  
- e. Carotid artery disease, defined as in d.  

#### 3. Is the patient being treated for hypertension?  

#### 4. Lipid profile - Specify fasting lipid levels:

<table>
<thead>
<tr>
<th>Lipid Profile</th>
<th>Before or without lipid lowering Tx</th>
<th>Latest (if not the same as the previous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cholesterol</td>
<td>[ ] [ ] mg% or [ ] [ ] mmol/L</td>
<td>[ ] [ ] mg% or [ ] [ ] mmol/L</td>
</tr>
<tr>
<td>LDL cholesterol</td>
<td>[ ] [ ] mg% or [ ] [ ] mmol/L</td>
<td>[ ] [ ] mg% or [ ] [ ] mmol/L</td>
</tr>
<tr>
<td>HDL cholesterol</td>
<td>[ ] [ ] mg% or [ ] [ ] mmol/L</td>
<td>[ ] [ ] mg% or [ ] [ ] mmol/L</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>[ ] [ ] mg% or [ ] [ ] mmol/L</td>
<td>[ ] [ ] mg% or [ ] [ ] mmol/L</td>
</tr>
</tbody>
</table>

Is the patient on lipid-lowering therapy?  

- Yes  
- No  

#### 5. Smoking status at presentation of disease (choose one):

- Current smoker  
- Quit within past 3 years  
- Quit prior to 3 years ago  
- Never smoked  

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Atherosclerosis  
IDGN-CAD-A12
### IV. CLINICAL CHARACTERISTICS (cont.)

6. Did the patient undergo coronary angiography?  
   - Yes  
   - No  

   *If yes:  
   a. Specify year and disease extent at first angiography:  
      - Year:  
      - Single vessel  
      - Double vessel  
      - Triple vessel  
      - Left main  

   b. Did the patient undergo PCI\(^1\) (at any time)?  
      - Yes  
      - No  
      - Irrelevant/unknown  
      * If yes: Did the patient have a repeat PCI\(^1\) within 6 months?  

   c. Did the patient undergo coronary artery bypass operation (at any time)?  
      - Yes  
      - No  

7. Does the patient suffer from congestive heart failure?  
   - Yes  
   - No  

   *If yes:  
   a. Specify NYHA\(^2\) class:  
      - I  
      - II  
      - III  
      - IV  

   b. Specify left ventricular systolic function:  
      - Normal  
      - Mildly reduced  
      - Moderately reduced  
      - Severely reduced  
      - Unknown  

8. Did the patient experience a CVA / TIA\(^3\)?  
   - Yes  
   - No  

   *Year  

9. Specify other chronic diseases:  
   

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\(^1\)PCI – percutaneous coronary intervention.  
\(^2\)NYHA – New York Heart Association.  
\(^3\)CVA / TIA - cerebrovascular accident / transient ischemic attack.
## V. MEDICATIONS

1. **Is / was the patient treated with HMG CoA\(^1\) reductase inhibitors (statins)?**

   *If yes, mark appropriate boxes regarding side effects experienced by the patient:

<table>
<thead>
<tr>
<th>Side effect</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Drug’s generic name</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transiently elevated LFTs(^2)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myositis, myalgia</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: ___________________</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Is / was the patient treated with angiotensin converting enzyme (ACE) inhibitors?**

   *If yes, mark appropriate boxes regarding the effects experienced by the patient:

<table>
<thead>
<tr>
<th>Side effect</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Drug’s generic name</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angioedema</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: __________</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

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\(^1\) HMG-CoA methylglutary – CoA.

\(^2\) LFTs – liver function test.