

I. INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA

	Yes	No
1. Age under 55 for men or under 60 for women <u>at first clinical manifestation of atherosclerosis</u> (patient can be older at time of recruitment).	<input type="checkbox"/>	<input type="checkbox"/>
2. Evidence of atherosclerosis, manifested by at least one of: <ul style="list-style-type: none"> a. Documented acute myocardial infarction. b. Angiographically documented coronary artery disease ($\geq 70\%$ 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 $\geq 70\%$ angiographic narrowing of a lower limb artery or evidence of hemodynamically significant narrowing on ultrasound-duplex. e. Carotid artery disease, defined as in d. 	<input type="checkbox"/>	<input type="checkbox"/>
3. An LDL value under 200 mg/dl in the absence of lipid lowering therapy.	<input type="checkbox"/>	<input type="checkbox"/>
4. All 4 grandparents are of Ashkenazi Jewish origin as declared by the subject.	<input type="checkbox"/>	<input type="checkbox"/>
5. Subject or subject's legal representative has signed the informed consent form.	<input type="checkbox"/>	<input type="checkbox"/>

EXCLUSION CRITERIA

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

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

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)



SUBJECT
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II. DEMOGRAPHICS

1. Year of birth: <input style="width: 40px; height: 20px;" type="text"/>	4. Height*: <input style="width: 40px; height: 20px;" type="text"/> cm
2. Country of birth: _____	5. Weight *: <input style="width: 40px; height: 20px;" type="text"/> kg
3. Year of immigration: <input style="width: 40px; height: 20px;" type="text"/>	6. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<small>* If measurements cannot be carried out, subject declaration is sufficient.</small>	

III. FAMILY HISTORY

1. Maternal		2. Paternal							
	Country of birth		Country of birth						
1.1 Mother:	_____	2.1 Father:	_____						
1.2 Grandfather:	_____	2.2 Grandfather:	_____						
1.3 Grandmother:	_____	2.3 Grandmother:	_____						
2. Specify number of siblings (including patient): <input style="width: 20px; height: 20px;" type="text"/>									
3. For close relatives suffering from atherosclerosis, please mark appropriate boxes and specify age at onset:									
	Sex	MI ¹		PCI / CABG ²		CVA / TIA ³		PVD ⁴	
		Yes	Age	Yes	Age	Yes	Age	Yes	Age
Mother		<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>
Father		<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>
Sib. 1	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>
Sib. 2	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>
Sib. 3	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>
Child	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/>
¹ MI – myocardial infarction. ² PCI / CABG – percutaneous coronary intervention / coronary artery bypass grafting. ³ CVA / TIA – cerebrovascular accident / transient ischemic attack. ⁴ PVD – peripheral vascular disease.									



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IV. CLINICAL CHARACTERISTICS

1. Age at diagnosis:

2. Inclusion was based upon (mark as many as appropriate):	Yes	No
a. Documented acute myocardial infraction.	<input type="checkbox"/> *	<input type="checkbox"/>
*Year	<input type="text"/>	<input type="text"/>
b. Angiographically documented coronary artery disease ($\geq 70\%$ narrowing of an epicardial coronary artery).	<input type="checkbox"/> *	<input type="checkbox"/>
*Year	<input type="text"/>	<input type="text"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
e. Carotid artery disease, defined as in d.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the patient being treated for hypertension?	<input type="checkbox"/>	<input type="checkbox"/>

4. Lipid profile - Specify fasting lipid levels:

	Before or without lipid lowering Tx	Latest (if not the same as the previous)
Total cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> mg% or <input type="text"/> <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> <input type="text"/> mg% or <input type="text"/> <input type="text"/> mmol/L
LDL cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> mg% or <input type="text"/> <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> <input type="text"/> mg% or <input type="text"/> <input type="text"/> mmol/L
HDL cholesterol	<input type="text"/> <input type="text"/> <input type="text"/> mg% or <input type="text"/> <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> <input type="text"/> mg% or <input type="text"/> <input type="text"/> mmol/L
Triglycerides	<input type="text"/> <input type="text"/> <input type="text"/> mg% or <input type="text"/> <input type="text"/> mmol/L	<input type="text"/> <input type="text"/> <input type="text"/> mg% or <input type="text"/> <input type="text"/> mmol/L
Is the patient on lipid-lowering therapy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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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IV. CLINICAL CHARACTERISTICS (cont.)

	Yes	No	
6. Did the patient undergo coronary angiography?	<input type="checkbox"/> *	<input type="checkbox"/>	
*If yes:			
a. Specify year and disease extent at first angiography:	Year:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Single vessel <input type="checkbox"/>	Double vessel <input type="checkbox"/>	Triple vessel <input type="checkbox"/>	Left main <input type="checkbox"/>
	Yes	No	Irrelevant/ unknown
b. Did the patient undergo PCI¹ (at any time)?	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
* If yes: Did the patient have a repeat PCI ¹ within 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the patient undergo coronary artery bypass operation (at any time)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the patient suffer from congestive heart failure?	<input type="checkbox"/> *	<input type="checkbox"/>	
*If yes: a. Specify NYHA² class:			
I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
b. Specify left ventricular systolic function:			
Normal <input type="checkbox"/>	Mildly reduced <input type="checkbox"/>	Moderately reduced <input type="checkbox"/>	Severely reduced <input type="checkbox"/>
		Unknown <input type="checkbox"/>	
8. Did the patient experience a CVA / TIA³?	Yes	<input type="checkbox"/> *	No <input type="checkbox"/>
	*Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9. Specify other chronic diseases:			
<hr/> <hr/> <hr/>			
¹ PCI – percutaneous coronary intervention. ² NYHA – New York Heart Association. ³ CVA / TIA - cerebrovascular accident / transient ischemic attack.			



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V. MEDICATIONS

Yes No

1. Is / was the patient treated with HMG CoA¹ reductase inhibitors (statins)?

*

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

Side effect	Yes	No	Unknown	Drug's generic name	Dose
Transiently elevated LFTs ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="text"/> <input type="text"/> mg/day
Myositis, myalgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="text"/> <input type="text"/> mg/day
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="text"/> <input type="text"/> mg/day

Yes No

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

*

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

Side effect	Yes	No	Unknown	Drug's generic name	Dose
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> mg/day
Angioedema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> mg/day
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> mg/day

¹ HMG-CoA methylglutaryl – CoA.

² LFTs – liver function test.



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