Complete this form only if the participant is in the Hormone Replacement Therapy (HRT) component.

Yes  No

1. Deep vein thrombosis (DVT)

1.1 Date of Diagnosis: ___________-__________ (M/D/Y)

1.2 Diagnosis: (Mark the one category that applies best.)

☐ 1. Deep vein thrombosis of lower extremities not resulting from a procedure within 60 days
☐ 2. Deep vein thrombosis of lower extremities during or following a procedure within 60 days

1.3 Diagnosis of deep vein thrombosis is based on: (Mark all that apply.)

☐ 1. Hospital discharge summary with a diagnosis of deep vein thrombosis
☐ 2. Positive findings on a venogram
☐ 3. Positive findings using impedance plethysmography
☐ 4. Positive findings on doppler duplex, ultrasound, sonogram, or other non-invasive test examination
☐ 5. Positive findings on isotope scan

1.4 Diagnosis of deep vein thrombosis reporting source: (Mark one. If more than one category applies, mark the first applicable category.)

☐ 1. Hospital inpatient
☐ 2. Hospital outpatient facility or clinic
☐ 3. Radiology or imaging facility
☐ 4. Physician’s office/private medical practitioner
☐ 5. Nursing/convalescent home/hospice
☐ 6. Autopsy only
☐ 7. Death Certificate only
☐ 8. Other

1.5 Was a work up for pulmonary embolism performed?

☐ 1. Yes  ☐ 0. No  ☐ 8. Unknown

RV__________KE__________
2. Pulmonary embolism (PE) requiring hospitalization:

2.1 Date of Diagnosis: __________/________/________ (M/D/Y)

2.2 Diagnosis: (Mark the one category that applies best.)

☐ 1 Pulmonary embolism not resulting from a procedure within 60 days

☐ 2 Pulmonary embolism during or following a procedure within 60 days

2.3. Diagnosis of pulmonary embolism is based on: (Mark all that apply.)

☐ 1 Hospital discharge summary with a diagnosis of pulmonary embolism

☐ 2 High probability on ventilation-perfusion lung scan (exclude moderate, intermediate, or low probability on ventilation-perfusion lung scan)

☐ 3 Positive findings on pulmonary angiogram or spiral CT

☐ 4 Diagnosis of deep vein thrombosis (DVT) based on ≥1 DVT criteria in 1.3. plus signs and symptoms suggestive of PE (e.g., acute chest pain, dyspnea, tachypnea, hypoxemia, tachycardia, or chest x-ray findings suggestive of PE)

☐ 8 Other, including autopsy

Responsible Adjudicator Signature

NOTE: If this is a hospitalized event, Form 125 - Summary of Hospitalization Diagnosis must be completed and any other WHI outcomes adjudicated.