## Baseline assessment form to determine fitness for open repair

To be completed by the trial co-ordinator

Patient name	
Date of assessment	
Height	cm
Weight	Kg
Cardiac status 1. Has the patient had a myocardial infarction within the last 3 months?	Yes No 🗆
2. Has the patient experienced onset of angina within the last 3 months?	Yes 🗆 No 🗆
3. Does the patient have unstable angina at night or at res	st? Yes 🗆 No 🗆

# If Yes to any of the above, any procedure is unlikely to go ahead at this stage and a cardiologist may be called

4. Is there a past history of myocardial infarction?		Yes 🗆	No 🗆
If Yes, what was the date of myocardial infarction?			
5. Is there a history of cardiac re-vascularisation?		Yes 🗆	No 🗆
If Yes, what was the date of re-vascularisation?	1 1		
6. Is there a past history of angina pectoris?		Yes□	No 🗆
7. Is there severe heart valve disease?		Yes□	No 🗆
8. Is there significant arrhythmia?		Yes□	No 🗆
9. Is there uncontrolled congestive cardiac failure?		Yes	No 🗆

If Yes to any of the above, the patient may be more suitable for EVAR Trial 2

The "Rose questionnaire" must now be completed on the next page. Local decision will recommend EVAR Trial 1 or 2.

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Rose Questionnaire Part A	ID number	
<ol> <li>Have you ever had any pain or discomfort in your chest? If No, go to part B.</li> </ol>	Yes□	No 🗆
2. Do you get this pain or discomfort when you walk uphill or hurry's If No, go to part B.	Yes□	No 🗆
3. Do you get it when you walk at ordinary pace on the level?	Yes 🗆	No 🗆
4. When you get any pain or discomfort in your chest, what do you do?	Stop Slow down	
	Continue at the same	pace 🗆
5. Does it go away when you stand still?	Yes 🗆	No 🗆
6. If Yes, how soon?	10 minutes or les More that 10 min	

7. Where do you get this pain? Mark the place(s) with a cross on this diagram.



#### Part B

Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

Respiratory status (no constraints for EVAR Trial 2)

Does the patient experience shortness of breath when climbing one flight of stairs (even if there is some angina on effort)?

FEV1	L	Is FEV1 <1.0 L	Yes	No
FVC	. L			
PO <sub>2</sub>	. KPa	Is PO <sub>2</sub> < 8.0 KPa	Yes	No
PCO <sub>2</sub>	. KPa	Is PCO <sub>2</sub> > 6.5KPa	Yes	No

Yes D No D

Yes D No D

If Yes to any of the above the patient may be more suitable for EVAR Trial 2

#### Renal status (no constraints for EVAR Trial 2)

Serum creatinine

micromol/L

If creatinine > 200 micromol/L, the patient may be more suitable for EVAR Trial 2

7796567456 Patient ID nun	nber	
Having answered the previous questions, in the views of your anaesthe		
& surgeon is your patient fit for open repair?	Yes	No
If not, is your patient suitable for EVAR Trial 2?	Yes	No
Which trial has the patient been offered?	EVAR 1	EVAR 2
Is the abdomen hostile such that open repair is not an option? If Yes, randomisation is NOT an option (EVAR mandatory - no EVAR tria	Yes □ l funding)	No 🗆

Brachial blood pressure measured using the standard cuff sphygmomanometer and stethosco	trachial blood pressure measure	d using the standard o	cuff sphygmomanometer and	stethoscope.
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Systolic mmHg		
Diastolic mmHg		
Is the patient currently being treated for hypertension?	Yes□	No 🗆
Pulse rate beats per min		
Serum cholesterol mmol/L		
Is the patient taking cholesterol lowering drugs?	Yes□	No 🗆
Is the patient taking statins?	Yes□	No 🗆
Smoking status Current smoker		
Past smoker		
Never smoked		
Diabetes	Yes 🗆	No 🗆
Is the patient diabetic? Has insulin ever been used regularly?	Yes 🗆	No 🗆
The manner of occur and regardly.	I es 🗆	NO L
Peripheral Vascular Disease           Brachial Doppler pressure         mmHg		
Right ankle Doppler pressure $mmHg \Rightarrow Right ABPI$ .		
Left ankle Doppler pressure mmHg => Left ABPI		
Has a major amputation been performed? (Please cross any)		
No $\Box$ Right above knee $\Box$ Right below knee $\Box$ Left above knee $\Box$	Left belo	ow knee □
Patient medication (please consult drug names) Does the patient take aspirin?	Yes 🗆	No 🗆
Does the patient take non-steriodal anti-inflammatory drugs?	Yes□	No 🗆
Does the patient take beta-blockers?	Yes 🗆	No 🗆

### Patient demographics

In this section we would like to know some general details about you.

1. How old were you when you left full-time education?	Age 16 or less
eg. school, college or university.	Age 17-19
(Please cross one box)	Age 20 or over □

<ol><li>Since leaving school, college or university have you had any more full-time</li></ol>	Yes□
or part-time further or higher education?	i es 🗆
(Please cross one box)	No 🗆

3. Are you? (Please cross one box)

Employed part-time Employed full-time

Unemployed []

Unable to work because of poor health

Full-time student

House-wife or at home not looking for paid employment []

Retired

4. For the following question, if you are working please give details of your present job, if you are retired please give details of the main job you had when you were working. If you are unemployed/unable to work because of poor health/house-wife or similar, please give details of your most recent job.

Is/was your position that of? (Please cross one box)

Foreman/supervisor

Manager 🗆

Self-employed with employees □

Self-employed without employees

Other employee

alone □

with partner

with children

with other relative

other 🗆

5. How many brothers do you have living?

6. Do you live?