

Preventive Cardiology PIM Chart Questions

No.	Question Text	Responses
1	ABIM takes the protection of your patients' privacy very seriously. To that end, ABIM collects only the minimum amount of patient-level data necessary and has implemented HIPAA-compliant administrative, physical, and technical controls to protect the patient-level data both in transit and at rest. To further protect patient anonymity, please do not enter a patient's name (full or partial) or SSN in the Patient ID field.	N/A
2	Patient ID	N/A
3	NOTE: For the Patient Visit Date below, enter the most recent visit date.	N/A
4	Patient Visit Date	N/A
5	Gender:	[1] Male [2] Female
6	Age at the most recent visit:	N/A
7	The following questions on patient characteristics are included to help the ABIM better understand the responses we receive from diplomates. In the future, the ABIM may use some of this information to provide targeted feedback, allowing diplomates to compare their performance with that of other physicians whose patient population is similar.	N/A
8	Is the zip code of the patient's primary residence documented in the medical record?	[1] Yes [2] No
9	5-digit zip code:	N/A

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10	Patient is Hispanic or of Latino origin or descent:	[1] Yes [2] No [3] Unknown
11	Race (check all that apply):	[1] White [2] Black or African American [3] Asian [4] Native Hawaiian or other Pacific Islander [5] American Indian or Alaska Native [6] Other [7] Unknown
12	Have language barriers significantly affected your ability to care for this patient?	[1] Yes [2] No [3] Don't know
13	What was the type of insurance or source of payment (not including co-payments) for this patient? Check all that apply.	[1] Private insurance [2] Traditional Medicare (Part B) [3] Medicare Advantage/HMO (Part C) [4] Medicare - type unknown [5] Medicaid/SCHIP [6] Worker's compensation [7] VA, military, or other government [8] Self-pay (not counting co-payment) [9] No charge or charity care [10] Other [11] Unknown
14	Has the patient's health insurance status (e.g., lack of insurance, high co-payment, high deductible, and/or substantial restrictions on coverage) significantly affected the choices of care you made for this patient?	[1] Yes [2] No
15	What aspects of care have been affected?	[1] Medication [2] Diagnostic testing [3] Behavioral services [4] Other services
16	Physical Findings	N/A
17	Is the patient's weight documented in the medical record?	[1] Yes, in pounds [2] Yes, in kilograms [3] No
18	Weight in pounds:	N/A
19	Weight in kilograms:	N/A
20	Is the patient's height (from any visit) documented in the medical record?	[1] Yes, in inches [2] Yes, in centimeters [3] No
21	Height in inches:	N/A

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22	Height in centimeters:	N/A
23	If both weight and height are not available, what is the patient's body habitus?	[1] Underweight (estimated BMI < 18.5) [2] Normal (estimated BMI 18.5 - 24.9) [3] Overweight (estimated BMI 25 - 29.9) [4] Obese (estimated BMI 30 - 39.9) [5] Extremely obese (estimated BMI > 40) [6] Not documented
24	Is the patient's waist circumference documented in the medical record?	[1] Yes, in inches [2] Yes, in centimeters [3] No
25	Waist circumference in inches:	N/A
26	Waist circumference in centimeters:	N/A
27	Is the date of the most recent blood pressure measurement documented in the medical record?	[1] Yes, it's the patient visit date above [2] Yes, it's a date prior to the patient visit date [3] No, the date is not documented, but results are available [4] No, neither the date nor results are documented
28	Date of BP measurement:	N/A
29	Systolic reading (mm Hg):	N/A
30	Diastolic reading (mm Hg):	N/A
31	Lipid Profile	N/A
32	Were lipid results obtained for this patient?	[1] Yes, as part of a lipid panel [2] Yes, as an individual test or tests (cholesterol, triglycerides, HDL and/or LDL) [3] No, lipid results were not obtained or not documented
33	Date of the most recent lipid panel:	N/A
34	Was total cholesterol obtained?	[1] Yes [2] No
35	Total cholesterol date:	N/A
36	Total cholesterol (mg/dL):	N/A

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37	Was LDL cholesterol level obtained?	[1] Yes [2] No
38	LDL date:	N/A
39	LDL cholesterol (mg/dL):	N/A
40	Was HDL cholesterol level obtained?	[1] Yes [2] No
41	HDL date:	N/A
42	HDL cholesterol (mg/dL):	N/A
43	Were triglycerides obtained?	[1] Yes [2] No
44	Triglycerides date:	N/A
45	Triglycerides (mg/dL):	N/A
46	Does this patient have any of the following risk factors for future coronary heart disease (CHD) events?	N/A
47	Prior MI	[1] Yes [2] No [3] Not documented
48	Other clinical CHD	[1] Yes [2] No [3] Not documented
49	Symptomatic carotid artery disease	[1] Yes [2] No [3] Not documented
50	Peripheral artery disease	[1] Yes [2] No [3] Not documented
51	Abdominal aortic aneurysm	[1] Yes [2] No [3] Not documented
52	Diabetes mellitus	[1] Yes [2] No [3] Not documented
53	Chronic kidney disease	[1] Yes [2] No [3] Not documented
54	Other Risk Factors	N/A
55	Current cigarette smoking	[1] Yes [2] No [3] Not documented
56	Hypertension	[1] Yes [2] No [3] Not documented

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57	Elevated LDL cholesterol or on lipid-lowering medication	[1] Yes [2] No [3] Not documented
58	Low HDL cholesterol (< 40 mg/dL) or on HDL-raising medication	[1] Yes [2] No [3] Not documented
59	Family history of premature CHD	[1] Yes [2] No [3] Not documented
60	Abdominal obesity	[1] Yes [2] No [3] Not documented
61	Physical inactivity	[1] Yes [2] No [3] Not documented
62	Age (men \geq 45 years; women \geq 55 years)	[1] Yes [2] No
63	Does the patient currently take anti-hypertensive medication?	[1] Yes [2] No
64	Has a screening test for type 2 diabetes been done?	[1] Yes [2] No [3] Not applicable
65	What is your assessment of the patient's ten-year risk of developing myocardial infarction or coronary death?	[1] Less than 10% [2] 10% to 20% [3] More than 20%
66	Treatment and/or Interventions	N/A
67	Which of the following interventions have been prescribed for this patient? Check all that apply.	[1] Dietary saturated fat and cholesterol restriction [2] Dietary sodium restriction [3] Increased fruits, vegetables and/or soluble fiber [4] Calorie restriction as part of weight-reduction program [5] Increased exercise or physical activity [6] None of the above
68	Which of the following medications have been prescribed for this patient? Check all that apply.	[1] Beta-blocker therapy [2] ACE-inhibitor or ARB therapy [3] HMG-CoA reductase inhibitor (statin) or other lipid-lowering therapy [4] Aspirin or other antiplatelet or anticoagulant therapy [5] None of the above
69	Smoking Cessation Support	N/A

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70	Is there documentation of smoking-cessation counseling?	[1] Yes [2] No
71	Date of the most recently documented smoking-cessation counseling:	N/A
72	During the past 12 months, what type of smoking-cessation support has been offered? (Check all that apply.)	[1] Brief advice to stop smoking [2] Support within the office practice [3] Referral to a smoking-cessation program [4] Medication (e.g., nicotine replacement therapy, bupropion, varenicline) [5] No support has been offered during the past 12 months [6] Other
73	Functional Status	N/A
74	Which of the following best describes this patient's current physical functional status (e.g., physical ability)?	[1] Fully active; able to carry on all performance without restriction. [2] Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (e.g., light house work, office work). [3] Ambulatory and capable of self-care but unable to carry out any work activities. Up and about more than 50% of waking hours. [4] Capable of only limited self-care; confined to bed or chair more than 50% of waking hours. [5] Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
75	Is the patient independent in instrumental activities of daily living (IADLs)?	[1] Yes [2] No [3] Not documented
76	Is the patient independent in activities of daily living (ADLs)?	[1] Yes [2] No [3] Not documented
77	Barriers to Self Care	N/A
78	Is there evidence in this patient's medical record suggesting that one or more of the following factors limits the patient's ability to engage in self-care?	N/A

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No.	Question Text	Responses
79	Psychiatric illness or cognitive impairment	[1] Yes [2] No
80	Problems with adherence	[1] Yes [2] No
81	Other medical conditions	[1] Yes [2] No
82	Social factors	[1] Yes [2] No