

Cardiovascular Health Study  
**HOSPITAL RECORD SUMMARY**

\*\*\* Attach Copies of ECGS \*\*\*  
 \*\*\* Attach Copies of CT and MRI Films of the Head \*\*\*

**Admission Information**

1. Admission Date:

		/			/				
Month			Day						

2. Discharge Date/Date of Death:

		/			/				
Month			Day						

**Hospital Information**

3. What was the primary reason (admitting diagnosis) for this admission?

SPECIFY:

4. Was the participant transferred to this hospital from another hospital?

1 YES     0 NO     9 UNKNOWN/NOT STATED

If 1-Yes, Specify:

Hospital Name:

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Address:

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5. Was the patient treated in any intensive care unit during this hospitalization?

1 YES     0 NO     9 UNKNOWN/NOT STATED

6. Was the participant's code status ever "no code"?

1 YES     0 NO     9 UNKNOWN/NOT STATED

7. During this hospitalization, did the patient receive any of the following therapies or procedures?

	1 YES	0 NO	9 UNKNOW
HEPARIN (EXCEPT TO KEEP I.V. LINE OPEN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COUMADIN (WARFARIN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTRAVENOUS PRESSORS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTRAVENOUS VASODILATORS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTRAVENOUS ANTIARRHYTHMICS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SWAN-GANZ CATHETER FOR HEMODYNAMIC MONITORING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTUBATION AND MECHANICAL VENTILATION (BREATHING MACHINE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Did the participant receive any of the following thrombolytic treatments?

	1 YES	0 NO	9 UNKNOW
STREPTOKINASE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UROKINASE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TPA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER, SPECIFY:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Did the participant take or was s/he given aspirin?

1 YES     0 NO     9 UNKNOWN/NOT STATED

10. Was closed chest massage administered to the participant?

1 YES     0 NO     9 UNKNOWN/NOT STATED

11. Was cardioversion performed?

1 YES     0 NO     9 UNKNOWN/NOT STATED

If 0-No or 9-Unknown/Not stated skip to Question 13.

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12. What rhythm(s) were present prior to cardioversion?

	1 YES	0 NO	9 UNKNOWN
VENTRICULAR FIBRILLATION/FLUTTER (VF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ATRIAL FIBRILLATION/FLUTTER (AF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VENTRICULAR TACHYCARDIA (VT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASYSTOLE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMPLETE AV BLOCK (3 HB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER, SPECIFY:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 200px; height: 20px;" type="text"/>			

### Deaths

13. What was the participant's vital status at discharge?

0 ALIVE     1 DEAD

If 0-Alive skip to Question 16.

14. Was the participant found dead (i.e. not observed at the moment of death)? (If expired in ICU/CCU, code 0-No.)

1 YES     0 NO     9 UNKNOWN/NOT STATED

15. Was there an episode of chest, left arm or jaw pain during the 72 hours prior to death?

1 YES                       2 COMATOSE  
 0 NO                               9 UNKNOWN/NOT STATED

### Acute Cardiovascular Events

16. Was there an acute episode of pain, discomfort or tightness in the chest, left arm or jaw?

1 YES     0 NO     9 UNKNOWN/NOT STATED

If 0-No or 9-Unknown then skip to Question 18.

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17. Did the onset of the acute episode occur prior to admission?

1 YES     0 NO     9 UNKNOWN/NOT STATED

### Congestive Heart Failure

18. Was the participant admitted with congestive heart failure, or did congestive heart failure develop during the hospitalization?

1 YES     0 NO     9 UNKNOWN/NOT STATED

19. Did a physician report any of the following conditions?

	1 Yes	0 No	9 Unknown
<b>NECK:</b>			
NECK VEIN DISTENTION (JUGULAR VENOUS DISTENSION/JVD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CAROTID BRUIT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>LUNG:</b>			
BASILAR RALES OR CRACKLES ONLY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RALES OR CRACKLES ABOVE BASES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHEEZING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>CARDIAC:</b>			
S-3 GALLOP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CARDIAC MURMUR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>ABDOMINAL:</b>			
HEPATOJUGULAR REFLUX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEPATOMEGALY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>EXTREMITIES:</b>			
PERIPHERAL/ANKLE EDEMA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Was a chest x-ray done during this admission?

1 YES     0 NO     9 UNKNOWN/NOT STATED

If 0-No or 9-Unknown/Not stated skip to Question 22.

21. On the first chest x-ray done following admission (or following diagnosis of congestive heart failure) were any of the following findings reported?

	1 YES	0 NO	9 UNKNOWN
PULMONARY VENOUS CONGESTION OR PULMONARY EDEMA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CONGESTIVE HEART FAILURE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PLEURAL EFFUSION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CARDIOMEGALY/ CARDIOTHORACIC RATIO > 0.50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UPPER ZONE FLOW REDISTRIBUTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ATELECTASIS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PULMONARY INFILTRATE/PNEUMONIA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Did the participant receive any of the following medications during the first 48 hours following hospitalization or diagnosis of congestive heart failure?

	1 Yes	0 No	9 Unknown
DIURETICS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DIGITALIS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OXYGEN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NITROGLYCERINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANGIOTENSIN-CONVERTING ENZYME INHIBITOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER VASODILATORS, SPECIFY <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Electrocardiograms

23. Were electrocardiograms (ECGs or EKGs) recorded?

1 YES  0 NO  9 UNKNOWN/NOT STATED

When the participant was discharged alive and was at risk for incident myocardial infarction, angina or congestive heart failure, make one copy of ECG tracings as described below.

- \* Attach copies of three tracings to this form.
- \* If three or fewer tracings were made, include all tracings.
- \* If more than three tracings were made, include:
  - 1) First codable tracing after admission
  - 2) Last codable tracing prior to discharge or death (discharge tracing)
  - 3) Last codable tracing recorded on day 3 (or the first tracing thereafter) following an admission or in-hospital event.

NOTE: If only two ECGs are obtained using the above criteria, obtain a third by copying the tracing immediately preceding the "discharge tracing."

- \* If the participant is readmitted (transferred) to the ICU/CCU because of a new episode of chest pain, also copy the first codable tracing recorded after the transfer.

24. Was an ejection fraction (EF) measured during this admission?

1 YES  0 NO

Please record EF values (%): (Record lowest value)

- a. Echo   %
- b. Catheterization   %
- c. MUGA   %
- d. Radionuclide scan   %
- e. Other, specify:   %

## Serum Enzymes

25. Were serum enzyme measurements performed during this admission?

1 YES  0 NO  9 UNKNOWN/NOT STATED

If 0-No or 9-Unknown/Not stated skip to Abstractor ID

26. Was Total CK measured on participant?

1 YES  0 NO  9 UNKNOWN/NOT STATED

27. Was CK-MB measured on participant?

1 YES  0 NO  9 UNKNOWN/NOT STATED

28. Was LDH measured on participant?

1 YES  0 NO  9 UNKNOWN/NOT STATED

29. Was Troponin 1 measured on the participant?

1 YES  0 NO  9 UNKNOWN/NOT STATED

30. Was BNP measured during this admission?

1 YES  0 NO

31. Did the participant have active liver disease? (cirrhosis, hepatitis, liver cancer, etc.) (Admission History and Physical. Discharge Summary)

1 YES  0 NO  9 UNKNOWN/NOT STATED

If 1-Yes, specify:

32. Was there trauma (severe injury) during the seven days prior to admission?

1 YES  0 NO  9 UNKNOWN/NOT STATED

If 1-Yes, specify:

33. Did the participant have any surgical procedures this admission involving muscle cutting and/or general anesthesia?

1 YES  0 NO  9 UNKNOWN/NOT STATED

If 1-Yes, specify:

### Date and Procedure

Month / Day / Year  
 /  /

/  /

/  /

/  /

### Complete Chart A

## Administrative Information

Abstractor ID

Abstraction Date

/  /

Month

Day

Year

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**Laboratory Standards**

Record the established laboratory standards (range values) for each of the serum enzymes listed. Record the normal range on the lines for Range Set 1. When more than one normal range is given, record the others on the lines Range Set 2 and Range Set 3.

Range Sets	Total CK	CK-MB	LDH	LDH-1	LDH-2	Troponin I	Troponin C	Troponin T	BNP
Range #1 Low High	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Range #2 Low High	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Range #3 Low High	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**Participant Values** Record all serum enzyme values from the participant's record. Exception: When more than 12 measurements were made, record the highest (peak) values for each enzyme value measured.  
 When a serum enzyme value is recorded using terms rather than numerals, use the following codes to record the value:  
 6666 - absent/negative; 7777 - trace or weak positive; 8888 - present/positive.

Date	Time	Range Total CK	Range CK-MB	Range LDH	Range LDH-1	Range LDH-2	Range Troponin I	Range Troponin C	Range Troponin T	Range BNP
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Date	Time	Range Total CK	Range CK-MB	Range LDH	Range LDH-1	Range LDH-2	Range Troponin I	Range Troponin C	Range Troponin T	Range BNP
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/> : <input type="text"/> M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>