



Cohort Event Eligibility Form

ID NUMBER:

CONTACT YEAR:

FORM CODE: CEL
VERSION : A 05/05/2003

LAST NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: **PHS Reports Clearance Officer, Rm. 737-F, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: AFU (0925-0491)**. Do not return the completed form to this address.

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

A. IDENTIFYING INFORMATION

1 a. Last Name:

1 b. First Name.....

1 c. Middle Name.....

1 d. Social Security Number... / /

2. Participant ID.....

3. Visit 1 date..... / /
Month Day Year

4. Date of discharge or death..... / /
Month Day Year

If Item 3 is not earlier than Item 4, go to Item 16 on Screen 6

4a. Date of birth.....

		/			/					
Month			Day			Year				

5. Source used to identify event:

	Cohort Annual Follow-Up	F
	Surveillance Procedures	S
	Other	O

6. Is this event a death?..... Yes Y

Go to Item 8, Screen 2.	No	N
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7. Is this event an out of hospital death, or a death for which hospitalization information cannot be located?

Go to Item 13, Screen 5.	Yes	Y
	No	N

8a. Hospital Code Number: _____

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 [If Code is 96 - 99, specify: _____]

8b. Can information on this hospitalization be located? ... Yes Y

If eligibility of this event cannot be determined, go to Item 19. a, Screen 6.	No	N
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B. INFORMATION FROM HOSPITAL DISCHARGE INDEX OR FACE SHEET

9a. Hospital Record - Number:.....

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9b. How was eligibility established for this hospitalization?

	Hospital Index	I
	Face sheet	F
	Other	O

[If eligibility is 0, specify: _____]

10. Hospital discharge diagnosis and procedure codes:

a.	<input type="text"/>	.	<input type="text"/>	j.	<input type="text"/>	.	<input type="text"/>	s.	<input type="text"/>	.	<input type="text"/>
b.	<input type="text"/>	.	<input type="text"/>	k.	<input type="text"/>	.	<input type="text"/>	t.	<input type="text"/>	.	<input type="text"/>
c.	<input type="text"/>	.	<input type="text"/>	l.	<input type="text"/>	.	<input type="text"/>	u.	<input type="text"/>	.	<input type="text"/>
d.	<input type="text"/>	.	<input type="text"/>	m.	<input type="text"/>	.	<input type="text"/>	v.	<input type="text"/>	.	<input type="text"/>
e.	<input type="text"/>	.	<input type="text"/>	n.	<input type="text"/>	.	<input type="text"/>	w.	<input type="text"/>	.	<input type="text"/>
f.	<input type="text"/>	.	<input type="text"/>	o.	<input type="text"/>	.	<input type="text"/>	x.	<input type="text"/>	.	<input type="text"/>
g.	<input type="text"/>	.	<input type="text"/>	p.	<input type="text"/>	.	<input type="text"/>	y.	<input type="text"/>	.	<input type="text"/>
h.	<input type="text"/>	.	<input type="text"/>	q.	<input type="text"/>	.	<input type="text"/>	z.	<input type="text"/>	.	<input type="text"/>
i.	<input type="text"/>	.	<input type="text"/>	r.	<input type="text"/>	.	<input type="text"/>				

11a. Is a 402,410-414, 427, 428,or 518.4 code listed?.....	Yes	Y
	No	N
b. Is a 430-438 code listed?.....	Yes	Y
	No	N
c. Is a 35-39, 88.5, 250, 390-459, 745-747, 794.3, 798, or 799 code listed?	Yes	Y
	No	N

If all of Items 11a, 11b, and 11c are "NO" go to Item 12 on Screen 5. Otherwise, continue with Item 11d on Screen 4.

d. Are any of the following mentioned or suggested in the discharge summary? Yes Y
 No N

Acute: MI Angina Chest Pain Ischemic heart Disease
 CHD Unstable Angina Cardiac Arrest Atherosclerotic Heart Disease

Or during this admission: CCU Care Nitroglycerin Cardiac Catherization
 CABG Elevated CK-MB Coronary Angiography or Angioplasty

11e. Are any of the following mentioned or suggested in the discharge summary? Yes Y
 No N

Acute: Stroke TIA Cerebral Infarction Cerebrovascular Disease
 Aphasia Diplopia Cerebral embolus Lacunar (syndrome infarction)
 Dysarthria Paralysis Cerebral hemorrhage Subarachnoid hemorrhage

Or during this admission: Carotid endarterectomy Cerebral angiography
 CT/MRI Scan showing cerebrovascular findings
 Neuro ICU Care [if in doubt, ask your surveillance MD.]

If any of Items 11a, 11b, 11d, or 11e is "Yes," go to Item 15 on Screen 5. Otherwise, continue with Item 12.

12. Is this event an in-hospital death? Yes Y

Go to Item 16, Screen 6.
No N

C. INFORMATION FROM DEATH INDEX/CERTIFICATE

13a. Death Certificate Number:

13b. Was an autopsy performed?Yes Y
 No N

14a. ICD code for underlying cause of death:..... .

Is the Code E10 – E14, 110, 111, 120 – 125, 146 – 151, 170, 197
(exclude 197.2), J81, J96, R96, R98, or R99

Go to Item 15, Screen 6. — Yes
No

Y

N

Go to Item 17,
Screen 6

D. ELIGIBILITY

15. Record Y, indicating that event is eligible

Yes

Y

Go to Item 19

16. Record N, indicating that event is not eligible

No

N

Go to Item 19

17. Record N, indicating that event is a death and is not eligible. No

N

18. *Question Deleted *

19. a. Was this event reported in the corresponding
Annual Follow-Up for this participant?

Yes

Y

Go to Item 20 — No

N

19b. Contact year of corresponding Annual Follow-up.....

19c. Letter of corresponding hospitalization from the Annual Follow-Up (if none enter "=").

E. ADMINISTRATIVE INFORMATION

20. Date of data collection:

/ /

Month Day Year

21. Code number of person completing this form:

