

ARIC

HOSPITAL ABSTRACTION FORM

ID NUMBER:

FORM CODE: H R A

VERSION: E

DATE: 01/25/2005

LAST NAME:

INITIALS:

INSTRUCTIONS: The Hospital Record Abstraction Form is completed for each eligible hospitalized event as determined by the Surveillance Event Eligibility Form, and for all eligible Cohort hospitalizations as determined by the Cohort Eligibility Form. Event ID, Name (or Soundex code) must be entered above. Refer to this form's Q by Q instructions for information on entering numerical responses. For multiple choice and "yes/no" 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.

Hospital Record Abstraction Form (HRAE Screen 1 of 33)

A. MEDICAL ABSTRACTION

1.a. Hospital code number:

[If code 96-99, name and location]:

b. Medical Record Number:

c. Primary admission diagnosis:

[Specify if diagnosis is not ICD coded]

2. Record the ICD9-CM diagnoses and procedure codes from the hospital discharge index (or Eligibility Form):

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

m.

n.

o.

p.

q.

r.

s.

t.

u.

v.

w.

x.

y.

z.

Hospital Record Abstraction Form (HRAE Screen 2 of 33)

<p>3a. Abstracting for: ARIC Cohort..... C (go to question 3b) Community..... S (go to question 4) JHS Cohort-not ARIC Cohort..... J (go to question 4)</p> <p style="text-align: right;">3b. Is the patient's address in the ARIC community surveillance catchment area? Yes..... Y No..... N Not determined..... U</p> <p>4. Has the hospital chart for this event been located? Yes Y No N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;"> Go to Item 97, Screen 33. </div> <p>5. ENTER ON CFDB FORM a. Last name: _____ b. Initials: _____</p>	<p>6. ENTER ON CFDB FORM Social Security/Medicare Number: [][][]-[][][]-[][][][][]</p> <p>7. ENTER ON CFDB FORM Do you know the Patient's address? Yes.....Y NoN</p> <p>Address: _____ _____ _____</p> <p align="center">City County State</p> <p>7.b. Zip Code: [][][][][]</p> <p>8. Sex: Male M Female F</p>
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Hospital Record Abstraction Form (HRAE Screen 3 of 33)

<p>9. Race or ethnic group:</p> <p>White/Caucasian W Black/Negro B Asian/Pacific Islander A American Indian/ Native Alaskan I Other O Unknown/not recorded U</p> <p>a. Does this person have health insurance? Yes Y No N Unknown U</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;"> Go to Item 10, Screen 4. </div>	<p>9.b. Indicate type of insurance recorded:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center"><u>Yes</u></th> <th align="center"><u>No</u></th> <th align="center"><u>Unknown</u></th> </tr> </thead> <tbody> <tr> <td>1. Prepaid insurance or health plan, such as BC/BS or HMO</td> <td align="center">Y</td> <td align="center">N</td> <td align="center">U</td> </tr> <tr> <td>2. Medicare</td> <td align="center">Y</td> <td align="center">N</td> <td align="center">U</td> </tr> <tr> <td>3. Medicaid</td> <td align="center">Y</td> <td align="center">N</td> <td align="center">U</td> </tr> <tr> <td>4. Other</td> <td align="center">Y</td> <td align="center">N</td> <td align="center">U</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	<u>Unknown</u>	1. Prepaid insurance or health plan, such as BC/BS or HMO	Y	N	U	2. Medicare	Y	N	U	3. Medicaid	Y	N	U	4. Other	Y	N	U
	<u>Yes</u>	<u>No</u>	<u>Unknown</u>																		
1. Prepaid insurance or health plan, such as BC/BS or HMO	Y	N	U																		
2. Medicare	Y	N	U																		
3. Medicaid	Y	N	U																		
4. Other	Y	N	U																		

Hospital Record Abstraction Form (HRAE Screen 4 of 33)

10. ENTER ON CFDB FORM

Birthdate:

		-			-				
Month			Day			Year			

11.a. Date of arrival at this hospital:

		-			-				
Month			Day			Year			

b. Arrival time at this hospital (24 hr clock):

		:		
H	H		M	M

12. Did an emergency medical service unit transport the patient to this hospital? Yes Y

No N

Unknown U

13.a. Was the patient transferred from or to another acute care hospital? Yes Y

Go to Item 14, Screen 5.	No	N
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Hospital Record Abstraction Form (HRAE Screen 5 of 33)

FIRST TRANSFER:

13.b. Was this an in-catchment hospital? ... Yes Y
No N

b.1. Hospital Code: _____

If 96 - 99, specify:

Hospital Name _____

City _____

State _____

c. Date of admission to that hospital:

		-			-				
Month			Day			Year			

c.1. Was the patient transferred a second time?..... Yes Y

Go to Item 14.	No	N
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SECOND TRANSFER:

13.d. Was this an in-catchment hospital? ... Yes Y
No N

d.1. Hospital Code: _____

If 96 - 99, specify:

Hospital name _____

City _____

State _____

e. Date of admission to that hospital:

		-			-				
Month			Day			Year			

14. Date of discharge (for nonfatal case) or death:

		-			-				
Month			Day			Year			

Hospital Record Abstraction Form (HRAE Screen 6 of 33)

15. List the hospital discharge diagnosis and procedure codes exactly as they appear on the front sheet of the medical record and/or on the discharge summary:

a. .

b. .

c. .

d. .

e. .

f. .

g. .

h. .

i. .

j. .

15.k. .

l. .

m. .

n. .

o. .

p. .

q. .

r. .

s. .

t. .

u. .

v. .

w. .

x. .

y. .

z. .

Hospital Record Abstraction Form (HRAE Screen 8 of 33)

17. What was the disposition of the patient on discharge? Deceased D

Discharged alive A

Go to item 20
Screen 9.

18. Was an autopsy performed? Yes Y

No N

19.a. Was the patient either dead on arrival or did he/she die in the emergency room? Yes Y

No N

Go to Item 19e.

b. First recorded Systolic BP: mmHg

If zero or not recorded, and patient died within 24 hours, record 000 and go to item 19e. If zero or not recorded and patient lived at least 24 hours, enter 001.

19.c. First recorded Diastolic BP: mmHg

d. First recorded Pulse Rate: bpm

If pulse rate is greater than 0, go to Item 21d, Screen 10. If 0 or not recorded, and patient lived at least 24 hours, enter 001 and go to Item 21d, Screen 10. If 0 or not recorded and patient died within 24 hours, enter 000 and continue with Item 19e.

e. Was there (an) acute episode(s) of pain or discomfort anywhere in the chest, left arm or shoulder or jaw either just before death or within 72 hours of death? Yes Y

No N

Unknown U

Hospital Record Abstraction Form (HRAE Screen 9 of 33)

19.f. Is there a history of myocardial infarction prior to onset of this event? Yes Y

Go to Item 19h. No N
Unknown U

g. Did a myocardial infarction occur within four weeks of this event? Yes Y

No N

Unknown U

h. Is there any history of angina pectoris or coronary insufficiency? Yes Y

No N

Unknown U

19.i. Is there any history of any other chronic ischemic heart disease? Yes Y

No N

Unknown U

Skip to Item 97, Screen 33 and treat as an out-of-hospital death.

20. Answer the following:

a. Do the Discharge Diagnoses include any 410 or 411 codes? ... Yes Y

Go to Item 21a, Screen 10. No N

b. *Item deleted*

c. *Item deleted*

d. Is there mention of acute MI in the discharge summary? Yes Y

Go to Item 21a, Screen 10. No N

Hospital Record Abstraction Form (HRAE Screen 10 of 33)

20.e. The following apply to this chart:

1. Is this person a cohort participant? Yes Y

..... No N

2. Is there more than one ECG? Yes Y

Go to Item 21a. No N

3. Is any Cardiac Enzyme above the normal limit? Yes Y

Go to Item 21a. No N

4. Was there a transfer (in or out)? Yes Y

..... No N

If all of Items 20.e.2 - 20.e.4 are answered No, go to Item 97, Screen 33.

21. First recorded blood pressure and pulse rate (not during CPR).

a. Systolic BP: mmHg

b. Diastolic BP: mmHg

c. Pulse Rate: bpm

d. Smoking Status: Current smoker C
 Past smoker P
 Smoker NOS S
 Never smoker N
 Unknown U

Hospital Record Abstraction Form (HRAE Screen 12 of 33)

23.a. Did acute cardiac symptoms begin prior to arrival at this hospital?

Yes Y

—No, after arrival N

—No acute cardiac symptoms A

—Unknown U

Go to Item 24a, Screen 13.

23.b. Estimated time from onset of acute cardiac symptoms to arrival at this hospital.

<1 hour A

≥1 hour and <2 hours B

≥2 hours and <4 hours C

≥4 hours and <6 hours D

≥6 hours and <12 hours E

≥12 hours and <24 hours F

≥1 day and <3 days G

≥3 days H

Not recorded U

Go to Item 24b, Screen 13.

Hospital Record Abstraction Form (HRAE Screen 13 of 33)

24.a. What was the primary diagnosis or reason for admission to this hospital?

Elective cardiac catheterization A

Elective coronary bypass surgery B

Other non-acute CHD evaluation C

Cancer D

Diabetes mellitus E

Stroke F

Chronic obstructive pulmonary disease G

Peripheral vascular disease H

Gallbladder disease I

Other O

24.b. Was there mention of an acute CHD event with onset after arrival at this hospital? Yes Y

..... No N

Go to Item 25.a, Screen 14.

c. Date of in-hospital CHD event:

		-			-				
Month			Day			Year			

[NOTE: If patient had both CHD event present on admission (Item 23=Y) and after admission (Item 24b=Y), you must decide which event is more important (see Instructions). Answer subsequent questions for the more important event.]

Hospital Record Abstraction Form (HRAE Screen 14 of 33)

<p>25.a. Was there an acute episode(s) of pain or discomfort anywhere in the chest, left arm or shoulder or jaw, either within 72 hours prior to arrival to this hospital, or in conjunction with the in-hospital CHD event defined in Item 24b? Yes Y</p> <p style="text-align: right;">No N</p> <p style="text-align: right;">Unknown U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-bottom: 10px;">Go to Item 26.a, Screen 15.</div> <p>b. Date of onset of pain:</p> <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td align="center" colspan="2">Month</td> <td align="center" colspan="2">Day</td> <td align="center" colspan="7">Year</td> </tr> </table>													Month		Day		Year							<p>25.c. Did this pain or discomfort specifically involve the chest? Yes Y</p> <p style="text-align: right;">No N</p> <p style="text-align: right;">Unknown U</p> <p>d. Was the discomfort or pain diagnosed as having a non-cardiac origin? Yes Y</p> <p style="text-align: right;">No N</p> <p style="text-align: right;">Unknown U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-bottom: 10px;">Go to Item 25f.</div> <p>e. If Yes, specify:</p> <hr style="width: 80%; margin-left: 0;"/> <p>f. Did the patient die? Yes Y</p> <p style="text-align: right;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-bottom: 10px;">Go to Item 26.a, Screen 15.</div>
Month		Day		Year																				

Hospital Record Abstraction Form (HRAE Screen 15 of 33)

<p>25.g. Approximately how long was it from the onset of this event to death?</p> <p><1 hour A</p> <p>≥1 hour and <6 hours B</p> <p>≥6 hours and <24 hours ... C</p> <p>24 hrs or more D</p> <p>Unknown U</p> <p>26.a. Was coronary reperfusion (coronary angioplasty, coronary atherectomy, bypass, intravenous or intracoronary thrombolysis) attempted in the first 24 hours after onset of this event? Yes Y</p> <p style="text-align: right;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-bottom: 10px;">Go to Item 27.</div>	<p>26.b. Approximately how long was it between event onset and attempt at reperfusion?</p> <p>< 1 hour A</p> <p>≥ 1 hour and <2 hours ... B</p> <p>≥2 hours and <4 hours ... C</p> <p>≥4 hours and <6 hours ... D</p> <p>≥6 hours and <8 hours ... E</p> <p>≥8 hours F</p> <p>Unknown U</p> <p>27. Was the patient ever in a CCU/ICU or telemetry bed during this hospitalization? Yes Y</p> <p style="text-align: right;">No N</p> <p style="text-align: right;">Unknown U</p>
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Hospital Record Abstraction Form (HRAE Screen 16 of 33)

<p>28. Were any of the following mentioned as being present during this hospital stay?</p> <p>a. Shock or cardiogenic shock (pump failure) Yes Y <input type="checkbox"/> No N <input type="checkbox"/> Go to Item 28b.</p> <p> 1. Did shock occur within the first 24 hours after onset of this event? Yes Y No N Unknown U</p> <p>b. Congestive heart failure or pulmonary edema Yes Y <input type="checkbox"/> No N <input type="checkbox"/> Go to Item 28c.</p> <p> 1. Did CHF or pulmonary edema occur within the first 24 hours after onset of this event? Yes Y No N Unknown U</p> <p>c. S3 Gallop (third heart sound) Yes Y No N</p>	<p>28.d. Rales (not just basilar) Yes Y No N</p> <p>e. Ventricular fibrillation or cardiac arrest or asystole Yes Y <input type="checkbox"/> No N <input type="checkbox"/> Go to Item 28f.</p> <p> 1. Did ventricular fibrillation or cardiac arrest occur within the first 24 hours after onset of this event? ... Yes Y No N Unknown U</p> <p>f. Pulmonary embolus Yes Y No N</p> <p>g. Stroke Yes Y No N</p> <p>h. Pneumonia Yes Y No N</p>
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Hospital Record Abstraction Form (HRAE Screen 17 of 33)

<p>29. Were the following special procedures or operations performed during this hospital stay?</p> <table style="width:100%; border: none;"> <tr> <td></td> <td align="center"><u>Yes</u></td> <td align="center"><u>No</u></td> </tr> <tr> <td>a. Cardiac catheterization</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>b. Coronary angiography</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>c. Coronary angioplasty</td> <td align="center">Y</td> <td align="center">N</td> </tr> </table> <p><input type="checkbox"/> Go to Item 29c2, Screen 18.</p>		<u>Yes</u>	<u>No</u>	a. Cardiac catheterization	Y	N	b. Coronary angiography	Y	N	c. Coronary angioplasty	Y	N	<p>29.c.1. Approximately how long after the onset of this event was the performance of the coronary angioplasty?</p> <p> Before onset A < 1 hour B ≥ 1 hour and <2 hours C ≥2 hours and <4 hours D ≥4 hours and <6 hours E ≥6 hours and <8 hours F ≥8 hours and <24 hours ... G ≥24 hours H Unknown U</p>
	<u>Yes</u>	<u>No</u>											
a. Cardiac catheterization	Y	N											
b. Coronary angiography	Y	N											
c. Coronary angioplasty	Y	N											

Hospital Record Abstraction Form (HRAE Screen 18 of 33)

29.c.2 Coronary atherectomy Yes Y

Go to Item 29.d. No N

c.3. Approximately how long after the onset of this event was the performance of the coronary atherectomy?

- Before onset A
- < 1 hour B
- ≥ 1 hour and <2 hours C
- ≥2 hours and <4 hours D
- ≥4 hours and <6 hours E
- ≥6 hours and <8 hours F
- ≥8 hours and <24 hours G
- ≥24 hours H
- Unknown U

29.d. Swan-Ganz catheterization Yes No
Y N

e. Echocardiography Y N

f. Coronary bypass surgery Y N

Go to Item 29g,
Screen 19.

f.1. Approximately how long after the onset of this event was the performance of the coronary bypass surgery?

- Before onset A
- < 1 hour B
- ≥ 1 hour and <2 hours C
- ≥2 hours and <4 hours D
- ≥4 hours and <6 hours E
- ≥6 hours and <8 hours F
- ≥8 hours and <24 hours... .. G
- ≥24 hours H
- Unknown U

Hospital Record Abstraction Form (HRAE Screen 19 of 33)

29.g. Intracoronary streptokinase, urokinase, anistreplase, APSAC, or TPA reperfusion Yes Y

No N

h. Intravenous streptokinase, urokinase, anistreplase APSAC, or TPA reperfusion Yes Y

No N

If 29g and 29h were answered "No",
Go to Item 29i, Screen 20.

29.h.1. Approximately how long after the onset of this event was the performance of the intracoronary or intravenous reperfusion?

- Before onset A
- < 1 hour B
- ≥ 1 hour and <2 hours C
- ≥2 hours and <4 hours D
- ≥4 hours and <6 hours E
- ≥6 hours and <8 hours F
- ≥8 hours and <24 hours G
- ≥24 hours H
- Unknown U

Hospital Record Abstraction Form (HRAE Screen 20 of 33)

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
29.i. Aortic balloon pump	Y	N	29.o. Holter monitoring	Y	N
j. Radionuclide scan of heart	Y	N	p. Pacemaker (temporary, wires)	Y	N
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 29m.</div>			1. Coronary stent	Y	N
k. If yes, specify type:			<div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 29p2, Screen 21.</div>		
_____			a. Approximately how long after the onset of this event was the placement of the coronary stent?		
l. *Item deleted*			Before onset	A	
m. MRI scan of heart	Y	N	< 1 hour	B	
n. Exercise stress test	Y	N	≥ 1 hour and <2 hours	C	
			≥2 hours and <4 hours	D	
			≥4 hours and <6 hours	E	
			≥6 hours and <8 hours	F	
			≥8 hours and <24 hours	G	
			≥24 hours	H	
			Unknown	U	

Hospital Record Abstraction Form (HRAE Screen 21 of 33)

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
29.p.2. Implanted defibrillator	Y	N	29.p.2. b. Cardiac MRI	Y	N
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 29p2b.</div>			c. Coronary CT	Y	N
a. Approximately how long after the onset of this event was the defibrillator implanted?			d. MRI Stress Test	Y	N
Before onset	A		29.q. Other (specify):		
< 1 hour	B		1. _____		
≥ 1 hour and <2 hours	C		_____		
≥2 hours and <4 hours	D		2. _____		
≥4 hours and <6 hours	E		_____		
≥6 hours and <8 hours	F				
≥8 hours and <24 hours	G				
≥24 hours	H				
Unknown	U				

Hospital Record Abstraction Form (HRAE Screen 22 of 33)

<p>30a.. Was closed chest massage (CPR) and/or cardioversion attempted within 24 hours prior to arrival at this hospital or anytime during this hospitalization? Yes Y</p> <p align="right">No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 100px;"> Go to Item 31.a, Screen 23. </div> <p>b. Date of first onset of attempted CPR and/or cardioversion:</p> <table border="1" style="margin-left: 50px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td align="center" colspan="2">Month</td> <td align="center" colspan="2">Day</td> <td align="center" colspan="6">Year</td> </tr> </table>			-			-					Month		Day		Year						<p>30.c. Where was first CPR and/or cardioversion started?</p> <p>(Circle one)</p> <p>Private residence R</p> <p>Work W</p> <p>Public place P</p> <p>Emergency vehicle V</p> <p>Emergency room E</p> <p>Hospital H</p> <p>Other O</p> <p>Not recorded U</p>
		-			-																
Month		Day		Year																	

Hospital Record Abstraction Form (HRAE Screen 23 of 33)

<p>31. Were any of the following drugs given during this hospitalization or at discharge?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;"><u>Yes</u></th> <th style="width:10%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>a. Nitrates</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>b. Calcium channel blockers</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>c. Beta-blockers</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>d. Digitalis</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>e. Lidocaine (xylocaine) I.V. or I.M. only</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>f. Coumadin (Warfarin, Panwarfin, Dicumarol)</td> <td align="center">Y</td> <td align="center">N</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	a. Nitrates	Y	N	b. Calcium channel blockers	Y	N	c. Beta-blockers	Y	N	d. Digitalis	Y	N	e. Lidocaine (xylocaine) I.V. or I.M. only	Y	N	f. Coumadin (Warfarin, Panwarfin, Dicumarol)	Y	N	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;"><u>Yes</u></th> <th style="width:10%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>g. Aspirin - on regular basis (not PRN)</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>h. ACE or Angiotensin II inhibitors</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>i. Intravenous heparin infusion</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>j. Antiplatelet agents (non-aspirin)</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>k. Glucose, insulin, potassium infusion (GIK)</td> <td align="center">Y</td> <td align="center">N</td> </tr> <tr> <td>l. Lipid lowering medications (Statins, Niacin, Other)</td> <td align="center">Y</td> <td align="center">N</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	g. Aspirin - on regular basis (not PRN)	Y	N	h. ACE or Angiotensin II inhibitors	Y	N	i. Intravenous heparin infusion	Y	N	j. Antiplatelet agents (non-aspirin)	Y	N	k. Glucose, insulin, potassium infusion (GIK)	Y	N	l. Lipid lowering medications (Statins, Niacin, Other)	Y	N
	<u>Yes</u>	<u>No</u>																																									
a. Nitrates	Y	N																																									
b. Calcium channel blockers	Y	N																																									
c. Beta-blockers	Y	N																																									
d. Digitalis	Y	N																																									
e. Lidocaine (xylocaine) I.V. or I.M. only	Y	N																																									
f. Coumadin (Warfarin, Panwarfin, Dicumarol)	Y	N																																									
	<u>Yes</u>	<u>No</u>																																									
g. Aspirin - on regular basis (not PRN)	Y	N																																									
h. ACE or Angiotensin II inhibitors	Y	N																																									
i. Intravenous heparin infusion	Y	N																																									
j. Antiplatelet agents (non-aspirin)	Y	N																																									
k. Glucose, insulin, potassium infusion (GIK)	Y	N																																									
l. Lipid lowering medications (Statins, Niacin, Other)	Y	N																																									

Hospital Record Abstraction Form (HRAE Screen 25 of 33)

<p>38.a. Is there a history of hypertension (high blood pressure) prior to this event? Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 150px;">Unknown U</p> <p>b. Does this patient have diabetes (high blood sugar), either history or diagnosed this hospitalization?..... Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 150px;">Unknown U</p> <p>39. Is there a history of stroke prior to this event? Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 150px;">Unknown U</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 10px;">Go to Item 41.</div>	<p>40. Did a stroke occur within 4 weeks prior to this event? Yes Y</p> <p style="padding-left: 150px;">No N</p> <p style="padding-left: 150px;">Unknown U</p> <p>41. Were any cardiac enzymes reported within days 1-4 after arrival at the hospital or after in-hospital CHD event? Yes Y</p> <p style="padding-left: 150px;">No N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 10px;">Go to Item 57, Screen 32.</div>
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Hospital Record Abstraction Form (HRAE Screen 26 of 33)

<p>42.a. Is there mention of the patient having either trauma, a surgical procedure, or rhabdomyolysis, within one week prior to measurement of enzymes? Yes Y</p> <p style="padding-left: 150px;">No N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 10px;">Go to Item 42d.</div> <p>b. Indicate type of procedure or trauma: Yes No</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1. Cardiac procedure.....</td> <td style="width:5%;">Y</td> <td style="width:15%;">N</td> </tr> <tr> <td>2. CPR or cardioversion.....</td> <td>Y</td> <td>N</td> </tr> <tr> <td>3. Other cardiac trauma.....</td> <td>Y</td> <td>N</td> </tr> </table> <p style="text-align: center;">↓</p> <p style="text-align: center;">4. Specify:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">5. Rhabdomyolysis.....</td> <td style="width:5%;">Y</td> <td style="width:15%;">N</td> </tr> <tr> <td>6. Intramuscular injection.....</td> <td>Y</td> <td>N</td> </tr> <tr> <td>7. Non-cardiac procedure.....</td> <td>Y</td> <td>N</td> </tr> </table> <p style="text-align: center;">↓</p> <p style="text-align: center;">8. Specify:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">9. Non-cardiac trauma.....</td> <td style="width:5%;">Y</td> <td style="width:15%;">N</td> </tr> </table>	1. Cardiac procedure.....	Y	N	2. CPR or cardioversion.....	Y	N	3. Other cardiac trauma.....	Y	N	5. Rhabdomyolysis.....	Y	N	6. Intramuscular injection.....	Y	N	7. Non-cardiac procedure.....	Y	N	9. Non-cardiac trauma.....	Y	N	<p>42.c. Enter the item number from the biomarkers section of this form corresponding to the first biomarker measurement performed after the trauma, cardiac procedure or rhabdomyolysis:</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>d. Is there any evidence of hemolytic disease during the hospitalization? Yes Y</p> <p style="padding-left: 150px;">No N</p>
1. Cardiac procedure.....	Y	N																				
2. CPR or cardioversion.....	Y	N																				
3. Other cardiac trauma.....	Y	N																				
5. Rhabdomyolysis.....	Y	N																				
6. Intramuscular injection.....	Y	N																				
7. Non-cardiac procedure.....	Y	N																				
9. Non-cardiac trauma.....	Y	N																				

Hospital Record Abstraction Form (HRAE Screen 27 of 33)

B. BIOMARKERS

43. LABORATORY STANDARDS

<u>Range Set 1</u>		<u>Upper Limit of Normal</u>		<u>Special** Units</u>
Total CK (CPK)	a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
CK-MB (hrt frac)	b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	c. <input type="text"/>
Total LDH	d.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
LDH1	e.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	f. <input type="text"/>
LDH2	g.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	h. <input type="text"/>
LDH1/LDH2	i.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	j. <input type="text"/>
Troponin I	u.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. <input type="text"/>
Troponin T	w.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	x. <input type="text"/>
BNP (brain natriuretic peptide): cc.	cc.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	pg/ml
Serum Creatinine:	dd.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	mg/dl

<u>Range Set 2</u>		<u>Upper Limit of Normal</u>		<u>Special** Units</u>
Total CK (CPK)	k.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
CK-MB (hrt frac)	l.	<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"/>
Total LDH	n.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
LDH1	o.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	p. <input type="text"/>
LDH2	q.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	r. <input type="text"/>
LDH1/LDH2	s.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	t. <input type="text"/>
Troponin I	y.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	z. <input type="text"/>
Troponin T	aa.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	bb. <input type="text"/>

****Special Units:**

CK-MB, Troponin I, Troponin T

1 = (Negative/Positive) or (Absent/Present) or (Normal/Abnormal)

2 = (Negative/Weak Positive/Positive) or (Absent/Trace/Present)

or (Normal/High Normal/Abnormal)

CK-MB, LDH1, LDH2

3 = Expressed as % of total enzyme

4 = Expressed as proportion (decimal units) of total enzyme

LDH1/LDH2

5 = %

6 = Proportion (decimal)

7 = (Negative/Positive) or (LDH1 ≤ LDH2 / LDH1 > LDH2)

Hospital Record Abstraction Form (HRAE Screen 28 of 33)

BIOMARKERS: DAY ONE

44.a. Date -

Month Day Year

b. Were enzyme measurements taken on this date?.... Yes Y
 No N

Go To Item 48.a, Screen 29.

Record values in chronologic order for the three highest reports for each enzyme on Day One of arrival or in-hospital CHD event. (LDH1 and LDH2 must be on same specimen.)

		Value (See Footnote next page)*				Range Set		
45.	Total CK (CPK)	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	b.	<input type="text"/>
	CK-MB (hrt frac)	c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d.	<input type="text"/>
	Total LDH	e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	f.	<input type="text"/>
	LDH1	g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	h.	<input type="text"/>
	LDH2	i.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	j.	<input type="text"/>
	LDH1/LDH2	k.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	l.	<input type="text"/>
	Troponin I	m.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	n.	<input type="text"/>
	Troponin T	o.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	p.	<input type="text"/>
46.	Total CK (CPK)	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	b.	<input type="text"/>
	CK-MB (hrt frac)	c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d.	<input type="text"/>
	Total LDH	e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	f.	<input type="text"/>
	LDH1	g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	h.	<input type="text"/>
	LDH2	i.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	j.	<input type="text"/>
	LDH1/LDH2	k.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	l.	<input type="text"/>
	Troponin I	m.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	n.	<input type="text"/>
	Troponin T	o.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	p.	<input type="text"/>
47.	Total CK (CPK)	a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	b.	<input type="text"/>
	CK-MB (hrt frac)	c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d.	<input type="text"/>
	Total LDH	e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	f.	<input type="text"/>
	LDH1	g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	h.	<input type="text"/>
	LDH2	i.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	j.	<input type="text"/>
	LDH1/LDH2	k.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	l.	<input type="text"/>
	Troponin I	m.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	n.	<input type="text"/>
	Troponin T	o.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	p.	<input type="text"/>

Hospital Record Abstraction Form (HRAE Screen 29 of 33)

BIOMARKERS: DAY TWO

48.a. Date - -

Month Day Year

b. Were enzyme measurements taken on this date? Yes Y

No N

Go to Item 51.a, Screen 30.

Record values in chronologic order for the two highest reports for each enzyme on Day Two following arrival or in-hospital CHD event. (LDH1 and LDH2 must be on same specimen.)

		<u>Value*</u>		<u>Range Set</u>	
49.	Total CK (CPK)	a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b.	<input type="text"/>
	CK-MB (hrt frac)	c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	d.	<input type="text"/>
	Total LDH	e.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	f.	<input type="text"/>
	LDH1	g.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	h.	<input type="text"/>
	LDH2	i.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	j.	<input type="text"/>
	LDH1/LDH2	k.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	l.	<input type="text"/>
	Troponin I	m.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	n.	<input type="text"/>
	Troponin T	o.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	p.	<input type="text"/>

		<u>Value*</u>		<u>Range Set</u>	
50.	Total CK (CPK)	a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b.	<input type="text"/>
	CK-MB (hrt frac)	c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	d.	<input type="text"/>
	Total LDH	e.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	f.	<input type="text"/>
	LDH1	g.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	h.	<input type="text"/>
	LDH2	i.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	j.	<input type="text"/>
	LDH1/LDH2	k.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	l.	<input type="text"/>
	Troponin I	m.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	n.	<input type="text"/>
	Troponin T	o.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	p.	<input type="text"/>

***Special Values:**

CK-MB, Troponin I, Troponin T

- A = Negative or absent or normal
- B = Weak positive or weak present or trace or high-normal or small
- C = Present or positive or abnormal or medium or large

LDH1/LDH2

- D = LDH1/LDH2 reported only as \geq upper limit or positive or LDH1 > LDH2 (or "flipped")
- E = LDH1/LDH2 reported only as $<$ upper limit or negative or LDH1 < LDH2 (or "non-flipped")

Hospital Record Abstraction Form (HRAE Screen 30 of 33)

BIOMARKERS: DAY THREE

51.a. Date

		-			-				
Month			Day		Year				

b. Were enzyme measurements taken on this date? Yes Y
 No N

Go to Item 54.a, Screen 31.

Record values in chronologic order for the two highest reports for each enzyme on Day Three following arrival or in-hospital CHD event. (LDH1 and LDH2 must be on same specimen.)

		<u>Value*</u>			<u>Range Set</u>							
52. Total CK (CPK)	a.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							b.	<input style="width: 20px; height: 20px;" type="checkbox"/>		
CK-MB (hrt frac)	c.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			d.	<input style="width: 20px; height: 20px;" type="checkbox"/>
Total LDH	e.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							f.	<input style="width: 20px; height: 20px;" type="checkbox"/>		
LDH1	g.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			h.	<input style="width: 20px; height: 20px;" type="checkbox"/>
LDH2	i.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			j.	<input style="width: 20px; height: 20px;" type="checkbox"/>
LDH1/LDH2	k.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			l.	<input style="width: 20px; height: 20px;" type="checkbox"/>
Troponin I	m.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			n.	<input style="width: 20px; height: 20px;" type="checkbox"/>
Troponin T	o.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			p.	<input style="width: 20px; height: 20px;" type="checkbox"/>

		<u>Value*</u>			<u>Range Set</u>							
53. Total CK (CPK)	a.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							b.	<input style="width: 20px; height: 20px;" type="checkbox"/>		
CK-MB (hrt frac)	c.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			d.	<input style="width: 20px; height: 20px;" type="checkbox"/>
Total LDH	e.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							f.	<input style="width: 20px; height: 20px;" type="checkbox"/>		
LDH1	g.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			h.	<input style="width: 20px; height: 20px;" type="checkbox"/>
LDH2	i.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			j.	<input style="width: 20px; height: 20px;" type="checkbox"/>
LDH1/LDH2	k.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			l.	<input style="width: 20px; height: 20px;" type="checkbox"/>
Troponin I	m.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			n.	<input style="width: 20px; height: 20px;" type="checkbox"/>
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LDH1/LDH2

- D = LDH1/LDH2 reported only as \geq upper limit or positive or LDH1 > LDH2 (or "flipped")
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Hospital Record Abstraction Form (HRAE Screen 31 of 33)

BIOMARKERS: DAY FOUR

54.a. Date

		-			-				
Month			Day		Year				

b. Were enzyme measurements taken on this date? Yes Y
 No N

Go to Item 57, Screen 32.

Record values in chronologic order for the two highest reports for each enzyme on Day Four following arrival or in-hospital CHD event. (LDH1 and LDH2 must be on same specimen.)

		<u>Value*</u>		<u>Range Set</u>							
55. Total CK (CPK)	a.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						b.	<input style="width: 20px; height: 20px;" type="checkbox"/>		
CK-MB (hrt frac)	c.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								d.	<input style="width: 20px; height: 20px;" type="checkbox"/>
Total LDH	e.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					f.	<input style="width: 20px; height: 20px;" type="checkbox"/>			
LDH1	g.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								h.	<input style="width: 20px; height: 20px;" type="checkbox"/>
LDH2	i.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								j.	<input style="width: 20px; height: 20px;" type="checkbox"/>
LDH1/LDH2	k.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							l.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
Troponin I	m.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							n.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
Troponin T	o.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							p.	<input style="width: 20px; height: 20px;" type="checkbox"/>	

		<u>Value*</u>		<u>Range Set</u>							
56. Total CK (CPK)	a.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ←							b.	<input style="width: 20px; height: 20px;" type="checkbox"/>	
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LDH1	g.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								h.	<input style="width: 20px; height: 20px;" type="checkbox"/>
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56.aa Was BNP measured?

Yes No
Y N

Go to question 56.ac.

56.ab. Record the value of the first, last, and highest measurements of BNP (pg/ml):

1 First:

2. date:

(mm/dd/yyyy)

3 Last (if more than one):

4. date:

(mm/dd/yyyy)

5 Highest of remaining values:
(if more than two)

6. date:

(mm/dd/yyyy)

56.ac. Was serum creatinine measured?

Yes No
Y N

Go to question 56.ad.

56.ad. Record the value of the first, second, and last measurements of serum creatinine (mg/dl):

1: First:

2. date:

(mm/dd/yyyy)

3: Second:

4. date:

(mm/dd/yyyy)

5: Last:

6. date:

(mm/dd/yyyy)

56.ae. Is this patient currently on kidney dialysis (anytime in the last four weeks)?

YES Y
NO N

Hospital Record Abstraction Form (HRAE Screen 32 of 33)

<p>C. ECG CODING</p> <p>57. Were any 12 lead ECGs taken during this admission? Yes Y No N Go to Item 97, Screen 33.</p> <p>58. Are any of the ECGs codable: Yes Y No N Go to Item 97, Screen 33.</p> <p align="center">FIRST CODABLE ECG AFTER ARRIVAL AT HOSPITAL (ECGF)</p> <p>59. Date of ECGF: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year [Check calibration mark]</p> <p>a. Time of ECGF: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> H H M M</p> <p>70. Are there other codable ECGs? Yes Y No N Go to Item 94, Screen 33.</p>	<p align="center">LAST CODABLE ECG ON THIS ADMISSION (ECGL)</p> <p>71. Date of ECGL: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year</p> <p>a. Time of ECGL: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> H H M M</p> <p>82. Are there other codable ECGs taken <u>on or after</u> day 3 after admission, or on or after day 3 following an in-hospital event? Yes Y No N Go to Item 94, Screen 33.</p> <p>Find the last codable ECG on day 3 after admission, or on day 3 after an in-hospital event (ECGT). [If day 3 ECG is not available, use first available ECG thereafter.]</p> <p align="center">THIRD DAY ECG (ECGT)</p> <p>83. Date of ECGT: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year</p> <p>a. Time of ECGT: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> H H M M</p>
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Hospital Record Abstraction Form (HRAE Screen 33 of 33)

<p>94. Were ECGs sent to Minnesota ECG Reading Center? Yes Y No N Go to Item 97</p> <p align="center"><u>Yes</u> No</p> <p>a. ECGF sent? Y N</p> <p>b. ECGL sent? Y N</p> <p>c. ECGT sent? Y N</p>	<p>D. ADMINISTRATIVE INFORMATION</p> <p>97. Abtractor number: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>98. Date abstract completed: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year</p> <p>99. Method of data collection: Computer C Paper P</p>
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