OMB# 0925-0491
EXPIRATION DATE XX/XXXX

HEART FAILURE DIAGNOSIS FORM

EVENT-ID NUMBER: | | | | | | | | CONTACT NUMBER: | | | FORM CODE: H D X
VERSION: A DATE 11/07/2007

Instructions: Please complete the Heart Failure Diagnosis Form using the attached Event Summary Form and the medical reports provided to assign a heart failure diagnosis. If you mark an answer in error, mark an "X" through the incorrect answer and circle the appropriate response.

H

Part A: ADMINISTRATION INFORMATION

1. a. Batch Number: | | | | - | H |

b. Type of Review: Original ..... O
Adjudication ..... A
Special review ..... S

c. Date of HDX completion: | | / | | | / | | | | |

2. Code number of person completion this form: | | | |

PART B: REVIEW OF COMPUTER'S HF DIAGNOSIS

	YES	NO	UNKNOWN
3. Does this event meet criteria for complete chart abstraction?	Y	N	U
4. Is there evidence of			
a. Abnormal LV systolic function?	Y	N	U
b. Abnormal RV systolic function:	Y	N	U
c. LV diastolic dysfunction	Y	N	U

5. Estimated LVEF (worst): a. ≥ 50% | | b. 35-49% | | c. < 35% | | d. Unknown | |
6. Assign an overall heart failure diagnosis based on your clinical judgment (select only one)
   Definite decompensated heart failure ..... A
   Possible decompensated heart failure ..... B
   Chronic stable heart failure..... C → Skip to Item 8
   Heart failure unlikely ..... D → Skip to Item 8
   Unclassifiable ..... F → Skip to Item 8

	Yes	NO	UNKNOWN
a. Was definite or possible decompensated heart failure present at admission?	Y	N	U
7. Was this event fatal?	Y	N → Skip to Item 8	
a. Was decompensated heart failure the primary cause of death?.....	Y	N	U

8. Comments: _____
_____