

## COHORT EVENT ELIGIBILITY FORM

ID NUMBER:

CONTACT YEAR:

FORM CODE:

VERSION G, DATE: 09/28/2015

INSTRUCTIONS: This form should be completed for all Cohort deaths, hospitalizations, observation stays, and coronary revascularization procedures performed in the ambulatory surgery environment reported from Cohort Follow-Up, including hospital stays less than 24 hours. Assign an event ID number before completing this form, as all cohort events need an event ID number regardless of eligibility. Refer to this form's Q by Q instructions for information on entering numerical responses. For "multiple choice" and "yes/no" type questions, enter the letter corresponding to the most appropriate response.

### A. IDENTIFYING INFORMATION

1. Last Name.....

1a. First Name.....

1b. Middle Name.....

*Question 1c. deleted*

2. Participant ID.....

*Question 3 deleted*

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

4a. Date of birth.....  /  /   
Month Day Year

5. Source to identify event?

Cohort Follow-up.....  F

Surveillance Procedures.....  S

Other.....  O

6. Is this event a death?

Yes.....  Y

No.....  N → **If No, go to item 8a.**

6a. Was an autopsy performed?

Yes.....  Y

No.....  N

7. Is this event an out-of-hospital death, or a death for which hospitalization information cannot be located?

Yes.....  Y → **If Yes, go to item 14a.**

No.....  N

8a. Hospital Code Number.....

[If code 96-99, specify]:

8a.1. Hospital Name: \_\_\_\_\_

8a.2 City and State: \_\_\_\_\_

8a.3 Has permission been granted to access the medical record for this event?

Yes.....  Y

No.....  N → **If No, go to item 19a.**

N/A.....

8b. Can information on this hospitalization be located?

Yes.....  Y

No.....  N → **If No, go to item 19a.**

**Note: If 6=Yes and 7=No (i.e., this is an in-hospital death) go to item 9**

8c. Is this event a hospital stay lasting less than 24 hours?

Yes.....  Y

No.....  N → **If No, go to item 9.**

8d. Was a coronary revascularization procedure performed during this event?

Yes.....  Y → **If Yes, complete items 9, 9a, 10, 19e, 20, and 21.**

No.....  N → **If No, complete items 20 and 21.**

## B. INFORMATION FROM HOSPITAL DISCHARGE INDEX OR FACE SHEET

9. Hospital Record Number.....

9a. How has need for abstraction been established for this cohort event?

Hospital Index.....  I

Face Sheet.....  F

Other.....  O

[If eligibility is "O", specify: \_\_\_\_\_]

## 10. HOSPITAL DISCHARGE DIAGNOSIS AND PROCEDURE CODES

*Note: the fields below allow entry of diagnosis and procedure codes at a maximum of 8 characters in length, to accommodate either ICD9 or ICD10 codes.*

|      |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|
| 10a. |  |  |  |  |  |  |  |  |
| 10b. |  |  |  |  |  |  |  |  |
| 10c. |  |  |  |  |  |  |  |  |
| 10d. |  |  |  |  |  |  |  |  |
| 10e. |  |  |  |  |  |  |  |  |
| 10f. |  |  |  |  |  |  |  |  |
| 10g. |  |  |  |  |  |  |  |  |
| 10h. |  |  |  |  |  |  |  |  |
| 10i. |  |  |  |  |  |  |  |  |
| 10j. |  |  |  |  |  |  |  |  |
| 10k. |  |  |  |  |  |  |  |  |
| 10l. |  |  |  |  |  |  |  |  |
| 10m. |  |  |  |  |  |  |  |  |
| 10n. |  |  |  |  |  |  |  |  |
| 10o. |  |  |  |  |  |  |  |  |
| 10p. |  |  |  |  |  |  |  |  |
| 10q. |  |  |  |  |  |  |  |  |
| 10r. |  |  |  |  |  |  |  |  |
| 10s. |  |  |  |  |  |  |  |  |
| 10t. |  |  |  |  |  |  |  |  |
| 10u. |  |  |  |  |  |  |  |  |
| 10v. |  |  |  |  |  |  |  |  |
| 10w. |  |  |  |  |  |  |  |  |
| 10x. |  |  |  |  |  |  |  |  |
| 10y. |  |  |  |  |  |  |  |  |
| 10z. |  |  |  |  |  |  |  |  |

|       |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|
| 10a1. |  |  |  |  |  |  |  |  |
| 10b1. |  |  |  |  |  |  |  |  |
| 10c1. |  |  |  |  |  |  |  |  |
| 10d1. |  |  |  |  |  |  |  |  |
| 10e1. |  |  |  |  |  |  |  |  |
| 10f1. |  |  |  |  |  |  |  |  |
| 10g1. |  |  |  |  |  |  |  |  |
| 10h1. |  |  |  |  |  |  |  |  |
| 10i1. |  |  |  |  |  |  |  |  |
| 10j1. |  |  |  |  |  |  |  |  |
| 10k1. |  |  |  |  |  |  |  |  |
| 10l1. |  |  |  |  |  |  |  |  |
| 10m1. |  |  |  |  |  |  |  |  |
| 10n1. |  |  |  |  |  |  |  |  |
| 10o1. |  |  |  |  |  |  |  |  |
| 10p1. |  |  |  |  |  |  |  |  |
| 10q1. |  |  |  |  |  |  |  |  |
| 10r1. |  |  |  |  |  |  |  |  |
| 10s1. |  |  |  |  |  |  |  |  |
| 10t1. |  |  |  |  |  |  |  |  |
| 10u1. |  |  |  |  |  |  |  |  |
| 10v1. |  |  |  |  |  |  |  |  |
| 10w1. |  |  |  |  |  |  |  |  |
| 10x1. |  |  |  |  |  |  |  |  |
| 10y1. |  |  |  |  |  |  |  |  |
| 10z1. |  |  |  |  |  |  |  |  |



NOTE: 11a, 11a1, 11b, 11b1, 11f, 11f1 will be auto filled when available.

11a. Are any of the following codes listed?

**ICD 9 codes:** 402, 410-414, 427, 428 or 518.4

**ICD 10 codes:** I11.x, I20.x, I21.x, I22.x, I24.x, I25.x, I46.x, I47.x, I48.x, I49.x, I50.x, J81.0, R00.1

Yes.....Y → **If Yes, go to 11b.**

No.....N

11a1. Are any of the following codes listed?

**ICD 9 codes:** 00.50-00.54, 00.61-00.66, 35-39, 88.5, 89.49, 99.10, 250, 390-459, 745-747, 794.3, 798, or 799

**ICD 10 codes:**

|         |      |      |       |         |       |       |       |       |        |
|---------|------|------|-------|---------|-------|-------|-------|-------|--------|
| 021x    | 039x | 04Qx | 069x  | 0JHGx   | B42x  | I12.x | I42.x | I74.x | Q24.x  |
| 025x    | 03Bx | 04Rx | 06Bx  | 0JHHx   | B50x  | I13.x | I43   | I75.x | Q25.x  |
| 027x    | 03Cx | 04Sx | 06Cx  | 0JHLx   | B51x  | I15.x | I44.x | I76   | Q26.x  |
| 028x    | 03Hx | 04Ux | 06Dx  | 0JHMx   | B52x  | I20.x | I45.x | I77.x | Q27.x  |
| 02Bx    | 03Jx | 04Vx | 06Hx  | 0JHNx   | B54x  | I21.x | I46.x | I78.x | Q28.x  |
| 02Cx    | 03Lx | 051x | 06Jx  | 0JHPx   | B33.x | I22.x | I47.x | I79.x | R00.x  |
| 02Hx    | 03Nx | 055x | 06Lx  | 0JPx    | B34.x | I23.x | I48.x | I80.x | R09.x  |
| 02JA3ZZ | 03Px | 057x | 06Nx  | 0JWx    | B97.x | I24.x | I49.x | I81   | R41.x  |
| 02JY3ZZ | 03Qx | 059x | 06Qx  | 0W3x    | E10.x | I25.x | I50.x | I82.x | R45.x  |
| 02Kx    | 03Rx | 05Bx | 06Rx  | 0W9x    | E11.x | I26.x | I51.x | I83.x | R53.81 |
| 02Lx    | 03Sx | 05Cx | 06Sx  | 0WCx    | E12.x | I27.x | I52   | I85.x | R58    |
| 02Nx    | 03Ux | 05Dx | 06Ux  | 0WJx    | E13.x | I28.x | I60.x | I86.x | R64    |
| 02Px    | 03Vx | 05Hx | 06Vx  | 0X3x    | E14.x | I30.x | I61.x | I87.x | R68.82 |
| 02Qx    | 03Wx | 05Jx | 0G5x  | 0Y3x    | G45.x | I31.x | I62.x | I89.x | R69    |
| 02Rx    | 041x | 05Lx | 0G9x  | 3E0x    | I00   | I32   | I63.x | I95.x | R94.x  |
| 02Sx    | 045x | 05Nx | 0GBx  | 4A0x    | I01.x | I33.x | I65.x | I97.x | R96.x  |
| 02Tx    | 047x | 05Qx | 0GNx  | 4B02XTZ | I02.x | I34.x | I66.x | I99.x | R98    |
| 02Ux    | 049x | 05Rx | 0GQx  | 5A0x    | I05.x | I35.x | I67.x | K64.x | R99    |
| 02Vx    | 04Bx | 05Sx | 0GTx  | 5A1x    | I06.x | I36.x | I68.x | M30.x |        |
| 02Wx    | 04Cx | 05Ux | 0JH6x | 8E023DZ | I07.x | I37.x | I69.x | M31.x |        |
| 02Yx    | 04Hx | 05Vx | 0JH7x | B20x    | I08.x | I38   | I70.x | Q20.x |        |
| 031x    | 04Jx | 061x | 0JH8x | B21x    | I09.x | I39   | I71.x | Q21.x |        |
| 035x    | 04Lx | 065x | 0JHDx | B24x    | I10   | I40.x | I72.x | Q22.x |        |
| 037x    | 04Nx | 067x | 0JHFx | B32x    | I11.x | I41   | I73.x | Q23.x |        |

Yes.....Y

No.....N → **If No, go to 11b.**

11a2. 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 Catheterization,  
CABG  
Elevated cardiac enzymes  
Coronary Angiography or Angioplasty  
Thrombolytic therapy for coronary occlusion

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11b. Are any of the following codes listed?

**ICD 9 codes:** 430-436

**ICD 10 codes:** G45.x, I60.x, I61.x, I62.x, I63.x, I65.x, I66.x, I67.x

Yes.....Y → **If Yes, go to 11f**

No.....N

11b1. Are any of the following codes listed?

**ICD 9 codes:** 00.50-00.54, 00.61-00.66, 35-39, 88.5, 89.49, 99.10, 250, 390-459, 745-747, 794.3, 798, or 799

**ICD 10 codes:**

|         |      |      |       |         |       |       |       |       |        |
|---------|------|------|-------|---------|-------|-------|-------|-------|--------|
| 021x    | 039x | 04Qx | 069x  | 0JHGx   | B42x  | I12.x | I42.x | I74.x | Q24.x  |
| 025x    | 03Bx | 04Rx | 06Bx  | 0JHHx   | B50x  | I13.x | I43   | I75.x | Q25.x  |
| 027x    | 03Cx | 04Sx | 06Cx  | 0JHLx   | B51x  | I15.x | I44.x | I76   | Q26.x  |
| 028x    | 03Hx | 04Ux | 06Dx  | 0JHMx   | B52x  | I20.x | I45.x | I77.x | Q27.x  |
| 02Bx    | 03Jx | 04Vx | 06Hx  | 0JHNx   | B54x  | I21.x | I46.x | I78.x | Q28.x  |
| 02Cx    | 03Lx | 051x | 06Jx  | 0JHPx   | B33.x | I22.x | I47.x | I79.x | R00.x  |
| 02Hx    | 03Nx | 055x | 06Lx  | 0JPx    | B34.x | I23.x | I48.x | I80.x | R09.x  |
| 02JA3ZZ | 03Px | 057x | 06Nx  | 0JWx    | B97.x | I24.x | I49.x | I81   | R41.x  |
| 02JY3ZZ | 03Qx | 059x | 06Qx  | 0W3x    | E10.x | I25.x | I50.x | I82.x | R45.x  |
| 02Kx    | 03Rx | 05Bx | 06Rx  | 0W9x    | E11.x | I26.x | I51.x | I83.x | R53.81 |
| 02Lx    | 03Sx | 05Cx | 06Sx  | 0WCx    | E12.x | I27.x | I52   | I85.x | R58    |
| 02Nx    | 03Ux | 05Dx | 06Ux  | 0WJx    | E13.x | I28.x | I60.x | I86.x | R64    |
| 02Px    | 03Vx | 05Hx | 06Vx  | 0X3x    | E14.x | I30.x | I61.x | I87.x | R68.82 |
| 02Qx    | 03Wx | 05Jx | 0G5x  | 0Y3x    | G45.x | I31.x | I62.x | I89.x | R69    |
| 02Rx    | 041x | 05Lx | 0G9x  | 3E0x    | I00   | I32   | I63.x | I95.x | R94.x  |
| 02Sx    | 045x | 05Nx | 0GBx  | 4A0x    | I01.x | I33.x | I65.x | I97.x | R96.x  |
| 02Tx    | 047x | 05Qx | 0GNx  | 4B02XTZ | I02.x | I34.x | I66.x | I99.x | R98    |
| 02Ux    | 049x | 05Rx | 0GQx  | 5A0x    | I05.x | I35.x | I67.x | K64.x | R99    |
| 02Vx    | 04Bx | 05Sx | 0GTx  | 5A1x    | I06.x | I36.x | I68.x | M30.x |        |
| 02Wx    | 04Cx | 05Ux | 0JH6x | 8E023DZ | I07.x | I37.x | I69.x | M31.x |        |
| 02Yx    | 04Hx | 05Vx | 0JH7x | B20x    | I08.x | I38   | I70.x | Q20.x |        |
| 031x    | 04Jx | 061x | 0JH8x | B21x    | I09.x | I39   | I71.x | Q21.x |        |
| 035x    | 04Lx | 065x | 0JHDx | B24x    | I10   | I40.x | I72.x | Q22.x |        |
| 037x    | 04Nx | 067x | 0JHFx | B32x    | I11.x | I41   | I73.x | Q23.x |        |

Yes.....Y

No.....N→ **If No, go to item 11f.**

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11b2. 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  
Carotid stent placement  
Neuro ICU care *[If in doubt, ask your surveillance MD.]*  
Thrombolytic therapy for cerebral occlusion

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11f. Are any of the following codes listed?

**ICD 9 codes:** 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 415.0, 416.9, 425.4, 428, 518.4, 786.0

**ICD 10 codes:** I09.81, I11.0, I13.0, I13.2, I26.0x, I27.81, I27.9, I42.0, I42.5, I42.8, I42.9, I50.x, J81.0, R06.x

Yes.....Y  
No.....N

If Yes, and neither of 11a nor 11a2 is Yes, go to 12.  
Or if Yes, and either of 11a or 11a2 is Yes, go to 15a.

11f1. Are any of the following codes listed?

**ICD 9 codes:** 00.50-00.54, 00.61-00.66, 35-39, 88.5, 89.49, 99.10, 250, 390-459, 745-747, 794.3, 798, or 799

**ICD 10 codes:**

|         |      |      |       |         |       |       |       |       |        |
|---------|------|------|-------|---------|-------|-------|-------|-------|--------|
| 021x    | 039x | 04Qx | 069x  | 0JHGx   | B42x  | I12.x | I42.x | I74.x | Q24.x  |
| 025x    | 03Bx | 04Rx | 06Bx  | 0JHHx   | B50x  | I13.x | I43   | I75.x | Q25.x  |
| 027x    | 03Cx | 04Sx | 06Cx  | 0JHLx   | B51x  | I15.x | I44.x | I76   | Q26.x  |
| 028x    | 03Hx | 04Ux | 06Dx  | 0JHMx   | B52x  | I20.x | I45.x | I77.x | Q27.x  |
| 02Bx    | 03Jx | 04Vx | 06Hx  | 0JHNx   | B54x  | I21.x | I46.x | I78.x | Q28.x  |
| 02Cx    | 03Lx | 051x | 06Jx  | 0JHPx   | B33.x | I22.x | I47.x | I79.x | R00.x  |
| 02Hx    | 03Nx | 055x | 06Lx  | 0JPx    | B34.x | I23.x | I48.x | I80.x | R09.x  |
| 02JA3ZZ | 03Px | 057x | 06Nx  | 0JWx    | B97.x | I24.x | I49.x | I81   | R41.x  |
| 02JY3ZZ | 03Qx | 059x | 06Qx  | 0W3x    | E10.x | I25.x | I50.x | I82.x | R45.x  |
| 02Kx    | 03Rx | 05Bx | 06Rx  | 0W9x    | E11.x | I26.x | I51.x | I83.x | R53.81 |
| 02Lx    | 03Sx | 05Cx | 06Sx  | 0WCx    | E12.x | I27.x | I52   | I85.x | R58    |
| 02Nx    | 03Ux | 05Dx | 06Ux  | 0WJx    | E13.x | I28.x | I60.x | I86.x | R64    |
| 02Px    | 03Vx | 05Hx | 06Vx  | 0X3x    | E14.x | I30.x | I61.x | I87.x | R68.82 |
| 02Qx    | 03Wx | 05Jx | 0G5x  | 0Y3x    | G45.x | I31.x | I62.x | I89.x | R69    |
| 02Rx    | 041x | 05Lx | 0G9x  | 3E0x    | I00   | I32   | I63.x | I95.x | R94.x  |
| 02Sx    | 045x | 05Nx | 0GBx  | 4A0x    | I01.x | I33.x | I65.x | I97.x | R96.x  |
| 02Tx    | 047x | 05Qx | 0GNx  | 4B02XTZ | I02.x | I34.x | I66.x | I99.x | R98    |
| 02Ux    | 049x | 05Rx | 0GQx  | 5A0x    | I05.x | I35.x | I67.x | K64.x | R99    |
| 02Vx    | 04Bx | 05Sx | 0GTx  | 5A1x    | I06.x | I36.x | I68.x | M30.x |        |
| 02Wx    | 04Cx | 05Ux | 0JH6x | 8E023DZ | I07.x | I37.x | I69.x | M31.x |        |
| 02Yx    | 04Hx | 05Vx | 0JH7x | B20x    | I08.x | I38   | I70.x | Q20.x |        |
| 031x    | 04Jx | 061x | 0JH8x | B21x    | I09.x | I39   | I71.x | Q21.x |        |
| 035x    | 04Lx | 065x | 0JHDx | B24x    | I10   | I40.x | I72.x | Q22.x |        |
| 037x    | 04Nx | 067x | 0JHFx | B32x    | I11.x | I41   | I73.x | Q23.x |        |

Yes.....Y  
No.....N

If No, and neither of 11a nor 11a2 is Yes, go to item 12.  
Or if No, and either of 11a or 11a2 is Yes, go to item 15a.



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11f2. Are any of the following mentioned or suggested in the discharge summary?

Yes.....Y

No.....N

Acute: Heart Failure                                  Cardiomyopathy                                  Orthopnea  
Congestive Heart Failure (CHF)      Ventricular Failure                                  Paroxysmal nocturnal dyspnea  
Pump Failure                                  Impaired systolic function                                  Cardiomegaly  
Pulmonary Edema                                  Jugular venous distension (JVD)      LV dysfunction (LVD)

Or during this admission: Heart Biopsy  
Automatic Implantable Cardioverter Defibrillator (AICD) check  
Implantation of cardiac resynchronization pacemaker (CRT)

**If either of Items 11a or 11a2 is “Yes”, go to item 15a.  
Otherwise, continue with item 12.**

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12. Is this event an in-hospital death?

Yes.....Y

No.....N → **If No, go to item 15a.**

**C. INFORMATION FROM DEATH INDEX/CERTIFICATE**

*Question 13 deleted*

14a. ICD-10 CODE for underlying cause of death.....

|  |  |  |  |   |  |
|--|--|--|--|---|--|
|  |  |  |  | . |  |
|--|--|--|--|---|--|

14b. Is the code above the following:      E10 – E14, I10, I11, I20 – I25, I46 – I51, I70, I97  
(exclude I97.2), J81, J96, R96, R98, or R99?

Yes.....Y

No.....N

*(Automatically autofilled)*

## D. FORMS TO ABSTRACT

- 15a. Needs hospitalized MI abstraction (CHI, HRA) Yes.....Y  
(Automatically filled "Y" if 11a or 11a2 = Y, or if 14b = Y and 12 = Y, otherwise N) No.....N
- 15b. Needs hospitalized stroke abstraction (CHI copy materials for STR) Yes.....Y  
(Automatically filled "Y" if 11b or 11b.2 = Y, otherwise N) No.....N
- 15c. Needs hospitalized HF abstraction (CHI, HFA) Yes.....Y  
(Automatically filled "Y" if 11f or 11f.2 = Y, otherwise N) No.....N
- 15d. Needs out-of-hospital death investigation (IFI, PHQ, DTH) Yes.....Y  
(Automatically filled "Y" if 7 = Y and 14.b = Y, otherwise N) No.....N
- 15e. Needs death certificate abstraction (DTH) Yes.....Y  
(Automatically filled "Y" if Q6=Y) No.....N
- 15.f. Needs copy of autopsy report Yes.....Y  
(Automatically filled "Y" if 6.a.=Y and 15.a or b or c or d = Y) No.....N

**E. SERUM CREATININE:** This section is completed only if the event is not eligible for CHD, HFA or Stroke abstraction.

**Note: This section is skipped if out-of-hospital death or death where hospitalization information cannot be located (i.e., item 7=Yes)**

15g. Are there any serum creatinine values?

Yes.....Y

No.....N→ **If No, go to item 15k**

Record the value of the first, last, and highest measurements of serum creatinine (mg/dl):

(mm/dd/yyyy)

15h1. First (if more than one)   .

15h2. Date:   /   /

15i1. Last (if more than one)   .

15i2. Date:   /   /

15j1. Highest of remaining values (if more than two)   .

15j2. Date:   /   /

15k. Was the discharge summary for this event available?

Yes.....Y→ **If Yes, go to Item 19a**

No.....N→ **If No, go to Item 15l**

15l. If no, select a reason from the list below

Missing.....M

Unable to gain permission.....P

Other.....O

**Note: If 15a=No, 15b=No and 15c=No, and a discharge summary is available (15k=Y) scan the discharge summary and transmit to the CC.**

*\*16, \*17, 18\* Questions deleted \**

**F. COHORT FOLLOW UP INFORMATION**

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

Yes.....Y→ **If Yes, go to item 19b**

No.....N→ **If No, go to item 19e.**

19b. Contact Year of corresponding Cohort Follow-Up:.....

*\*Question 19c and 19d deleted.*

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**G. INFORMATION FROM MEDICAL CHART**

This section is completed for cohort events that are ineligible for HRA, HF or STR abstraction (in other words, a CHI form will not be completed). Enter the date of arrival for this hospitalization in 19e.

19e. Date of Arrival at this hospital.....  /  /   
Month Day Year

**Note: If 8a3=No or 8b=No or 8d=No, Go to item 20.  
If 15a=Yes or 15b=Yes or 15c=Yes or 15d=Yes or 15e=Yes, Go to item 20.**

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**H. ADMINISTRATIVE INFORMATION**

20. Date of data collection:.....  /  /   
Month Day Year

21. Code number of person completing form: .....

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