PART A: ADMINISTRATIVE INFORMATION
0. Date Assigned:
   Month    Day    Year

1.a. Batch Number:
   -- H

   b. Type of Review:

   c. Date of HDX completion:
      Month    Day    Year

2. Code number of person completing this form:

PART B: REVIEW OF COMPUTER'S HF DIAGNOSIS
(*Question 3 deleted)

4. Is there evidence of (past or present):
   a. Abnormal LV systolic function?
   b. Abnormal RV systolic function?
   c. LV diastolic dysfunction?

5. Estimated LVEF (worst; related to current hospitalization):
   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
   Heart failure unlikely .............................................D
   Unclassifiable .....................................................E
   
   a. Was definite or possible decompensated heart failure present at admission? Y N U

7. Was this event fatal?....................................................... Y N
   a. Was decompensated heart failure the primary cause of death? Y N U

8. Comments: ........................................................................

9. Review complete? Enter 0 if yes, leave blank otherwise. __