

ARIC

HOSPITAL ABSTRACTION FORM

ID NUMBER:

FORM CODE: H R A

VERSION: F

DATE: 05/25/2010

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, record the letter corresponding to the most appropriate response.

0.a. Hospital code number:

0.b. Medical Record Number:

0.c. Date of discharge (for nonfatal case) or death:
--
Month Day Year

A. MEDICAL ABSTRACTION

1.a. Hospital code number: *(Renumbered as HRAF0a)*

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

b. Medical Record Number: *(Renumbered as HRAF0b)*

c. Primary admission diagnosis *(Removed from HRA to CHI1A)*

[Specify if diagnosis is not ICD coded]

2. Record the ICD9-CM diagnoses and procedure codes from the hospital discharge index (or Eligibility Form): *(Removed from HRA to CHI2)*

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.

3a. Abstracting for: *(Removed from HRA to CFD5A)*

ARIC Cohort..... C (go to question 3b)
 Community..... S (go to question 4)
 JHS Cohort-not ARIC Cohort..... J (go to question 4)

(Removed from HRA to CFD5B)

3b. Is the patient's address in the ARIC community surveillance catchment area?
 Yes..... Y
 No..... N
 Not determined.....U

4. Has the hospital chart for *(Removed from HRA to CFD0D)* this event been located? Yes Y
 No N

Go to Item 97, Screen 35.

5. a. Last name: . *(Removed from HRA to CFD1A)*

b. Initials: _____

6. **ENTER ON CFDB FORM** *(Removed from HRA to CFD2)*
 Social Security/Medicare Number:
 [][][][]-[][][][]-[][][][][]

7. **ENTER ON CFDB FORM**
 Do you know the Patient's address?
 Yes.....Y
 NoN

Address: *(Removed from HRA to CFD4B)*

 City County State

(Removed from HRA to CFD4F)
 7.b. Zip Code: [][][][][][]

(Removed from HRA to CHI3)
 8. Sex: Male M
 Female F

9. Race or ethnic group: *(Removed from HRA to CHI4)*
 White/CaucasianW
 Black/African AmericanB
 Asian/Pacific IslanderA
 American Indian/ Native AlaskanI
 OtherO
 Unknown/not recordedU

a. Does this person *(Removed from HRA to CHI5A)* have health insurance? Yes Y
 No N
 Unknown U

Go to Item 11, Screen 4.

(Removed from HRA to CHI5B)
 9.b. Indicate type of insurance recorded:

	<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

<p>10. ENTER ON CFDB FORM Birthdate: (Removed from HRA to CFD3)</p> <table style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Day</td> <td></td> <td colspan="6" style="text-align: center;">Year</td> </tr> </table> <p>=</p> <p>11.a. Date of arrival at this hospital: (Removed from HRA to CHI6A)</p> <table style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Day</td> <td></td> <td colspan="6" style="text-align: center;">Year</td> </tr> </table> <p>(Removed from HRA to CHI6B)</p> <p>b. Arrival time at this hospital (24 hr clock):</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">H</td> <td style="text-align: center;">H</td> <td style="text-align: center;">:</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td></td> </tr> </table>											Month		Day		Year																Month		Day		Year												H	H	:	M	M		<p>12. Did an emergency medical service (Removed from HRA to CHI7) unit transport the patient to this hospital? Yes Y</p> <p style="text-align: right;">No N</p> <p style="text-align: right;">Unknown U</p> <p>(Removed from HRA to CHI8A)</p> <p>13.a. Was the patient transferred from or to another acute care hospital? Yes Y</p> <p style="text-align: right;">No N</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 50px; display: flex; align-items: center; justify-content: center;"> Go to Item 14, Screen 5. </div>
Month		Day		Year																																																	
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H	H	:	M	M																																																	

<p style="text-align: center;">FIRST TRANSFER:</p> <p>(Removed from HRA to CHI8B)</p> <p>13.b. Was this an in-catchment hospital? ... Yes Y No N</p> <p>b.1. Hospital Code: _____ (Removed from HRA to CHI8B1)</p> <p>If 96 - 99, specify:</p> <p>Hospital Name _____</p> <p>City _____</p> <p>State _____</p> <p>c. Date of admission to that hospital: (Removed from HRA to CHI8C)</p> <table style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Day</td> <td></td> <td colspan="6" style="text-align: center;">Year</td> </tr> </table> <p>(Removed from HRA to CHI8C1)</p> <p>c.1. Was the patient transferred a second time?..... Yes Y</p> <p style="text-align: right;">No N</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 50px; display: flex; align-items: center; justify-content: center;"> Go to Item 14. </div>											Month		Day		Year						<p style="text-align: center;">SECOND TRANSFER:</p> <p>(Removed from HRA to CHI8D)</p> <p>13.d. Was this an in-catchment hospital? ... Yes Y No N</p> <p>d.1. Hospital Code: _____ (Removed from HRA to CHI8D1)</p> <p>If 96 - 99, specify:</p> <p>Hospital name _____</p> <p>City _____</p> <p>State _____</p> <p>(Removed from HRA to CHI8E)</p> <p>e. Date of admission to that hospital:</p> <table style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Day</td> <td></td> <td colspan="6" style="text-align: center;">Year</td> </tr> </table> <p>(Renumbered as HRA0C)</p> <p>14. Date of discharge (for nonfatal case) or death:</p> <table style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Day</td> <td></td> <td colspan="6" style="text-align: center;">Year</td> </tr> </table>											Month		Day		Year																Month		Day		Year					
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(Removed from HRA to CHI9)

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. .

(Removed from HRA to CHI10)

16. Discharge diagnoses Transcribed (as they appear on front sheet of medical record and/or discharge summary)?

ID Label

Yes (Y)* or No (N)

[If Yes, specify on notelog]

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

Deceased D
Discharged alive A ——— Go to item 20

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.

19.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, If 0 or not recorded, and patient lived at least 24 hours, enter 001 and go to Item 21d. 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

<p>19.f. Is there a history of myocardial infarction prior to onset of this event? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 10px;">Go to Item 19h.</div> <p>g. Did a myocardial infarction occur within four weeks of this event? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <p>h. Is there any history of angina pectoris or coronary insufficiency? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p>	<p>19.i. Is there any history of any other chronic ischemic heart disease? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <div style="border: 1px solid black; display: inline-block; padding: 5px; margin-left: 10px;">Skip to Item 97, and treat as an out-of-hospital death.</div> <p>20. Answer the following:</p> <p>a. Do the Discharge Diagnoses include any 410 or 411 codes? ... Yes Y</p> <p style="margin-left: 100px;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 10px;">Go to Item 21a</div> <p>b. *Item deleted*</p> <p>c. *Item deleted*</p> <p>d. Is there mention of acute MI in the discharge summary? Yes Y</p> <p style="margin-left: 100px;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 10px;">Go to Item 21a</div>
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<p>20.e. The following apply to this chart:</p> <p>1. Is this person a cohort participant? Yes Y No N</p> <p>2. Is there more than one ECG? Yes Y No N Go to Item 21a.</p> <p>3. Is any Cardiac Enzyme above the normal limit? Yes Y No N Go to Item 21a.</p> <p>4. Was there a transfer (in or out)? Yes Y No N</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> If all of Items 20.e.2 - 20.e.4 are answered No, go to Item 97. </div>	<p>21. First recorded blood pressure and pulse rate (not during CPR).</p> <p>a. Systolic BP: <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/> mmHg</p> <p>b. Diastolic BP: <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/> mmHg</p> <p>c. Pulse Rate: <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/> bpm</p> <p>d. Smoking Status: Current smoker C Past smoker P Smoker NOS S Never smoker N Unknown U</p>
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<p>22. Has the Discharge Summary been transcribed or attached (include symptom onset, timing, hospital course, etc.)?</p> <p style="text-align: center;">Yes (Y)* or No (N) [If Yes, specify on notelog]</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto; text-align: center;">ID Label</div>
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<p>23.a. Did acute cardiac symptoms begin prior to arrival at this hospital?</p> <p>Yes Y</p> <p>-No, after arrival N</p> <p>-No acute cardiac symptoms A</p> <p>-Unknown U</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">Go to Item 24a.</div>	<p>23.b. Estimated time from onset of acute cardiac symptoms to arrival at this hospital.</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 <12 hours E</p> <p>≥12 hours and <24 hours F</p> <p>≥1 day and <3 days G</p> <p>≥3 days H</p> <p>Not recorded U</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">Go to Item 24b.</div>
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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
 Yes Y

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.]

<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.</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> </tr> <tr> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Day</td> <td></td> <td style="text-align: center;">Year</td> <td></td> <td></td> <td></td> <td></td> <td></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: 20px;"/> <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.</div>
Month		Day		Year																	

<p>25.g. Approximately how long was it from the onset of this event to death?</p> <p style="margin-left: 20px;"><1 hour A</p> <p style="margin-left: 20px;">≥1 hour and <6 hours B</p> <p style="margin-left: 20px;">≥6 hours and <24 hours ... C</p> <p style="margin-left: 20px;">24 hrs or more D</p> <p style="margin-left: 20px;">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 style="margin-left: 20px;">< 1 hour A</p> <p style="margin-left: 20px;">≥ 1 hour and <2 hours ... B</p> <p style="margin-left: 20px;">≥2 hours and <4 hours ... C</p> <p style="margin-left: 20px;">≥4 hours and <6 hours ... D</p> <p style="margin-left: 20px;">≥6 hours and <8 hours ... E</p> <p style="margin-left: 20px;">≥8 hours F</p> <p style="margin-left: 20px;">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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<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 No N 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 No N 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 No N 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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<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 style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td>a. Cardiac catheterization</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>b. Coronary angiography</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>c. Coronary angioplasty</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </table> <p>Go to Item 29c2. _____</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> <table style="width:100%; border: none;"> <tr> <td>Before onset</td> <td style="text-align: center;">A</td> </tr> <tr> <td>< 1 hour</td> <td style="text-align: center;">B</td> </tr> <tr> <td>≥ 1 hour and <2 hours</td> <td style="text-align: center;">C</td> </tr> <tr> <td>≥2 hours and <4 hours</td> <td style="text-align: center;">D</td> </tr> <tr> <td>≥4 hours and <6 hours</td> <td style="text-align: center;">E</td> </tr> <tr> <td>≥6 hours and <8 hours</td> <td style="text-align: center;">F</td> </tr> <tr> <td>≥8 hours and <24 hours ...</td> <td style="text-align: center;">G</td> </tr> <tr> <td>≥24 hours</td> <td style="text-align: center;">H</td> </tr> <tr> <td>Unknown</td> <td style="text-align: center;">U</td> </tr> </table>	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
	<u>Yes</u>	<u>No</u>																													
a. Cardiac catheterization	Y	N																													
b. Coronary angiography	Y	N																													
c. Coronary angioplasty	Y	N																													
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>29.c.2 Coronary atherectomyYes Y</p> <p style="margin-left: 20px;">Go to Item 29.d. No N</p> <p>c.3. Approximately how long after the onset of this event was the performance of the coronary atherectomy?</p> <p style="margin-left: 20px;">Before onset A</p> <p style="margin-left: 20px;">< 1 hour B</p> <p style="margin-left: 20px;">≥ 1 hour and <2 hours C</p> <p style="margin-left: 20px;">≥2 hours and <4 hours D</p> <p style="margin-left: 20px;">≥4 hours and <6 hours E</p> <p style="margin-left: 20px;">≥6 hours and <8 hours F</p> <p style="margin-left: 20px;">≥8 hours and <24 hours G</p> <p style="margin-left: 20px;">≥24 hours H</p> <p style="margin-left: 20px;">Unknown U</p>	<p style="text-align: right;">Yes No</p> <p>29.d. Swan-Ganz catheterization Y N</p> <p>e. Echocardiography Y N</p> <p>f. Coronary bypass surgery Y N</p> <p style="margin-left: 20px;">Go to Item 29g.</p> <p>f.1. Approximately how long after the onset of this event was the performance of the coronary bypass surgery?</p> <p style="margin-left: 20px;">Before onset A</p> <p style="margin-left: 20px;">< 1 hour B</p> <p style="margin-left: 20px;">≥ 1 hour and <2 hours C</p> <p style="margin-left: 20px;">≥2 hours and <4 hours D</p> <p style="margin-left: 20px;">≥4 hours and <6 hours E</p> <p style="margin-left: 20px;">≥6 hours and <8 hours F</p> <p style="margin-left: 20px;">≥8 hours and <24 hours.. ... G</p> <p style="margin-left: 20px;">≥24 hours H</p> <p style="margin-left: 20px;">Unknown U</p>
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<p>29.g. Intracoronary streptokinase, urokinase, anistreplase, APSAC, or TPA reperfusion Yes Y</p> <p style="margin-left: 20px;">No N</p> <p>h. Intravenous streptokinase, urokinase, anistreplase APSAC, or TPA reperfusion Yes Y</p> <p style="margin-left: 20px;">No N</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>If 29g and 29h were answered "No", Go to Item 29i.</p> </div>	<p>29.h.1. Approximately how long after the onset of this event was the performance of the intracoronary or intravenous reperfusion?</p> <p style="margin-left: 20px;">Before onset A</p> <p style="margin-left: 20px;">< 1 hour B</p> <p style="margin-left: 20px;">≥ 1 hour and <2 hours C</p> <p style="margin-left: 20px;">≥2 hours and <4 hours D</p> <p style="margin-left: 20px;">≥4 hours and <6 hours E</p> <p style="margin-left: 20px;">≥6 hours and <8 hours F</p> <p style="margin-left: 20px;">≥8 hours and <24 hours G</p> <p style="margin-left: 20px;">≥24 hours H</p> <p style="margin-left: 20px;">Unknown U</p>
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	<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
Go to Item 29m.				1. Coronary stent	Y	N
k. If yes, specify type:				Go to Item 29p2.		
				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	

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
29.p.2. Implanted defibrillator	Y	N		29.p.2. c. Coronary CT	Y	N
Go to Item 29p2c				d. MRI Stress Test	Y	N
a. Approximately how long after the onset of this event was the defibrillator implanted?				29.q. Other (specify):		
Before onset	A			1. _____		
< 1 hour	B			_____		
≥ 1 hour and <2 hours	C			2. _____		
≥ 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>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 style="text-align: right;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 10px;">Go to Item 31. a.</div> <p>b. Date of first onset of attempted CPR and/or cardioversion:</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; text-align: center;">-</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; text-align: center;">-</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 style="text-align: center;">Month</td> <td></td> <td></td> <td style="text-align: center;">Day</td> <td></td> <td></td> <td style="text-align: center;">Year</td> <td></td> <td></td> <td></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 roomE</p> <p>Hospital H</p> <p>Other O</p> <p>Not recorded U</p>
		-			-																
Month			Day			Year															

<p>31. Were any of the following drugs given during this hospitalization or at discharge?</p> <table style="margin-left: 40px; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>a. Nitrates</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>b. Calcium channel blockers</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>c. Beta-blockers</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>d. Digitalis</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>e. Lidocaine (xylocaine) I.V. or I.M. only</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>f. Coumadin (Warfarin, Panwarfin, Dicumarol)</td> <td style="text-align: center;">Y</td> <td style="text-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="margin-left: 40px; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>g. Aspirin - on regular basis (not PRN)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>h. ACE or Angiotensin II inhibitors</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>i. Intravenous heparin infusion</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>j. Antiplatelet agents (non-aspirin)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>k. Glucose, insulin, potassium infusion (GIK)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>l. Lipid lowering medications (Statins, Niacin, Other)</td> <td style="text-align: center;">Y</td> <td style="text-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
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32. Is there a history of myocardial infarction prior to the onset of this event? Yes Y
 No N
 Unknown U

[If U, also review previous discharge diagnoses.]

33. Is there any history of angina pectoris or coronary insufficiency? Yes Y
 No N
 Unknown U

If Item 32 or Item 33 is answered "Yes", Go to Item 35.

34.a. Is there a history of any other chronic ischemic heart disease? Yes Y
 No N

Go to Item 35.

b. Specify: _____

35. Is there a history of valvular disease or cardiomyopathy? Yes Y
 No N

36. Is there a history of coronary bypass surgery prior to this event? Yes Y
 No N

37. Is there a history of coronary angioplasty prior to this event? Yes Y
 No N

38.a. Is there a history of hypertension (high blood pressure) prior to this event? Yes Y
 No N
 Unknown U

b. Does this patient have diabetes (high blood sugar), either history or diagnosed this hospitalization?..... Yes Y
 No N
 Unknown U

39. Is there a history of stroke prior to this event? Yes Y
 No N
 Unknown U

Go to Item 41.

40. Did a stroke occur within 4 weeks prior to this event? Yes Y
 No N
 Unknown U

41. Were any cardiac enzymes reported within days 1-4 after arrival at the hospital or after in-hospital CHD event? Yes Y
 No N

Go to Item 43cc.

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
 No N

Go to Item 42d.

b. Indicate type of procedure or trauma: Yes No

1. Cardiac procedure..... Y N
 2. CPR or cardioversion..... Y N
 3. Other cardiac trauma..... Y N

↓

4. Specify: _____

5. Rhabdomyolysis..... Y N
 6. Intramuscular injection..... Y N
 7. Non-cardiac procedure..... Y N

↓

8. Specify: _____

9. Non-cardiac trauma..... Y N

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:

d. Is there any evidence of hemolytic disease during the hospitalization? Yes Y
 No N

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.	<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
Pro- BNP:	ee.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	pg/ml

If Q41=N, then answer only Q43cc, Q43dd and Q43ee. Then skip to Q56aa.

<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 $(LDH1 \leq LDH2 / LDH1 > LDH2)$

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.

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.)

			<u>Value</u> (See Footnote next page)*		<u>Range Set</u>											
45.	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.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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> <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>											d.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	
	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.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						h.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						j.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						l.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						n.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						p.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
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	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>						h.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						j.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						l.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						n.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						p.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
47.	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.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						d.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						h.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						j.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						l.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						n.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
	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>						p.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						

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.

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"/>	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"/>	d.	<input type="text"/>
	Total LDH	e.	<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"/>	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"/>	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"/> <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"/>	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"/>	d.	<input type="text"/>
	Total LDH	e.	<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"/>	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"/>	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"/> <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 \leq LDH2 (or "non-flipped")

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.

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;"><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><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><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>							
53. 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><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><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"/>	

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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 \leq LDH2 (or "non-flipped")

BIOMARKERS: DAY FOUR

54.a. Date

		-			-				
Month			Day		Year				

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

Go to Item 56aa.

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><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><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></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><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><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"/>
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***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 \leq LDH2 (or "non-flipped")

56.aa Was BNP measured?

Yes No
Y N

Go to Q56af.

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

1. First:	<input type="text"/>	.	<input type="text"/>	2. date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)
3. Last (if more than one):	<input type="text"/>	.	<input type="text"/>	4. date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)
5. Highest of remaining values (if more than two):	<input type="text"/>	.	<input type="text"/>	6. date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)

56.af Was pro- BNP measured?

Yes No
Y N

Go to Q56ac.

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

1. First:	<input type="text"/>	.	<input type="text"/>	2. date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)
3. Last (if more than one):	<input type="text"/>	.	<input type="text"/>	4. date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)
5. Highest of remaining values (if more than two):	<input type="text"/>	.	<input type="text"/>	6. date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)

56.ac. Was serum creatinine measured?

Yes No
Y N

Go to question 56.ae.

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

1: First:	<input type="text"/>	.	<input type="text"/>	2. date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)
3: Second:	<input type="text"/>	.	<input type="text"/>	4. date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)
5: Last:	<input type="text"/>	.	<input type="text"/>	6. date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(mm/dd/yyyy)

56.ae. Is this patient currently on kidney dialysis (anytime in the last four weeks)? YES Y
NO N

C. ECG CODING

57. Were any 12 lead ECGs taken during this admission? Yes Y

No N

Go to Item 97.

58. Are any of the ECGs codable: Yes Y

No N

Go to Item 97.

FIRST CODABLE ECG AFTER ARRIVAL AT HOSPITAL (ECGF)

59. Date of ECGF

		-			-				
--	--	---	--	--	---	--	--	--	--

Month Day Year

[Check calibration mark]

a. Time of ECGF:

		:		
H	H		M	M

70. Are there other codable ECGs?Yes Y

No N

Go to Item 94.

LAST CODABLE ECG ON THIS ADMISSION (ECGL)

71. Date of ECGL:

		-			-				
Month			Day		Year				

a. Time of ECGL:

H	H	M	M	

82. Are there other codable ECGs taken on or after day 3 after admission, or on or after day 3 following an in-hospital event? Yes Y

No N

Go to Item 94.

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.]

THIRD DAY ECG (ECGT)

83. Date of ECGT:

		-			-				
--	--	---	--	--	---	--	--	--	--

Month Day Year

a. Time of ECGT:

--	--	--	--	--

H H M M

94. Were ECGs sent to Minnesota ECG Reading Center? Yes Y

Go to Item 97.

 No N

Yes No

- a. ECGF sent? Y N
- b. ECGL sent? Y N
- c. ECGT sent? Y N

D. ADMINISTRATIVE INFORMATION

97. Abstractor number:

--	--	--

98. Date abstract completed:

		-			-				
--	--	---	--	--	---	--	--	--	--

Month Day Year

Removed from HRA to CHI13 as "Source of information abstracted"

99. Method of data collection:

C Computer

P Paper