



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

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

Go to Item 19h. ———— No N  
Unknown U

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

No N

Unknown U

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

No N

Unknown U

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

No N

Unknown U

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

20. Answer the following:

a. Do the Discharge Diagnoses include any of these codes? 410, 411, I20.x, I21.x, I22.x, or I24.x codes.

Yes Y ————> Go to Item 21a

No N

b. \*Item deleted\*

c. \*Item deleted\*

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

Go to Item 21a ———— No N



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

Go to Item 25.a.	_____	No	N
------------------	-------	----	---

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.]

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

No N

Unknown U

Go to Item 26.a.

b. Date of onset of pain:

		-			-				
Month			Day			Year			

25.c. Did this pain or discomfort specifically involve the chest? ..... Yes Y

No N

Unknown U

d. Was the discomfort or pain diagnosed as having a non-cardiac origin? ..... Yes Y

No N

Unknown U

Go to Item 25f.

e. If Yes, specify:

\_\_\_\_\_

f. Did the patient die? ..... Yes Y

No N

Go to Item 26.a.

25.g. Approximately how long was it from the onset of this event to death?

<1 hour ..... A

≥1 hour and <6 hours .... B

≥6 hours and <24 hours ... C

24 hrs or more ..... D

Unknown ..... U

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

No N

Go to Item 27.

26.b. Approximately how long was it between event onset and attempt at reperfusion?

< 1 hour ..... A

≥ 1 hour and <2 hours ... B

≥2 hours and <4 hours ... C

≥4 hours and <6 hours ... D

≥6 hours and <8 hours ... E

≥8 hours ..... F

Unknown ..... U

27. Was the patient ever in a CCU/ICU or telemetry bed during this hospitalization? ..... Yes Y

No N

Unknown U

<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</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Go to Item 28b. ————— No N         </p> <p>1. Did shock occur within the first 24 hours after onset of this event? ..... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <p>b. Congestive heart failure or pulmonary edema ..... Yes Y</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Go to Item 28c. ————— No N         </p> <p>1. Did CHF or pulmonary edema occur within the first 24 hours after onset of this event? ..... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <p>c. S3 Gallop (third heart sound) ..... Yes Y</p> <p style="margin-left: 100px;">No N</p>	<p>28.d. Rales (not just basilar) ..... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>e. Ventricular fibrillation or cardiac arrest or asystole ..... Yes Y</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Go to Item 28f. ————— No N         </p> <p>1. Did ventricular fibrillation or cardiac arrest occur within the first 24 hours after onset of this event? ... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <p>f. Pulmonary embolus ..... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>g. Stroke ..... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>h. Pneumonia ..... Yes Y</p> <p style="margin-left: 100px;">No N</p>
---	--

<p>29. Were the following special procedures or operations performed during this hospital stay?</p> <table style="width: 100%; margin-left: 20px;"> <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. 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> </tbody> </table> <p style="margin-left: 20px;"> <input type="checkbox"/> 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%; margin-left: 20px;"> <tbody> <tr> <td>Before onset .....</td> <td style="text-align: center;">A</td> </tr> <tr> <td>&lt; 1 hour .....</td> <td style="text-align: center;">B</td> </tr> <tr> <td>≥ 1 hour and &lt;2 hours ....</td> <td style="text-align: center;">C</td> </tr> <tr> <td>≥2 hours and &lt;4 hours ....</td> <td style="text-align: center;">D</td> </tr> <tr> <td>≥4 hours and &lt;6 hours ....</td> <td style="text-align: center;">E</td> </tr> <tr> <td>≥6 hours and &lt;8 hours ....</td> <td style="text-align: center;">F</td> </tr> <tr> <td>≥8 hours and &lt;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> </tbody> </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																														

29.c.2 Coronary atherectomy .....Yes Y

Go to Item 29.d. \_\_\_\_\_ No N

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

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

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

e. Echocardiography Y N

f. Coronary bypass surgery Y N

Go to Item 29g. \_\_\_\_\_

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

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

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

No N

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

No N

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

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

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

	<u>Yes</u>	<u>No</u>
29.i. Aortic balloon pump	Y	N
j. Radionuclide scan of heart	Y	N
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 29m.</div> <span style="margin-left: 20px;">└──────────────────┘</span>		
k. If yes, specify type:		
_____		
l. *Item deleted*		
m. MRI scan of heart	Y	N
n. Exercise stress test	Y	N

	<u>Yes</u>	<u>No</u>
29.o. Holter monitoring	Y	N
p. Pacemaker (temporary, wires)	Y	N
1. Coronary stent	Y	N
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 29p2.</div> <span style="margin-left: 20px;">└──────────────────┘</span>		
a. Approximately how long after the onset of this event was the placement of the coronary stent?		
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>
29.p.2. Implanted defibrillator	Y	N
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 29p2c</div> <span style="margin-left: 20px;">└──────────────────┘</span>		
a. Approximately how long after the onset of this event was the defibrillator implanted?		
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>
29.p.2. c. Coronary CT	Y	N
d. MRI Stress Test	Y	N
29.q. Other (specify):		
1. _____		
_____		
2. _____		
_____		

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

No N

Go to Item 31.a.

b. Date of first onset of attempted CPR and/or cardioversion:

		-			-				
Month		Day		Year					

30.c. Where was first CPR and/or cardioversion started?

(Circle one)

Private residence ..... R

Work ..... W

Public place ..... P

Emergency vehicle ..... V

Emergency room .....E

Hospital ..... H

Other ..... O

Not recorded ..... U

31. Were any of the following drugs given during this hospitalization or at discharge?

	<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. Oral anticoagulants (i.e., Coumadin (Warfarin, Panwarfin Dicumarol or Other )	Y	N

	<u>Yes</u>	<u>No</u>
g. Aspirin - on regular basis (not PRN)	Y	N
h. ACE or Angiotensin II inhibitors	Y	N
i. Intravenous heparin infusion /or other non oral anticoagulants	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

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"/>	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"/> <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"/> <input type="text"/> <input type="text"/>	x. <input type="text"/>

BNP (brain natriuretic peptide): cc.  .  pg/ml

Serum Creatinine: dd.  .  mg/dl

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

**\*\*Special Units:**

CK-MB, Troponin I, Troponin T

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

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

CK-MB, LDH1, LDH2

3 = Expressed as % of total enzyme

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

LDH1/LDH2

5 = %

6 = Proportion (decimal)

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



**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"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>	p. <input type="text"/>

		<u>Value*</u>	<u>Range Set</u>
50.	Total CK (CPK)	a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b. <input type="text"/>
	CK-MB (hrt frac)	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	d. <input type="text"/>
	Total LDH	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	f. <input type="text"/>
	LDH1	g. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	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"/> <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"/> <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><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><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><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><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")

**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.	<input style="width: 40px;" type="text"/>	b.	<input style="width: 30px;" type="text"/>
CK-MB (hrt frac)	c.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	d.	<input style="width: 30px;" type="text"/>
Total LDH	e.	<input style="width: 40px;" type="text"/>	f.	<input style="width: 30px;" type="text"/>
LDH1	g.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	h.	<input style="width: 30px;" type="text"/>
LDH2	i.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	j.	<input style="width: 30px;" type="text"/>
LDH1/LDH2	k.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	l.	<input style="width: 30px;" type="text"/>
Troponin I	m.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	n.	<input style="width: 30px;" type="text"/>
Troponin T	o.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	p.	<input style="width: 30px;" type="text"/>

		<u>Value*</u>		<u>Range Set</u>
56. Total CK (CPK)	a.	<input style="width: 40px;" type="text"/>	b.	<input style="width: 30px;" type="text"/>
CK-MB (hrt frac)	c.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	d.	<input style="width: 30px;" type="text"/>
Total LDH	e.	<input style="width: 40px;" type="text"/>	f.	<input style="width: 30px;" type="text"/>
LDH1	g.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	h.	<input style="width: 30px;" type="text"/>
LDH2	i.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	j.	<input style="width: 30px;" type="text"/>
LDH1/LDH2	k.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	l.	<input style="width: 30px;" type="text"/>
Troponin I	m.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	n.	<input style="width: 30px;" type="text"/>
Troponin T	o.	<input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/>	p.	<input style="width: 30px;" 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")

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:  .  2. date: -- (mm/dd/yyyy)

3. Last (if more than one):  .  4. date: -- (mm/dd/yyyy)

5. Highest of remaining values (if more than two):  .  6. date: -- (mm/dd/yyyy)

56.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:  .  2. date: -- (mm/dd/yyyy)

3. Last (if more than one):  .  4. date: -- (mm/dd/yyyy)

5. Highest of remaining values (if more than two):  .  6. date: -- (mm/dd/yyyy)

56.ac. Was serum creatinine measured?

Yes      No  
Y            N.

Go to question 56.ac.

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

1: First:   2. date: -- (mm/dd/yyyy)

5. Last (if more than one):   6. date: -- (mm/dd/yyyy)

7. Highest of remaining values (if more than two):   8. date: -- (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 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