



HCHS/SOL HEART FAILURE (HFD) DIAGNOSIS FORM

ID NUMBER:								FORM CODE: HFD VERSION: B 06/05/2018	Contact Occasion			OCC #		
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Reviewer ID:

0c. Event ID:

0d. Event Date: / /

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|---|----------------------------------|--------------------------------|-------------------------------|
| 1. Does this patient have a history of heart failure? | 0 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes | 9 <input type="checkbox"/> NR |
| 2. Was ADHF diagnosed by provider <u>AND</u> HF treatment provided? | 0 <input type="checkbox"/> No/NR | 1 <input type="checkbox"/> Yes | |
| 3. Is there evidence of pulmonary edema/congestion on Chest X-ray? | 0 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes | 9 <input type="checkbox"/> NR |

Historical or imaging evidence of:	No	Yes, history	Yes, current imaging	Unknown
4. Dilated ventricle?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
5. Poor LV function (e.g., low EF or wall motion abnormalities)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
6. Poor RV function?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
7. Diastolic dysfunction?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

8. What was the quantitative EF during this hospitalization (or within 3 months)?
 1 <20 2 20-29 3 30-39 4 40-49 5 ≥ 50 6 Unknown
9. **REVIEWER CLASSIFICATION:** Does this patient have acute decompensated heart failure (ADHF)?
 1 Definite 2 Probable 3 No, chronic stable HF 4 No, HF unlikely 5 Unclassifiable
Skip to #11 Skip to #11 Skip to #11

If Definite or Probable ADHF then answer 9a and 9b:

- 9a. How would you classify the severity of the exacerbation?
 1 Mild 2 Moderate 3 Severe 4 unknown
- 9b. Was ADHF predominantly right-sided HF (absence of LV dysfunction or valvular disease)?
 0 No 1 Yes 9 Unknown

11. Does this patient have Asymptomatic LV dysfunction (EF < 50%)? 0 No/NR 1 Yes 9 Unk

12. Reviewer comments: _____