



HCHS/SOL MYOCARDIAL INFARCTION (MID) DIAGNOSIS FORM

ID NUMBER:

FORM CODE: MID
VERSION: BB
06/05/2018

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Reviewer ID:

0c. Event ID:

0d. Event Date: / /

1. Was there evidence of cardiac pain (e.g., jaw, arm, chest) associated with this event?
0 No 1 Yes 9 Unknown

2. Describe the level of cardiac biomarkers:.....
1= Abnormal (at least one value at 2 X the upper limit normal)
2= Equivocal (> normal, but < 2X the upper limit normal)
3= Incomplete
4= Normal
5= None recorded

3. Based on the evidence in the medical record, provide your interpretation of ECGs:.....
1= Evolution of Major Q-Wave 5= Evolution of Minor Q-Wave alone
2= Evolution of ST-T Elevation with or without Q-Wave 6= Single ECG with Major Q-wave
3= New LBBB 7= Single ECG with LBBB, described as new
4= Evolution of ST-Depression/T wave inversion alone 8= Absent, Uncodable or Other ECG

4. Myocardial infarction classification (using MI algorithm):
1 Definite 2 Probable 3 No MI (skip to 5) 4 Unclassifiable (skip to 5)

If 'Definite' or 'Probable' MI then answer the following questions 4a-4d.

4.a. Type of MI? 0 Transmural 1 Subendocardial 9 Unsure/unknown

4.b. Location of MI?
1=Anterior 3=Inferior 5=Septal 9=Unable to determine
2=Posterior 4=Lateral 6=More than one area

4.c. Was the MI procedure-related?
1 Yes, cardiovascular procedure 2 Yes, non-cardiovascular procedure 3 No/Unsure

4.d. Subclass of MI?
1 Type 1 2 Type 2 3 Type 3 4 Type 4a 5 Type 4b 6 Type 5 7 Unsure

6. Comments _____