HCHS/SOL MYOCARDIAL INFARCTION (MID) DIAGNOSIS FORM

ID NUMBER: __________________________ FORM CODE: MID
VERSION: BB 06/05/2018

ADMINISTRATIVE INFORMATION

0a. Completion Date: [ ]/[ ]/[ ]
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
   2 Evolution of ST-T Elevation with or without Q-Wave
   3 New LBBB
   4 Evolution of ST-Depression/T wave inversion alone
   5 Evolution of Minor Q-Wave alone
   6 Single ECG with Major Q-wave
   7 Single ECG with LBBB, described as new
   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__________________________________________________________