

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE  
AASK COHORT STUDY  
CARDIOVASCULAR OUTCOME COMMITTEE  
DEATH REVIEW FORM # 137**

This form is completed for deaths being considered as possible cardiovascular deaths. It is completed by the assigned reviewer of the Cardiovascular Outcome Committee and should be key entered and filed at that reviewer's Clinical Center as soon as possible. All questions on this form refer only to the death identified in question 3a.

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1. Identification Number...

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2. Name Code...

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3a. Date of Death (mm/dd/yyyy)...

death - dt

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201. Certification ID of Person Completing this Form...

Compl by

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3b. Date of Review: (mm/dd/yyyy)...

review - dt

3. c. In the reviewer's judgement, did this generally appear to be a cardiovascular death? (0=no, 1=yes) .....

CV-death

d. Was this death during a CV hospitalization already reviewed on Form 138? (0=no, 1=yes) .....

CV-hosp

e. If so, what is the date of hospital admission? .....

1 / CV-hosp-dt

For items 4 - 5, code 0=no, 1=yes, and 9=unknown:

4. Has there been a clinical report of myocardial infarction from the patient's physician? .....

mi-rpt

5. a. If so, was this clinical report supported by any of the following: .....  
Please identify the presence of any one of the following items by crossing out the 9 and writing 1=yes in the space provided. You may leave the rest of the questions in items 5b-g as a 9. If the response to item 5a is 0=no or 9=unknown, disregard items 5b-g and go to item 6.

Supported

b. Has there been an elevation of CPK greater than 2 times the upper limit of normal for the given hospitalization? .....

cpk-elev

2

c. Was this supported by the elevation of MB fraction above the normal range? .....

mb-elev

2

d. Was this supported by the elevation of cardiac troponin 1 above the normal range? .....

trop-elev

2

e. Was this followed by a fall in CPK of at least 50%? .....

cpk-fall

2

(Items 5f & g continued on next page)

(For items 5f & g, code 0=no, 1=yes, and 9=unknown, continued:)

- f. Was this followed by the appearance of new pathological Q-waves in two or more contiguous leads? ..... 2 Q-wave
- g. Has there been the appearance of a R-wave with R/S ratio in lead V 1 greater than 1.0 in the absence of another explanation for these or a loss of progression of R-waves V2 through V5? ..... 2 r-wave
- 6. Was the patient hospitalized for heart failure? .....      hosp-hrt
  - 0 = no
  - 1 = yes, heart failure due to accelerated hypertension (*malignant hypertension*)
  - 2 = yes, heart failure due to some other reason (*diastolic/systolic dysfunction/ cardiomyopathy/valvular heart disease*)

For items 7 - 8, code 0=no, 1=yes, and 9=unknown:

- 7. Was there hospitalized heart failure requiring therapy as defined below: .....      reg-therapy  
*Therapy is defined as use of: inotropic agent, vasodilator, ACE inhibitor, an increased dose of diuretic, ultra filtration, or dialysis*
- 8. a. Has there been permanent neurological deficit of at least 24 hours duration attributed to a stroke requiring hospitalization? .....      Stroke
- b. If 8a. = yes, was this confirmed by radiographic imaging? .....      radio-imag
- 9. Has there been a cardiac revascularization procedure? .....      revasc
  - 0 = no
  - 1 = CABG
  - 2 = Percutaneous Intervention (angioplasty, stent, etc.)
- 10. Which cardiovascular criteria did this cardiovascular death meet? .....      Criteria
  - 0 = none
  - 1 = secondary outcome
  - 2 = tertiary outcome
  - 3 = cardiovascular death

**Note: Conditions for secondary CV outcome are met if:**  
question 4=yes **and** any question 5b-g=yes, OR  
question 6=yes **and** 7=yes, OR  
question 8a **and** 8b=yes, OR  
question 9=1 or 2

**Conditions for tertiary CV outcome are met if:**  
question 4=yes, OR  
question 8a=yes

200. Date this form completed (mm/dd/yyyy) .....      /      /      Compl-dt

**For Clinical Center Use Only:**

**Certification ID of person entering this form:** \_\_\_\_\_

**Date Entered:** \_\_\_\_/\_\_\_\_/\_\_\_\_