

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE
AASK COHORT STUDY
CARDIOVASCULAR OUTCOME COMMITTEE
HOSPITALIZATION REVIEW FORM # 138

This form is completed for hospitalizations being considered as possible cardiovascular hospitalizations. 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 hospitalization identified in question 3a. If the patient died during this hospitalization, a death review Form 137 must also be completed.

Grid for Identification Number...

1. Identification Number...

Grid for Name Code...

2. Name Code...

Grid for Date of Hospital Admission...

3a. Date of Hospital Admission (mm/dd/yyyy)...

hosp - dt

Grid for Certification ID of Person Completing this Form...

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

Compl. by

Grid for Date of Review...

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

review - dt

For questions 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

5a. If so, was this clinical report supported by any of the following: ... Supported
Please identify the presence of any one of the following items by crossing out the 9 and writing in 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.

b. Has there been an elevation of CPK greater than 2 times the upper limit of normal for the given hospitalization? ... cpk - elev 9

c. Was this supported by the elevation of MB fraction above the normal range? ... mb - elev 9

d. Was this supported by the elevation of cardiac troponin 1 above the normal range? ... trop - elev 9

e. Was this followed by a fall in CPK of at least 50%? ... cpk - fol 9

f. Was this followed by the appearance of new pathological Q-waves in two or more contiguous leads? ... Q-wave 9

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? ... r-wave 9

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 questions 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? ..... *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 hospitalization meet? ..... *criteria*  
0 = none  
1 = secondary outcome  
2 = tertiary outcome  
3 = cardiovascular hospitalization

**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_