

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
CARDIOVASCULAR OUTCOME COMMITTEE
HOSPITALIZATION OR DEATH REVIEW FORM # 38

This form is completed for hospitalizations or deaths being considered as possible cardiovascular hospitalizations or deaths. It is completed by the assigned member of the MAP Goal Achievement Committee and should be key entered and filed at that member's Clinical Center as soon as possible. All questions on this form refer only to the hospitalization or 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 hospital admission or death: (mm/dd/yyyy)..

even f-dt

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3b. Certification ID of person completing this form...

compl-by

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3c. Date of Review: *revw-dt*
(mm/dd/yyyy)...

4. Was there a cardiovascular death? (0=no, 1=yes) death

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

5. Has there been a clinical report of a myocardial infarction from the patient's physician? mi-rpt

6. a. Has there been an elevation of CPK greater than 2 times the upper limit of normal for the given hospital? cpk-elev

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

c. Was this supported by the elevation of cardiac troponin 1 above the normal range? tropon-elev

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

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

f. 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

7. Was there heart failure requiring therapy with
a. inotropic agent inotrop

b. vasodilator vaso

c. ACE inhibitor ace

d. An increased dose of diuretic diuretic

e. required ultra filtration ultra-filt

f. dialysis dialysis

8. Was the patient hospitalized for heart failure? hosp-hr
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*)
9. a. Has there been permanent neurological deficit of at least 24 hours duration
attributed to a stroke? Stroke
b. If 9a. = yes, did this require hospitalization? hosp-stro
c. If 9a. = yes, was this confirmed by radiographic imaging? stroke-co
10. Has there been a cardiac revascularization procedure? revasc
0 = no
1 = CABG
2 = Percutaneous Intervention (angioplasty, stent, etc.)
11. Which cardiovascular criteria did this cardiovascular hospitalization or death meet? . Criteria
0 = none
1 = secondary outcome
2 = tertiary outcome
3 = cardiovascular hospitalization

Note: Conditions for secondary outcome are met if:
question 4=yes OR
question 5=yes and question 6a=yes and any one or more of questions 6b-f=yes OR
Any one of question 7=yes and question 8=yes OR
question 9a=yes and 9b=yes and 9c=yes OR
question 10=1 or 2.

Conditions for tertiary outcome are met if:
question 5=yes OR
Any one of question 7=yes OR question 9a=yes.

201. Certification ID of person entering this form enter-by

For Clinical Center Use

Date Entered ____/____/____

Verified? _____