Participant ID: _____ **Participant Initials:** _____

Clinical Center: _____ **Site:** _____ **Visit Number:** _____ Reset Patient / RC

CRF Date: ____ / ____ / ____ **RC ID:** _____ Reset All

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

Note: Coordinators should complete a separate Administrative Hospital Record (***ADMINEVAL***) case report form for each event that is indicated in Event Notification generated by the Data Management System.

1. DMS tracking number:

   ___ ___ ___

Please record DMS tracking # on ***EVENTSII*** case report form.

2. Medical Events Questionnaire (***EVENTSII***) date:

   __ __ / __ __ / __ __ __ __ (***mm/dd/yyyy***)

3. Was this hospitalization documented on the Medical Event Questionnaire (***EVENTS_ADMIN***) at this visit?

   ☐1 Yes ☐0 No

If "Yes" in question #3, go to question #3a. If "No" in question #3, go to question #4.

3a. Hospitalization dates reported by the participant on the Medical Event Questionnaire (***EVENTS_ADMIN***) for this event:

   Admission __ __ / __ __ __ __ (***mm/yyyy***)

   Discharge __ __ / __ __ __ __ (***mm/yyyy***)

3b. Were you previously notified of this hospitalization?

   ☐1 Yes ☐0 No

If "Yes" in question #3b, go to question #3c. If "No" in question #3b, go to question #4.

3c. Visit # __ __ DMS tracking # __ __ __ **STOP**

4. Did you identify and obtain hospital records (any medical records i.e., discharge summary, progress notes, lab. results, etc. and/or administrative hospital codes) for this hospitalization?

   ☐1 Yes ☐0 No

If "Yes" in question #4, go to question #4a and continue. If "No" in question #4, STOP.

4a. Hospitalization dates from hospital records:

   Admission __ __ / __ __ / __ __ __ __ (***mm/dd/yyyy***)

   Discharge __ __ / __ __ / __ __ __ __ (***mm/dd/yyyy***)

Name and address of hospital from administrative records: _____
(This field should NOT be entered into the DMS.) _____

5. Did you obtain administrative hospital codes for this hospitalization?

   ☐1 Yes ☐0 No

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

5a. Did you obtain medical records (i.e., discharge summary, progress notes, lab. results, etc.)?

☐1 Yes ☐0 No

If "Yes" to Q#5 and "Yes" to Q#5a, proceed to Q#6. If "Yes in Q #5 and "No" in Q#5a, proceed to Q#6. If "No" in Q#5 and "Yes" in Q#5a, Stop and fill out a Principal Investigator-Determined Events (***PIEVENTS***) case report form. If "No" in Q #5 and "No" in Q#5a, STOP.

6. Check **ALL** of the codes in the following list that were identified for this hospitalization in administrative records:

	ICD-9 Code	Diagnosis	Outcome Category
☐	398.91	Rheumatic heart failure (includes all codes in series)	Heart Failure (CHF)
☐	402.01	Hypertensive heart disease (malignant) with CHF	
☐	402.11	Hypertensive heart disease (benign) with CHF	
☐	402.91	Hypertensive heart disease (unspecified) with CHF	
☐	410	Acute myocardial infarction (includes all codes in series)	Myocardial Infarction (MI)
☐	411	Other acute and subacute forms of ischemic heart disease (includes all codes in series)	
☐	412	Old myocardial infarction (include all codes in series in primary position only)	
☐	413	Angina pectoris (includes all codes in series)	
☐	414	Other forms of chronic ischemic heart disease (include all codes in series in primary position only)	
☐	425	Cardiomyopathy (includes all codes in series)	Heart Failure (CHF)
☐	426	Atrioventricular block, complete (includes all codes in series)	Arrhythmias
☐	427	Cardiac dysrhythmias (includes all codes in series)	
☐	428	Heart failure (includes all codes in series)	Heart Failure (CHF)
☐	429	Ill-defined descriptions and complications of heart disease (includes all codes in series)	
☐	430	Subarachnoid hemorrhage	Cerebrovascular
☐	431	Intracerebral hemorrhage	
☐	432	Other and unspecified intracerebral hemorrhage (includes all codes in series)	
☐	433	Occlusion and stenosis of intracerebral arteries (includes all codes in series)	
☐	434	Occlusion of cerebral arteries (includes all codes in series)	
☐	435	Transient cerebral ischemia (TIA) (includes all codes in series)	
☐	436	Acute but ill-defined cerebrovascular disease	
☐	440	Atherosclerosis (includes all codes in series)	Peripheral Vascular Disease (PVD)
☐	441	Aortic aneurysm (includes all codes in series) and dissection	
☐	443	Other peripheral vascular disease (includes all codes in series)	
☐	444	Arterial embolism and thrombosis (includes all codes in series)	
☐	514	Pulmonary congestion and hypostasis	Heart Failure (CHF)
☐	518.4	Acute edema of lung, unspecified	
☐	798	Sudden death, cause unknown (includes all codes in series)**	Deceased
☐	799	Other ill-defined and unknown causes of morbidity and mortality** (includes all codes in series)	
☐	V68.0	Issue of medical certificate for cause of death**	

Death Record Evaluation Form (*DEATHREC***) should be completed

Participant ID: Participant Initials:

Clinical Center: Site: Visit Number: Reset Patient / RC

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ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	ICD-9 Procedure Code	Procedure	Outcome Category
☐	36.01	Percutaneous transluminal coronary angioplasty	Myocardial Infarction (MI)
☐	36.02		
☐	36.05		
☐	36.06		
☐	36.1	Coronary artery bypass graft	
☐	36.10		
☐	36.11		
☐	36.12		
☐	36.13		
☐	36.14		
☐	36.15		
☐	36.16		
☐	36.17		
☐	36.19		
☐	37	Other operations on heart or pericardium	
☐	37.2	Cardiac Catherization	
☐	37.21	Right vessel	Myocardial Infarction (MI)
☐	37.22	Left vessel	
☐	37.23	Both vessels	
☐	38.10	Carotid Endarterectomy	Cerebrovascular
☐	38.13	Coronary endarterectomy	Myocardial Infarction (MI)
☐	38.14		
☐	38.15		
☐	38.16		
☐	38.18		
☐	39.22	Coronary artery bypass graft with other than vein	
☐	39.24		
☐	39.25		
☐	39.26		
☐	39.28		

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	CPT Code	Procedure	Outcome Category
☐	24900	Amputation of upper and lower limbs or digits	Peripheral Vascular Disease (PVD)
☐	25900		
☐	25927		
☐	26910		
☐	27880		
☐	33200	Insertion, repositioning, repair, or removal of pacemaker or defibrillator	Arrhythmias
☐	33201		
☐	33206		
☐	33207		
☐	33208		
☐	33210		
☐	33211		
☐	33212		
☐	33213		
☐	33214		
☐	33215		
☐	33216		
☐	33217		
☐	33218		
☐	33220		
☐	33222		
☐	33223		
☐	33224		
☐	33225		
☐	33226		
☐	33233		
☐	33234		
☐	33235		
☐	33236		
☐	33237		
☐	33238		
☐	33240		
☐	33241		
☐	33243		
☐	33244		
☐	33245		
☐	33246		
☐	33249		
☐	33250	Electrophysiological operative procedures (ablation or incisions/reconstruction of atria)	
☐	33251		
☐	33253		
☐	33261		
☐	33282	Implantation/removal of patient-activated event recorder	
☐	33284		
☐	33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	Peripheral Vascular Disease (PVD)
☐	33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	CPT Code	Procedure	Outcome Category
☐	33510	Coronary artery bypass with venous grafts	Myocardial Infarction (MI)
☐	33511		
☐	33512		
☐	33513		
☐	33514		
☐	33516		
☐	33517		
☐	33518		
☐	33519	Coronary artery bypass with venous and arterial grafts	
☐	33521		
☐	33522		
☐	33523		
☐	33533		
☐	33534		
☐	33535		
☐	33536		
☐	33572	Coronary endarterectomy	Cerebrovascular
☐	33860	Ascending aorta graft, w/cardiopulmonary bypass, with or w/o valve suspension	Peripheral Vascular Disease (PVD)
☐	33870	Transverse arch graft, w/cardiopulmonary bypass, with or w/o valve suspension	
☐	35301	Thromboendarterectomy	
☐	35311		
☐	35321		
☐	35331		
☐	35341		
☐	35351		
☐	35355		
☐	35361		
☐	35363		
☐	35371		
☐	35372		
☐	35381		
☐	35390		
☐	35450	Transluminal balloon angioplasty	
☐	35452		
☐	35454		
☐	35456		
☐	35458		
☐	35459		
☐	35470	Percutaneous transluminal coronary angioplasty	Myocardial Infarction (MI)
☐	35471		
☐	35472		
☐	35473		
☐	35474		
☐	35475		

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	CPT Code	Procedure	Outcome Category
☐	35511	Bypass graft with vein	Peripheral Vascular Disease (PVD)
☐	35516		
☐	35518		
☐	35521		
☐	35531		
☐	35533		
☐	35536		
☐	35541		
☐	35546		
☐	35548		
☐	35549		
☐	35551		
☐	35556	Bypass graft with vein	Peripheral Vascular Disease (PVD)
☐	35558		
☐	35560		
☐	35563		
☐	35565		
☐	35566		
☐	35571		
☐	35582	In situ vein bypass	
☐	35583		
☐	35585		
☐	35587	Bypass graft with other than vein	
☐	35612		
☐	35616		
☐	35621		
☐	35623		
☐	35631		
☐	35636		
☐	35641		
☐	35646		
☐	35650		
☐	35651		
☐	35654		
☐	35656		
☐	35661		
☐	35663		
☐	35665		
☐	35666		
☐	35671		
☐	35700	Reoperation, femoral-popliteal or femoral (popliteal), anterior tibial, posterior tibial, peroneal artery or other distal vessels (>1 month after original operation)	Peripheral Vascular Disease (PVD)
☐	35879	Revision, lower extremity arterial bypass w/o thrombectomy; with vein patch angioplasty	
☐	75962	Transluminal balloon angioplasty; with radiological supervision and interpretation	
☐	75964		
☐	75966		
☐	75968		

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	CPT Code	Procedure	Outcome Category
☐	92980	Transcatheter placement of intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	**Myocardial Infarction (MI)**
☐	92981	Transcatheter placement of intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel	
☐	92982	Percutaneous transluminal coronary angioplasty	
☐	92984		
☐	92986	Percutaneous balloon valvuloplasty	**Heart Failure (CHF)**
☐	92987		
☐	92990		
☐	92995	Percutaneous transluminal coronary atherectomy	**Myocardial Infarction (MI)**
☐	92996		
☐	93600	Intracardiac electrophysiological procedures/studies (recordings, pacing, ablation, echocardiography)	**Arrhythmias**
☐	93602		
☐	93603		
☐	93609		
☐	93610		
☐	93612		
☐	93613		
☐	93615		
☐	93616		
☐	93618		
☐	93619		
☐	93620		
☐	93621		
☐	93622		
☐	93623		
☐	93624		
☐	93631		
☐	93640		
☐	93641		
☐	93642		
☐	93650		
☐	93652		
☐	93660		
☐	93662		
☐	93724	Electronic analysis of pacemaker/defribrillator	
☐	93727		
☐	93731		
☐	93732		
☐	93733		
☐	93734		
☐	93735		
☐	93736		
☐	93740		
☐	93741		
☐	93742		
☐	93743		
☐	93744		

Participant ID: _____ Participant Initials: _____

Clinical Center: _____ Site: _____ Visit Number: _____ Reset Patient / RC

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ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	ICD-9 Code	Procedure	Outcome Category
☐	V42.0*	Kidney transplant*	Renal Replacement Therapy
☐	V49.7	Lower limb amputation	Peripheral Vascular Disease (PVD)

Obtain and copy relevant hospital records (as defined by the table on Page 10) and transfer to the SDCC. CVD and death related records must be de-identified.

7. Administrative Hospital Record Evaluation Summary:

☐1 No listed administrative codes (in item #6) were identified
☐2 One or more listed administrative codes (in item #6) were identified

7a. List all ICD-9/ICD-10 diagnosis and procedure codes (no CPT codes) in the order that they are recorded in the participant's administrative hospital records: ***(Please include the decimal point.)***

1. _____	18. _____	35. _____
2. _____	19. _____	36. _____
3. _____	20. _____	37. _____
4. _____	21. _____	38. _____
5. _____	22. _____	39. _____
6. _____	23. _____	40. _____
7. _____	24. _____	41. _____
8. _____	25. _____	42. _____
9. _____	26. _____	43. _____
10. _____	27. _____	44. _____
11. _____	28. _____	45. _____
12. _____	29. _____	46. _____
13. _____	30. _____	47. _____
14. _____	31. _____	48. _____
15. _____	32. _____	49. _____
16. _____	33. _____	50. _____
17. _____	34. _____	

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

7b. List of Outcomes: ***(Check all that apply)*** ***(See Step 2 below for additional instructions)***

- ☐1 Myocardial Infarction (MI)
- ☐1 Arrhythmia
- ☐1 Cerebrovascular
- ☐1 Heart Failure (CHF)
- ☐1 Peripheral Vascular Disease (PVD)
- ☐1 Death
- ☐1 Renal Replacement Therapy*
- ☐1 None (Non-CVD)

*If the code for a kidney transplant is present, complete and enter the RRTPRIM or RRTFUP case report form. ***You do not need to provide medical records***.

Instructions for data entry of new Outcomes procedure:

Step 1: Perform 1st entry on questions 1 through 7a (pages 1 through 8).

- For question 6, you will still need to check off the CPT Codes when applicable. The ICD-9 code section has been turned off.
- ***Page 8 is the last page in which you can go back to a previous page and change data.***
- On Page 9, just select the "save" button. Question 7b will be completed during 2nd entry only.

Step 2: Perform 2nd entry on questions 1 through 7b (pages 1 through 9).

- On Page 9, Question 7b will indicate the appropriate outcomes based on what was entered in Q7a. Check off the appropriate outcomes highlighted on the CRF that are highlighted in "red" on the screen.
- In order to save 2nd entry, you need to select "yes" to the ***After Verification*** question.

Reminder: Please provide medical records for the outcomes related to the CPT codes checked off in Q#6 and the outcomes checked off in Q#7b.

Participant ID: Participant Initials:

Clinical Center: Site: Visit Number: Reset Patient / RC

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ADMINISTRATIVE HOSPITAL RECORD EVALUATION

DMS tracking number: ___ ___ ___

Admission Date: _____ Discharge Date: _____

Date cardiac enzymes drawn: _____ Date ECG performed: _____

Date of Arrythmia event: _____ Date of Cerebrovascular event: _____

MEDICAL RECORDS	MI	CHF	Arrhythmia	PVD	CVA/ ICH	Death	NON-CVD
ED physician note	☐	☐	☐		☐	☐	
Admission note	☐ **(a)**	☐ **(c)**	☐ **(d)**	☐	☐	☐	☐
Selected daily progress notes	☐	☐	☐		☐ **(e)**	☐ **(f)**	
Discharge summary	☐	☐	☐	☐	☐	☐	☐
Cardiologist notes	☐ **(a)**	☐ **(c)**	☐ **(d)**				
Neurologist notes					☐		
Dialysis records *(including flow sheets)*						☐	
All consultation notes *(including all physicians and allied health professionals)*	☐	☐	☐	☐	☐	☐	☐
Cerebrovascular imaging of head or neck							
CT scans or CT angiograms					☐	☐	
Magnetic resonance imaging					☐	☐	
Magnetic resonance angiography					☐	☐	
Angiograms					☐	☐	
Carotid ultrasound					☐	☐	
Procedures and imaging							
All procedures notes	☐	☐	☐	☐	☐	☐	☐
Cardiac catheterizations	☐	☐					
Rhythm strips			☐ **(d)**				
Electrocardiograms (ECG)	☐ **(b)**		☐ **(d)**			☐	
Chest X-rays		☐ **(c)**					
Pulmonary artery (Swan-Ganz) catheterization readings (wedge pressure, cardiac index, etc.)		☐ **(c)**					
Peripheral vascular arteriogram or angioplasty				☐			
Operative reports							
Coronary artery bypass	☐						
Cardioverter or pacemaker implantation			☐				
Neurologic operations					☐		
Peripheral vascular amputations				☐			
Laboratory reports							
All laboratory reports	☐	☐	☐	☐	☐	☐	☐

(a) Copy all progress notes starting 48 hours before and ending 48 hours after the sets of cardiac enzymes and ECGs were performed to rule in or rule out MI and acute coronary syndrome (in the case of MI/ACS)
(b) Copy ECGs from 48 hours before until 48 hours after event; also include admission ECG and last ECG prior to discharge
(c) Copy all progress notes, chest X-rays, and pulmonary artery catheterizations during first 48 hours of admission
(d) Copy all progress notes, ECGs, and rhythm/telemetry strips starting 48 hours before and ending 48 hours after the episode of arrhythmia (rhythm/telemetry strips should only include those that are pertinent to the arrhythmia)
(e) Copy all progress notes starting 48 hours before and ending 48 hours after the cerebrovascular event
(f) Copy all progress notes from 5 days prior to death and any post-death notations.