



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

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



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

₁ Yes

₀ No

6. Check **ALL** of the codes in the following list that were identified for this hospitalization in administrative records: **Question #6 is no longer being collected on CRF and entered in the DMS.**

Obtain and copy relevant hospital records (as defined by the table on Page 4) and transfer to the SDCC. CVD and death related records must be de-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.)**

****If you have medical records and were unable to obtain ICD9/ICD10, CPT codes, please complete and enter the PIEVENT's CRF for this event. Please redact and send these records to the SDCC for adjudication.**

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. _____	



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

- | | |
|--|---|
| <input type="checkbox"/> Myocardial Infarction (MI) | <input type="checkbox"/> Death |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Renal Replacement Therapy* |
| <input type="checkbox"/> Cerebrovascular | <input type="checkbox"/> None (Non-CVD) |
| <input type="checkbox"/> Heart Failure (CHF) | <input type="checkbox"/> Non-CVD |
| <input type="checkbox"/> Peripheral Vascular Disease (PVD) | <input type="checkbox"/> No codes** |

*If the code for a kidney transplant is present, complete and enter the RRTPRIM case report form. If this is the only outcome checked in Q#7b, treat this as "Non-CVD" and send in the medical records accordingly.

**If you have medical records and were unable to obtain ICD9/ICD10, CPT codes, please complete and enter the PIEVENT's CRF for this event. Please redact and send these records to the SDCC for adjudication.

Instructions for data entry of new Outcomes procedure:

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

- **Page 2 is the last page in which you can go back to a previous page and change data.**
- On Page 3, 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 3, 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.



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ADMINISTRATIVE HOSPITAL RECORD EVALUATION

DMS tracking number: _____

Admission Date: _____

Discharge Date: _____

Date cardiac enzymes drawn: _____

Date ECG performed: _____

Date of Arrhythmia event: _____

Date of Cerebrovascular event: _____

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

- (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.