This PDF contains SOLVD Registry forms in alphabetical order as below:

- HSR Holter ECG Report
- RBF Registry Baseline Form
- RDD Registry Designation of Death Form
- REC Registry Echo Substudy
- RFF Registry Follow-Up Form
- RHF Registry Hospitalization Form
- RNH Registry Neurohumoral
- RSA Registry Pulmonary Edema Discharge Summary Abstract
- RSB Registry Substudy Baseline Form
- SNC SOLVD Nosological Coding Form

THE METHODIST HOSPITAL

CARDIOLOGY SERVICES

HOLTER ECG REPORT



PATIENT INFORMATION

LOG NUMBER:

NAME: 44444 ID #: 44444 AGE: 08/11/21 SEX: M

DATE RECORDED: 07/10/88 PHYSICIAN: UNKNOWN SOLVD/REGISTRY

INDICATIONS:

1: DRUG STUDY

2: VISIT #01

PROCESSING INFORMATION

RECORDER #: CABLE #: BATTERY: TAPE QUALITY: FAIR

RECORDER TYPE: Reel-to-reel HOOKUP TECH.: DATE PROCESSED: 06/10/91 ANALYST: LGM EDITOR TECH.: LGM

IMPRESSIONS

H, RSMA10081 was monitored for a total of 1:16.2 hours. The long-term electrocardiogram exhibited sinus rhythm. There were transient episodes of atrial fibrillation.

The average heart rate was 67. The minimum rate, 38, occurred during the interval ending at 4:00.0P1. The maximum rate, 107, occurred during the interval ending at 4:00.0P1.

This patient had an average of 78 VPBs per hour with the maximum of 88 occurring during the interval ending 4:00.0P1. There were multiform VPB morphologies. There was 1 SVPB.

PHYSICIAN'S SIGNATURE _____

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Page: 2

SUMMARY OF FINDINGS

*	TIME:	START:	3:14.5P1	END:	4:30.7P1	TOTAL :	1:16.2	
*	HEART RATE:	LOW:	38	MEAN:	67	HIGH:	107	
*	ECTOPIC ACTIV		H	IGH IN ANY INTERVAL	MEAN	MEAN 1000		
	SVPB VPB		1 89	1 88	.87 77.62	19.	.22 .19	
*	TABLE OF EXAMP EXAMPLE		STRIP TIME	STRIP TI	ME STRIP TI	ME STRI	P TIME	STRIP TIME
	No examples	- documer	nted.		2			
	This table d an interpret				ngs and should	i not be a	construe	d as
*	DIARY CORRELAT	ION:						

DIARY TIME REPORTED SYMPTOM FINDINGS STRIP TIME

No diary entries.

Log Number:



GENERAL PROFILE

' TIME ENDING	HI LO	EART F MEAN	RATE HI	TOTAL BEATS	RHYTHM	SVPB TOTAL	SVPB PER 1000 HB	VPB TOTAL	VPB PER 1000 HB	TIME
4:00.0P1 4:30.7P1	38 48	58 62	107 92	2717 1921	Sinus, A. Fib. Sinus, A. Fib.	1 0	0.0	88 1	32.39 .52	0:39.3 0:29.5
SUMMARY:	38	67	107	4638		1	. 22	89	19.19	1:08.8

ECTOPY PROFILE

	SUPP	RAVE	NTRI	CUL	AR -		v	ENTR	ICUL	AR -		
TIME ENDING	TOTAL	SINGLE	PAIRED	RUNS of	BEATS	I TOTAL	SINGLE	PAIRED	RUNS o	f BEATS	RonT	MFORM
4:00.0P1	1	1	0	0	0	88	88	0	0	0	0	Y
4:30.7P1	Ó	0	õ	ē	Ö	1 1	1	Ø	0	0	0	N
SUMMARY :	1	1	0	0	0	89	89	0	0	0	0	Y

Log Number:

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		V	ENTI	RIC	JLA	R RU	NL	ENC	этн	TA	BLE				
' TIME ENDING	3	HEART 4	RATE <	100 6-9	10+	HE/ 3	ART RA	TE >= 5	100 6-9	10+	3	TOT. 4	ALS 5	6-9	10+
4:00.0P1 4:30.7P1	0	0	0	0	0	0	0	0	0	0	00	0	00	00	00
SUMMARY:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
The	long	est ru	n was	- b	eats,	beginni	ing at		ot -,	with	a maxi -, wit	mum rat h a rat	e of	Ξ:	
The						LAR									
TIME ENDING				120		LAR HE/			NG	тн	TABL			6-9	10+
TIME		HEART		120		LAR HE/			NG	тн	TABL	- E	LS_		<u>10+</u> 0
TIME ENDING 4:00.0P1	S 3	HEART 4 0		120 6-9	10+	LAR HEA			NG 120 6-9	10+	TABL	E 101/ 4	LS 5		

SEEMS TO BE PART OF

HOLTER ECG REPORT (FORM HSR)

Deb.

				••••			CONC 1 O IC 1	LIOKI				
	JOB NA	ME: Genera	LPr	ofile					FUNCTION		JOB NA	ME:
		NO:									JOB	NO:
									Alpha Numeric	A N	DI	ATE:
	DI	TE:20-A	34					Time	Т		BY:	
		BY: <u>V. V</u>	alvo	<u>.</u>		P	AGE 11		*			
	FIELD NO.	RECORD FIELD	DES		COLL		FIELD	FIELD TYPE	REMARKS		FIELD NO.	RI
		Record #			1	3	3	N			1012	Ri
					0.53		10			1		
	1001	Time Ending	•	intervai	4	12	9	Т	Form: HH:MM.1	[A] [P]		
	1002	Low H.R.	-	Interval	13	15	3	N				
	1003	Mean H.R.	-	Interval	16	18	3	N				
	1004	High H.R.	-	Interval	19	21	3	N				
	1005	Total Beats	-	Interval	22	26	5	N				
HSRIS	1006	Rhythm	-	Interval	27	42	16 *	Ν	Bit Mapping			
	1007	Total SVPB	-	Interval	43	47	5	N				
	1008	SVPB/1000 HB	-	Interval	48	54	7	A	Form: 9999.	99 or -	•	
	1009	VPB Total	-	Interval	55	59	5	N				
	1010	VPBs/1000 HB	-	Interval	60	66	7	A	Form: 9999.	99 or -	• •	
	1011	Tim e Analyzed	-	Interval	67	73	7	т.	Form: HH:MM.	г		
		* Rhythm is	pro	vided as	a 0/1	char	acter m	apping.	Every character	positi	OI	

* Rhythm is provided as a 0/1 character mapping. Every character position represents a rhythm with a value 0 meaning that particular rhythm absent or a va 1 meaning that particular rhythm present. Character positions progress right to left.

Character	Position 1:	Sinus	Character	Position	1 2:	A. Flutter
		A. FIb.			4:	1st Degree Blox
	5:	2nd Degree Block			6:	3rd Degree Blox
10		Paced			8:	Other
	9:	Nodal			10:	ldioventricular
	11:	Accelerated Ventr	ricular		12:	Junctional
	13-16:	Unused				
e.,	g. 000000010	001000 represents:	: 1st Degr	ee Block	and	Other Rhythms
m c.v	9 1× c · 0 1	ון מש				
. (15	F	4.				

	EGISTRY
REGISTRY ID: FORM: INSTRUCTIONS: This form is to be completed on all consecution using only the information available from the To be eligible for the Registry, the patient a diagnosis of congestive heart failure confit Please print clearly when entering a response Registry General Instructions for Completing	ve eligible Registry subjects appropriate medical records. must either have an EF <= 45% or have rmed by radiologic evidence. a into the boxes. See the SOLVD
. SOLVD REGISTRY BASELINE FORM (scree	en 1 of 19) (RBF page 1 of 11)
A. IDENTIFYING INFORMATION 1.1 Today's Date: // // // // // // // // // // // // //	 B. ELIGIBILITY ASSESSMENT 3. Most recently measured Ejection Fraction (should be 7 or more days after an MI, car- diac surgery, PTCA, or balloon valvuloplasty): 3.1 Percentage:
2.1 Last Name:	3.2 Date: Month / Day / Year 3.3 Method utilized: Radionuclide R
2.2 First Name:	Contrast angiography A 2-B echo E Not on chart U

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Yes No Unrecorded	Yes No Unrecorde
4.1 Primary diagnosis of heart failure and chest X-ray consistent with heart failure (X-ray should be 7 or more days after an MI, cardiac surgery, PTCA, or balloon valvuloplasty) Y N U (If NO or UNRECORDED, skip to Q. 5)	5.2 Presence of any non-cardiac life-threatening disease which is unlikely to allow the patient to survive one year (Includes (exclusions 11, 12, 13, 17, 18, 21, and 23 of SOLVD trials) Y N U
4.2 Date of qualifying X-ray:	5.3 No telephone or reliable means of contact/follow-up (include no Social Security/ID number) Y N U
Month Day Year	5.4 Failure to consent to Registry Y N
 Reasons for exclusion from Registry Presence of non-valvular congenital heart disease Y N U 	5.5 Is patient eligible for Registry? Y N (If NO, exit form)

т.

		SOL	D REGISTRI BASELINE	FORM (Screen 5 of 19) (ADT page 2 of 11)
				8.2 Marital status (choose one):
с.	DEMOGRAPHIC INFORMA	TION		Married 1 Separated/divorced 2 Widowed 3 Never married 4
6.	Sex:	Male	м	
		Female	F	9. Social Security Number (Canadian/Belgian ID): (IMPORTANT!! MUST BE COMPLETED!!)
	-		. 8	
7.	Ethnic identity:	American Indian	1	10.1 Participant Street Address:
		Asian	2	
		Black	3	
		Caucasian	4	
		Hispanic	5	
		Other	6	10.2 City:
		Not on chart	7	
0 1	Date of birth (IMP	OPTANT!!).		
0.1	bace of birdi (int	(
	Month Da	\mathbf{y}_{i}^{\prime}		10.3 State/Province:
				10.4 Country:

SOLVD REGISTRY BASELINE FORM (screen 3 of 19) (REF page 2 of 11)

SOLVD REGISTRY BASELINE FORM (s	creen 4 of 19) (RBF page 3 of 11)
10.5 Zip Code/Canadian or European Postal Code:	12.3 City:
11. Participant Telephone Number (Home):	12.4 State/Province:
HOSPITAL INFORMATION 12.1 Hospital Name:	12.5 Country:
	12.6 Zip Code/Canadian or European Postal Code:
	13. Patient Hospital ID Number:
12.2 Hospital Street Address:	
	PRIVATE PHYSICIAN INFORMATION
	14.1 Last Name:

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(Private physician continued)	NEAREST RELATIVE OR FRIEND NOT RESIDING WITH PARTICIPANT				
14.2 First Name:	17.1 Last Name:				
15.1 Street Address:	17.2 First Name:				
	18. Relationship:				
15.2 City:					
	19.1 Street Address:				
15.3 State/Province:					
15.4 Country:					
15.5 Zip Code/Canadian or European Postal Code:	19.2 City:				
16. Telephone Number:					
	19.3 State/Province:				
	19.4 Country:				

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(Nearest relative/friend continued)	Yes No Unrecorded
19.5 Zip Code/Canadian or European Postal Code:	 21.3 Is this X-ray the qualifying X-ray? Y N 22. Pulmonary congestion:
20. Telephone number:	22.1 Is there evidence of pulmonary congestion?
	22.2 Is there evidence of basal or perihilar vascular blurring? Y N U
D. X-RAY FINDINGS Yes No	22.3 Is there evidence of Kerley B lines?Y N U
21.1 Is chest X-ray available? Y N (If NO, skip to Section E)	
21.2 Date of most recent chest X-ray (should be 7 or more days after MI, cardiac sur- gery, PTCA, or balloon valvuloplasty):	
Month Day Year	(continued on next screen)

SOLVD REGISTRY BASELINE FORM (screen 7 of 19) (RBF page 5 of 11)

Yes No Unrecorded	Yes No Unrecorde
22.4 Alveolar or pulmonary edema? Y N U	
22.5 Pleural effusion secondary to CHF? Y N U	23.2 Specify:
E. ETIOLOGY OF DISEASE	
23.1 What is the <u>primary</u> etiology of participant's heart disease (choose only <u>one</u> of the following):	24. Indicate all of the following that occur con- currently (including etiology specified above):
Ischemic heart disease (IHD) 1	24.1 Ischemic heart disease (IHD) Y N U
Hypertensive heart disease (HHD) 2	
Active myocarditis 3	24.2 Hypertensive heart disease (HHD) Y N U
Valvular heart disease - aortic 4	
Valvular heart disease - mitral 5	
Idiopathic cardiomyopathy 6 (specifics unknown)	
Specific cardiomyopathy	(continued on next screen)

	Yes	No	Unrecorded	Yes No Unrecorded
24.3 Active myocarditis 24.4 Idiopathic cardiomyopathy			บ บ	 F. RELATIONSHIP TO SOLVD TRIALS 25.0 Is the participant's EF > 35? Y N U (If YES, skip to Section G)
24.5 Specific cardiomyopathy (ex: viral, toxic, ETOH, post- partum, history of cocaine use) (If NO or UNRECORDED, skip to Q. 24	2	N	U	25.1 If participant is being considered for the SOLVD trials, copy Eligibility (temporary) ID:
24.6 Specify:				
24.7 Valvular heart disease - aortic	¥	N	U	25.2 Has the participant been randomized into the SOLVD trials? Y N U (If NO or UNRECORDED, skip to Q. 26)
24.8 Valvular heart disease - mitral	Y	N	U	25.3 Randomization ID:

SOLVD REGISTRY BASELINE FORM (screen 9 of 19) (RBF page 6 of 11)

	Yes	No	Unrecord	led		Yes	No	Unrecorded
26.0 Was the participant consi but excluded from the SOI (If NO or UNRECORDED, ski	LVD trials? Y	r n	υ	26.4	Myocardial infarction within 30 days of expected randomization	¥	N	U
	(-) fer evel		27	26.5	History of intolerance to enalapril	Y	N	U
Please identify the reaso 26.1 Hemodynamically significa	ant valvular			26.6	Currently taking ACE inhibitor an unwilling/unable to discontinue	d Y	N	U
or outflow tract obstruct	:ion Y	(N		26.7	Renal failure	¥	N	U
26.2 Constrictive pericarditis	s Y	(N	U	26.8	Uncontrolled hypertension	Y	N	U
26.3 Complex congenital heart	disease Y	(N	υ.					

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	Yes	No	Unrecorded			Yes	No	Unrecorded
				26.16	Cancer	Y	N	U
26.9 Cor Pulmonale	Y	N	U	26.17	Immunosuppressive therapy	Y	N	U
26.10 Advanced pulmonary disease	¥	N	U		Active myocarditis		N	U
26.11 Major neurological disease	¥	N	U		Significant primary liver			
26.12 Cerebrovascular disease	¥	N	U	20.15	disease	Y	N	U
26.13 Collagen vascular disease	Y	N	U	26.20	Likely to be nonadherent (alcoholism, drug addiction,			
26.14 Any major cardiac surgery likely	¥	N	U		lack of a fixed address, etc.)	¥	N	U
26.15 Unstable angina pectoris				26.21	Syncopal episodes presumed to be due to life-threatening arrhythmias	Y	N	U

SOLVD REGISTRY BASELINE FORM (screen 11 of 19) (RBF page 7 of 11)

ALCONTRACTOR OF A CONTRACTOR OFTA CONT						
	Yes	No	Unrecorded		Yes No Un	recorded
 26.22 Other life-threatening disease or not realistically expected to be discharged alive	Y Y	N	บ บ	26.27	Lack of adherence or tolerance to medication Y N	P
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G.	CLINICAL HISTORY	Yes	No	Unrecorded			Yes	No	Unrecorde
28.1	// [_// [_// [// [_//	3 months	of e	nrollment)	28.7 28.8	Peripheral embolism Pulmonary embolism Syncope	. ч . ч	N N N	U U U
	Is there history of:				28.9	Hypertension	. Y	N	U
28.2	Diabetes mellitus	Y	N	U	28.10	Peripheral vascular disease	Y	N	U
28.3	Chronic obstructive pulmona disease		N	U		Edema		N	U
28.4	Cerebrovascular accident	Y	N	U	28.12	Breathlessness on exertion	. ĭ	N	U
28.5	Angina pectoris	Y	N	U	28.13	Asthma	Q 28.	N 15)	U
					28.14	Approximate duration of asthma (in years):	3	ears	

SOLVD REGISTRY BASELINE FORM (screen 13 of 19) (RBF page 8 of 11)

 28.15 Pulmonary edema		
 28.15 Pulmonary edema	Yes No Unrecorded	Yes No Unrecord
29.3 Was the MI complicated by pulmonary edema, shock, or heart failure? Y N U 31.2 Is there a history of alcohol abuse? Y N U 31.3 Does the participant currently	29.1 Previous myocardial infarction? Y N U (If NO or UNRECORDED, skip to Q. 30)	 30.1 Has the participant ever been a smoker (tobacco)? Y N U (If NO or UNRECORDED, skip to Q. 31) 30.2 Does the participant currently smoke? Y N U
abuse? Y N U 31.3 Does the participant currently	29.3 Was the MI complicated by pulmonary edema,	consumed alcohol? Y N U (If NO, skip to Q. 32)
consume alcohol? Y N U		31.3 Does the participant currently consume alcohol? Y N U

(Clinical history continued)	Yes	No	Unrecorded		Yes	No	Unrecorded
				Type of cardiac surgery:			
32. Does the participant have a permanent pacemaker?	Y	N	U	34.3 Coronary artery bypass graft	Y	N	U
33. Does the participant use an aut	0- V	N	U	34.4 Valve replacement - aortic	Y	N	U
matic implantable defibrillator		N	0	34.5 Valve replacement - mitral	Y	N	U
34.1 Has the participant had previou cardiac surgery, PTCA, or ballo valvuloplasty?	on Y	N	U	34.6 Percutaneous transluminal coronary angioplasty (PTCA)	¥	N	U
(If NO or UNRECORDED, skip to Q				34.7 Balloon valvuloplasty	Y	N	U
34.2 Enter date of most recent cardi surgery, PTCA, or balloon valvu	ac loplast	¥:		34.8 Other (If NO or UNRECORDED, skip to	Y Q. 3	N 85)	U
				34.9 Specify:			
Month Year				8			

SOLVD REGISTRY BASELINE FORM (screen 15 of 19) (REF page 9 of 11)

COLUMN TWO IS								
	MEDICATIONS IN USE AT LAST	Yes	No			Yes	No	
	HOSPITALIZATION OR OUT-PATIENT VISIT			36.4	Regular use of antiplatelet	Y	N	
35.	Discharge date of last hospitalization or date of last out-patient visit:			36.5	Beta-blocker	Y	N	
				36.6	Long-acting oral nitrate or paste	Y	N	
				36.7	Hydralazine	Y	N	
	Month Day Year			36.8	Open-label ACE inhibitor (Select "S" if in SOLVD trial)	Y	N	s
36.1	Potassium-losing diuretic	Y	N	36.9	Digitalis	Y	N	
36.2	Postassium-sparing diuretic	Y	N		Calcium antagonist	¥	N	
36.3	Antiarrhythmic drug other than beta-blocker or calcium antagonist	¥	N					_

-	SOLVD REGISIRI BA	SELLIN	E FORT (SCIE	
		Yes	No	Yes No
36.11 36.12 36.13 36.14 36.15 36.16 36.17	Antihypertensive (other than above) Other inotropic agent	Y Y Y Y Y Y	N N N N N	<pre>36.18 Potassium supplements</pre>

	SOLVD REGISTRY BASELINE FORM (scree	an 17 of 19) (RBF page 10 of 11)
40.	Heart rate: beats/	Yes No 43.4 S3 gallop Y N
41.	Systolic blood pressure:	43.5 Mitral regurgitation murmur Y N
42.	Diastolic blood pressure: mmHg	J. ECG FINDINGS (Latest ECG but not within 72 hours of an MI; use only if taken within 3 months of enrollment) 44. Date of ECG:
43.	Are any of the following present? Yes No	Month Day Year
	Rales Y N Edema Y N	45. Atrial fibrillation/flutter? Y N (If YES, skip to Q. 47)
	Elevated jugular venous pressure Y N	46. P wave terminal force in V1:
-		47. QRS delay <= 120 ms? Y N (If NO, skip to Q. 54)

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(See the Manual of Operations for amplitude calculations)				Yes	No
48. Amplitude of R wave in V5 or V6 (whichever is larger):	<u> </u>	54.	Is Q-wave MI present?	Y	N
49. Amplitude of R wave in AVL:		55.	Location of MI: Anterior	A	
			Inferior	I	
50. Amplitude of R wave in II, III,			Both	В	
or AVF (whichever is larger):			Unknown	U	
51. Amplitude of S wave in V1:		к.	LABORATORY RESULTS (Use most recent results if recorded within 6 months of enrollment)	; use	e onl
52. Amplitude of S wave in V3:		56.	Date of laboratory tests:		
53. ST segment depression in			Month Day Year		
inferior leads or V5 or V6:		57.	Sodium (Na):	/1	
		1			

SOLVD REGISTRY BASELINE FORM (screen 19 of 19) (RBF page 11 of 11)

58.	Potassium (K):	meq/1	63.	The arteriogram shows (select ONE):	
59.	Blood urea nitrogen (BUN):	mg/d1		Normal coronary arteries Insignificant coronary artery disease (less than 50% stenosis of all major arteries)	N
60.	Creatinine:	mg/dl		Significant coronary artery disease (significant stenosis of at least one major artery)	s
	CORONARY ARTERIOGRAPHY (Use of 12 months of enrollment)	nly if taken within Yes No°		Unknown or unrecorded	U
	Does the participant have a coronary arteriogram?		м.	SOURCE OF REGISTRY PATIENT	
	(If NO, skip to Section M)	I N	64.	Hospitalized (In-patient)	H
				Outpatient	0
62.	Date of coronary arteriogram:				
			N.		No
	Month Day Y		65.	Data Entry System has identified this participant for the Registry Substudy Y	N
	······		66.	Participant consents to Registry Substudy Y	N

REG ID: FORM: R D D VERSION: A VISIT: 0 1						
INSTRUCTIONS: This form should be completed when all clinical information has been collected following a Registry participant's death to determine the cause of death as cardiovascular or noncardiovascular. Print clearly when entering a response in the appropriate boxes. For multiple choice questions, circle the one appropriate letter or number corresponding to the response chosen. Specific instructions for various questions are enclosed in boxes directly below the question. See the SOLVD Registry General Instructions for Completing Forms for details. REGISTRY DESIGNATION OF DEATH FORM (screen 1 of 4) (RDD page 1 of 3)						
A. IDENTIFYING INFORMATION	B. TYPE OF DEATH					
1. Today's Date: ////////////////////////////////////	Condition of Death: Yes	No				
Month Day Year 2.1 Date of Death: Month / Day / Year Month Day Year	4.1. During a hospital admission Y If Yes, complete the REGIS- TRY HOSPITALIZATION FORM.	N				
2.2a Time of Death:	4.2. Observed Y	N				
2.2b a.m A	4.3. Traumatic Y	N				
p.m	4.4. Suicide Y	N				
3.1. Last Name:						
3.2. First Name:						
3.3. Middle Name:						

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REGISTRY DESIGNAT	ION OF D	EATH FORM	(screen 2 of 4) (RDD page 2 of 3)
Condition of Death:	Yes	No	C. CAUSE OF DEATH 5. Cause of Death Cardiovascular C
4.5. Within 7 days of a myocardial infarction	Y	N	Noncardiovascular N
4.6. Within 7 days of cardiac surgery	¥	N	If Noncardiovascular (N), go to Question 7.1. on page 3. 6.1. If Cardiovascular (C), indicate <u>one type</u>
4.7. Within 7 days of non-cardiac surgery	Y	N	Cardiac C
			Stroke S
			Pulmonary embolism V
			Other vascular or unknown 0
			Pulmonary embolism (V) or Other vascular or unknown (O), go to Section D. INITIALS OF PERSON COMPLETING THIS FORM, Question 8, on page 3.
REGISTRY DESIGNAT	ION OF D	eath form	(screen 3 of 4) (RDD page 2 of 3)
(Cardiac Death)			6.3. If Other (0), specify:
6.2. Choose the one most likely terminal event			PLEASE PRINT CLEARLY.
Circle <u>one</u> number.			

Probable <u>arrhythmia without</u> preceding worsening symptoms of CHF	1	
Probable <u>arrhythmia with</u> some preceding worsening symptoms of CHF	2	
Primarily related to pump failure (even if terminal event was an arrhythmia)	3	
Other	4	
If the number circled was 1, 2 or section D. INITIALS OF PERSON COM THIS FORM, Question 8. on page 3.	PLETING	Go to section D. INITIALS OF PERSON COMPLETING THIS FORM, Question 8. on page 3.

REGISTRY DESIGNATION OF DEATH FORM	(screen 4 of 4) (RDD page 3 of 3)
7.1. If Noncardiovascular (N), indicate the type of death	7.2. If a primary event, was death due to cancer?Yes Y
Circle one number. A secondary complication of heart failure (e.g., pneumonia, hepatic or renal dysfunction, etc.)	No N If No, go to Question 8. 7.3. If Yes (cancer), specify primary site: Go to Question 8.
If a secondary complication (1), go to Question 8. If neither 1 or 2 (3), go to Question 7.4.	7.4. If Neither 1 or 2 (3), specify:
	D. INITIALS OF PERSON COMPLETING THIS FORM 8. Initials

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JUL OG	'90 11:30 (1)			F.3
		FOR	M REC	Duality
			CHO SUBSTUDY	queed
		REGISTRIE	010 30831001	
	Patient Name	0. 		BP
	Registry No	1002	rider	epop
	Date 8-1-8	Wt		Ht
				Could be in
	2-D ECHO		DOPPLER	10 13 digits
	LV dias dim	76	LVOT diam	
	LV sys dim	59	LVOT peak Vel	
	Sep dias thick	6	LVOT eject time	
	LVPW dias thick	8	LVOT TVI	164
	LA dimension4	0	Heart Rate	55 F
	Aorta diam <u>32</u>	2	HA E 65	
	LV dias vol 25		HAA 18	(100) = 2 + 3 d = +=
	LV sys vol			(100) - 2 or 3 digits
				D- Ior 2 digits.
	LVImgaxis	99)		TR PAP
	Wall motion	It could	be 3 digits	(Example, 110)
		BAS	MID	APICAL
	ant septum	1	2	
	anterior		2	3
	lateral	,1	2	
	inferior	2	2	3
	inf septum		12	3
	: 1 = normal			
	2 = hypokineti	c _		
	3 = akinetic 4 = dyskinetic			,
	5 = aneurysa			
	81	RV RA	AU MY MA P	INI Clot PE.
	۵	E ALL I		
		NN		
		NI.	•	

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REGISTRY ECHO SUBSTUDY

. . . Patient Hame BP Registry Ho Center Date Wt Ht 2-D ECHO DOPPLER LY dias dim ETD 4 LVOT diam This is new LV sys dim ET D-5 LVOT peak Vel Sep dias thick ____ EDP ETD 3 LYOT eject time LYPH dias thick EDP 67 ETD 9 .. LVOT TVI _ This is new? . LA dimension ETD 10 . Heart Rate Aorta diam ETD EDP4 HA E LY dias vol. ETD ENP 33 37 HA A LY SYS VOI __ETD ENP 34. 38 MA dec time " EF EDP 38 ETD 36 HA atrial FF EDP LV long axis This is new 39 MR AR TR PAP Wall motion Score IVRT EDP 73 BAS ant septur MID APICAL ERWI ERW anterior ERW 11 ERW 2 11 lateral 61 12 ERW 3 8 11 inferior .. ERW 4 3 11 inf septum 9 ., ERW 5 14 t, 10 This me is new Score: 1 = normal 2 = hypokinetic P= prosthe 3 = akinetic N=norma 4 = dyskinetic 1 = mild value 5 a ancuren rgement 2= moderate RV = right ventriclo 3 = severe RA = right atrium RA AV MV 1= mild MA PM AV= a ortic value Clat PE 2= moderate MV = mitral valve 3= larje PM = papillarymuscle Clot = clot Apr= cyox N=normal PE= pericardial I = thickens & effusion 1= mild depress function 5 = stenatic C= calcified 2= moderate ii ٠, 1=mild, 2=m.den 3 = Severe ٤ ١ 3 = severe

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	EGISTRY
12/7/88	
REGISTRY ID: FORM	I: R F F VERSION: A VISIT: 0 2
INSTRUCTIONS: This form is to be completed on the basis of t phone interview. It should be completed within of enrollment. Consult the SOLVD Registry Ins Forms and Registry follow-up protocol for deta	in 60 days of the one-year anniversary structions for Completing
SOLVD REGISTRY FOLLOW-UP FORM (scr	reen 1 of 3) (RFF page 1 of 2)
A. IDENTIFYING INFORMATION 1.1 Today's date://// Month Day Year	B. CONTACT INFORMATION 3.1 Follow-up period covers from (beginning date): // // Month Day Year
1.2 Initials of person completing form:	3.2 to (ending date): ///// Month Day Year
2.2 Participant's First Name:	3.3 Date of contact (if in SOLVD, date of visit):
2.3 Participant's Middle Initial:	3.4 Number of attempts before contact successfully made:

x

--- SOLVD REGISTRY FOLLOW-UP FORM (screen 2 of 3) (RFF page 2 of 2)

				Yes No Unknown
3.5	Form of successful conta	act (circle correc	t letter):	C. FOLLOW-UP DATA
	Letter	(L)		
	Telephone	(T)		4.1 Has the participant been Y N U hospitalized?
	SOLVD Visit	(\$)	2	(If NO or UNKNOWN, skip to Q. 5)
	Other	(0)		4.2 Number of hospitalizations:
	No Contact Made	(N)		(NOTE: Complete a Registry Hospitalization Form for EACH
~ <	T.F			hospitalization)
3.0	Informant (circle corre			(If YES, complete a Registry
	Participant	(P)		Designation of Death form, send death certificate to Coordinating
	Relative/Spouse	(R)		Center, & EXIT this form)
	Friend/Acquaintance	(F)		6. LADDER OF LIFE:
	Employer	(E)	5	6.1 Ladder of Life step for PRESENT (01-10):
	M.D./Nurse	(M)		
ţ.	Jther	(0)		6.2 Ladder of Life step for
	None	(N)		5 YEARS AGO (01-10):
			2	6.3 Ladder of Life step for 5 YEARS FROM NOW (01-10):
encoded	S	OLVD REGISTRY FOLL	OW-UP FORM (sci	reen 3 of 3) (RFF page 2 of 2)
-				
D.	UPDATING CONTACT INFORMA	TION	Yes No	
7.1	Has the participant move	d since the RBF		7.4 State/Province:
	was completed? (If NO, EXIT form)	•	Y N	
	Street Address:			7.5 Postal Code:
				7.6 Country:
7.3	City:			

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	FORM: R H F VERSION: A SEQUENCE NUMBER:		
The sequence number is needed to indicat Sequence number should start with 01 the Print clearly when entering a response is For multiple choice questions, circle th the response chosen. Specific instructi boxes directly below the question. See Completing Forms for details.	a participant has been hospitalized. te the number of times this form has been used. a first time the form is used for the participant in the appropriate boxes. te one appropriate letter corresponding to tons for various questions are enclosed in the SOLVD Registry General Instructions for meen 1 of 6) (RHF page 1 of 4)		
A. IDENTIFYING INFORMATION 1. Today's Date://// Month Day Year	4.2. Date of Discharge:		
2.1 Last Name:	 B. PRIMARY REASON FOR HOSPITALIZATION 5. Hospitalization Noncardiovascular N Cardiovascular C 		
2.4 Middle Name:	If Cardiovascular (C), go to Question 7. on page 2. 6. If Noncardiovascular (N), specify:		
4.1 Date of Admission: Month Day Year	6.1. HICDA coding:		

ž.

		7. If Cardiovascular, enter the cod	e for PRIMARY REASON
COD	E	REASON	CODE REASON
A	-	Worsening CHF	H - Other arrhythmias
В	-	New CHF	I - Stroke
С	-	Worsening or new angina	J - Cardiac surgery
D	-	Myocardial infarction	K - Pulmonary embolism
E	-	Nonfatal cardiac arrest or	L - Peripheral embolism
		ventricular tachycardia that required defibrillation	M - Hypotension
F	-	Supraventricular tachycardia or fibrillation that required	N - Azotemia
		DC conversion or pacing	0 - Any other major event
G	-	Uncertain tachycardia that required DC conversion or pacing	P - Digitalis toxicity
		Note: If PRIMARY REASON = Myocardial infarc	tion (D) go to Question 8.12.
		If PRIMARY REASON = Cardiac surgery (
		If PRIMARY REASON = Any other major e	
			REASONS FOR HOSPITALIZATION, Question 11. on page 3.
	and a second	HOSPITALIZATION FORM (sc	reen 3 of 6) (RHF page 2 of 4)
	Myoc	ardial Infarction	Cardiac Surgery
	If.Y	es, indicate the following:	9.1. If Yes,
0			indicate surgeryGraft (CABG) G
8.a.	Date	of MI:	Valve V
8 h	Timo	Month Date Year of MI (rounded to the nearest hour):	Graft & Valve B
0.01	1 Luic	or in (rounded to the nearest near).	Other 0
		Hour	If Graft (G), Valve (V) or Transplantation (T) or Graft & Transplant (B), go to Question 11, page 3.
8.c.		a.m A	
		p.m P	9.2. If Other (0), specify:
Indic	ate	the presence of the following:	
		Yes No Unrecorded	
8.1.	Pain	Y N U	Go to Question 11. on page 3.
8.2.	Eleva	ated enzymes Y N U	
0 3	Cherry		Any Other Major Event
0.3.	unanį	ges in ECG Y N U	10. If Yes, specify other major event:
		to section C. SECONDARY REASONS FOR R HOSPITALIZATION, Question 11. on page 3.	
		A NONTIMITATION, QUESCION II. ON page 3.	
			10.1. HICDA coding:

C. SECONDARY REASONS	Yes No
FOR HOSPITALIZATION	res no
	14. New CHF Y N
11. Hospitalization	15. Worsening or new angina Y N
Noncardiovascular N	
Cardiovascular C	16.1. Myocardial Infarction (MI) Y N
	If NO, go to Question 17.
None O	
If Cardiovascular (C), go to Question 13. If None (O), go to Quesion 28. on page. 4.	16.1a Date of MI:/ /////
	16 15 There of MT (nound be recompt hour).
12.1. If Noncardiovascular (N), specify:	16.1b Time of MI (round to nearest hour):
	16.1c a.m A
	р.шР
	Indicate the presence of the following:
12.2. HICDA coding:	Yes No Unrecorde
	16.2. Pain Y N U
Go to Question 28. on page 4	
	16.3. Elevated enzymes Y N U
Indicate SECONDARY REASONS:	
Yes No	U.
13. Worsening CHF Y N	

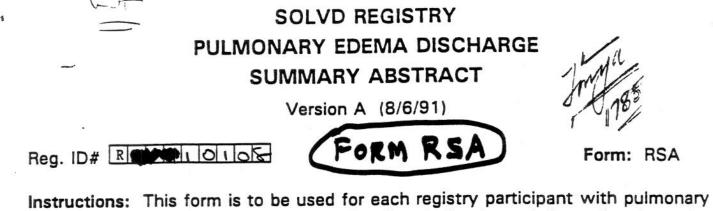
HOSPITALIZATION FORM (screen 5 of 6) (RHF page 3 of 4)

		Yes	No	Unrecorded	
.6.4.	Changes in ECG	Y	N	U	22.2. If Yes (cardiac surgery), indicate the typeGraft
					Valve
7.	Nonfatal cardiac arrest or ventricular tachycardia that required defibrillation	Y	N	U	Transplantation
					Graft & Valve
8.	Supraventricular tachycardia or fibrillation that require	a			Other
	DC conversion or pacing	Y	N	U	If Graft (G), Valve (V), Transplantation (T), Graft & Valve (B), go to Question 23.
•	Uncertain tachycardia that required DC conversion or pacing	Y	N	U	22.3. Specify other (0):
ο.	Other arrhythmias	Y	N	U	
1.	Stroke	Y	N	U	Yes
2.1.	Cardiac surgery	Y	N	U	23. Pulmonary embolism Y
				<u> </u>	24. Peripheral embolism Y
	If NO or UNRECORDED (Cardia go to Question 23.	c Sur	gery	'),	25. Hypotension Y

HUSP	LIALLALI	UN FUI	em i	screen o	01 01 1	KHP	DAGE 4	+ OI 441	

	HOUT TIAMERATION	TUNT	(screen 0 or 0)	(Khr page 4 01 4)	
	Yes	No			
26. Azotemia	Ү	N			
27.1. Any other major event	Ү	N			
If No, go to Question 24	8.				
27.2. If Yes, specify other majo	or event:				
27.3. HICDA coding :	□				
D. INITIALS OF PERSON COMPLETING THIS FORM 28. Initials					-

"LD REC SCREEN COLLOR ATTR F CHAR SET FLD SKIP PARAMETERS DAV GET A "A LOC SIZE LIN COL FG/EG IUER D NUFGLR78 12345678 JZBECRPVNTO DUP DUP, P "33 162 1 15 80 R P 0 55 "34 163 3 17 64 I N	TIME: 14:15:10	VIKINE FORMS MANAGER 2.44 SVRNHA V 1.00 RECORD FORM ID: 5	
33 162 1 15 EO R		ARE IDEN D NO. CENTE	man with Mar. Block Many Many Jose and the state and seat from total Mar.
DATA_AREA LENGTH = 168 NEXT RECORD ID: 1 ASSOCIATED MENU ID: 9 SCREEN CLEARED FROM (2, 1) LINE(S) CLEARED AT (1, 21) 1 2 3 4 5 6 7 8 123456789001761 2.1. Last Name: 16. AVF: 5689/m1	33 162 1 15 80 34 163 3 17 64 FIELD EDIT: RANGEI 6 35 166 2 17 68	ARGS: 0, 500 I N	0 0
1 2 3 4 5 6 7 8 12345678901478 i 8 8 8 8 8 8 8 6 9	DATA_AREA LENGTH = 168 N Screen Cleared From (2,	1) PNH	
ID: %% FORM: VERSION: %% VIGINI SOLVD Registry Substudy Neurohumoral coding screen (1 of 1) PADMINISTRATIVE INFORMATION 1 B. SAMPLE DETERMINATION ADMINISTRATIVE INFORMATION 1 B. SAMPLE DETERMINATION S61 564 1. Date Analyzed:	1 2 1234567890123456789012345 	3 4 5 6 56789012345678901234567890123456 	
ADMINISTRATIVE INFORMATION S62 E.1. Last Name: ADMINISTRATIVE INFORMATION B. SAMPLE DETERMINATION B. SAMPLE DETERMINATION S66 S66 S67 Last Name: 16. AVP: 568 S68 S68 S68 S67 S68 S68 S68 S67 S68 S68 S67 S68 S67 S68 S68 S67 S67 S68 S67 S68 S67 S67 S67 S67 S68 S67 S67 S67 S67 S68 S67 S67 S67 S67 S68 S67 S67 S68 S68 S67 S68 S68 S67 S68 S67 S68 S67 S68 S67 S68 S67 S68 S67 S68 S67 S68 S67 S68 S67 S68 S67 S68 S67 S68 S67 S68 S68 S68 S68 S67 S68 S S68 S S68 S S68 S S68 S S68 S S S S S S S S S S S S S S S S S S	ID: %% FORM: SOLVD Registry	VERSION:	
24 2.3. Middle Name: 5 3. Initials of person keying form: 1 1	ADMINISTRATIVE INFORM 1. Date Analyzed: 2.1. Last Name: 2.2. First Name: 24 2.3. Middle Name:	ATION B. SAMPLE DETERMINATION SB6 SB6 	N pg/m1 ; ng/m1/hr ; pg/m1 ;



Instructions: This form is to be used for each registry participant with pulmonary edema documented during the eligibility hospitalization. Information is to be obtained from the hospital discharge summary, admission ER report or assessment, initial lab report, and qualifying CXR report.

PLEASE PRINT

Α.	dentifying Information:
	1. Today's Date: mo day year
	2.1 Last Name:
	2.2 First Name:
	2.3 Middle Name:
В.	nitials of Person Completing This Form:
	3. <u>B</u> [6]
C.	Mode of Admission: (Circle 1, 2, 3, or 4)
	4. 1 - ER
	2 - Transfer from another hospital
	3 - Pre-admission or direct admit from clinic or other
	4 - Other (please list)
	а.
D.	History:
	5. Previous history of CHF: (Circle 1, 2, or 3)
	1 - Yes 2 - No [If "no" or "unknown," 3 - Unknown skip to Question 8]

- 6. Previous hospital admission for CHF: (Circle 1, 2, or 3)
 - 1 Yes
 - 2 No [If "no" or "unknown,"
 - 3 Unknown skip to Question 8]
- 7. Was there a prior admision to your hospital for CHF? (Circle 1, 2, or 3)
 - 1 Yes
 - 2 No
 - 3 Unknown
- E. Discharge Summary Information:
 - Precipitating event for this episode of "pulmonary edema": (Circle one or more as needed)
 - D- Worsening CHF
 - 2 Noncompliance with meds or diet
 - 3 New or recurrent ischemia
 - 4 Arrhythmia
 - 5 Unknown
 - 6 Non Q-wave MI
 - a. If yes, give peak CPK: ____
 - 7 Other reason
 - a. Give reason: _
 - 9.1 Admission date:
 - 9.2 Discharge date:

40	31	33
mo	day	year
1)	05	57
mo	day	year

9.3 Was patient discharged from hospital alive? (Circle 1 or 2)

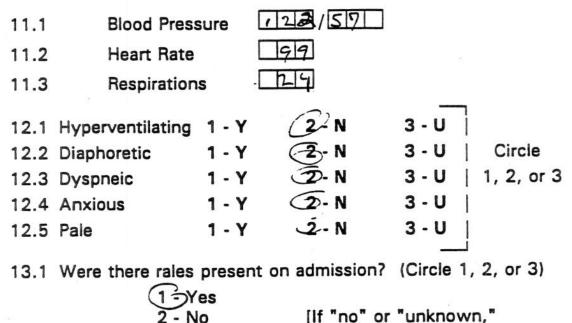
1 Yes 2 - No

- 10.1 Did acute symptoms of pulmonary edema begin outside the hospital? (Circle 1, 2, or 3)
 - 1Yes2 No[If "no" or "unknown,"3 Unknownskip to Question 11.1]

1 - <1 hr 2 - 1 - 4 hrs3 - >4 hrs

F.

Appearance of Patient on Arrival to Hospital:



3 - Unknown skip

skip to Question 14]

13.2 If yes, circle 1, 2, or 3:

Basilar only

2 - To mid chest

3 - To apices

G. Chest X-ray Information: (use CXR showing pulmonary edema only)

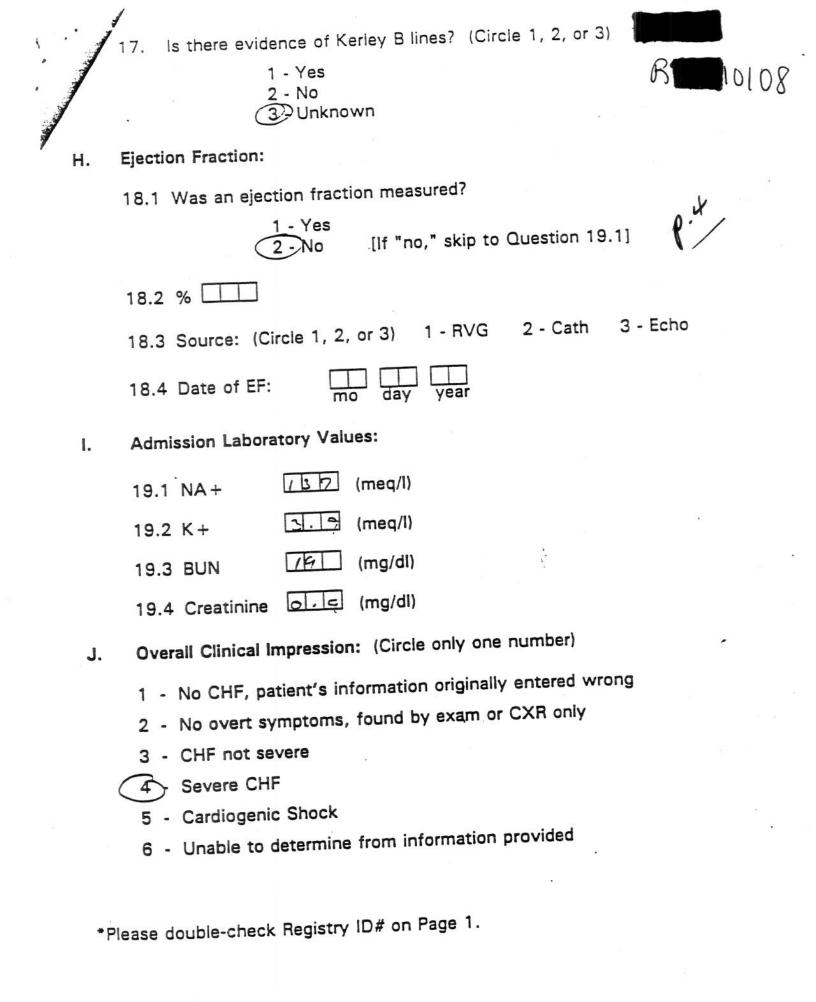
14. Date of CXR used to document pulmonary edema:

10	81	22	
mo	day	year	

15. Is there evidence of pulmonary congestion? (Circle 1, 2, or 3)

16. Is there evidence of basal or peripheral vascular blurring? (Circle 1, 2, or 3)

Page 3



	SECISTRY	
REG. ID: FORM: INSTRUCTIONS: This form is to be completed on Registry subjection is to be of visit by a physician, nurse practitioner, or p should take place no later than 90 days after completed. Please print clearly. See the SOI Completing Forms for details.	ects selected and included in the btained from the subject at a clinic physician's assistant. The clinic visit the Registry Baseline Form has been	0 1
SOLVD REGISTRY SUBSTUDY BASELINE	FORM (screen 1 of 15) (RSB page 1 of 8)	
A. IDENTIFYING INFORMATION	B. ECHOCARDIOGRAPHY ELIGIBILITY	Yes No
<pre>1.1 Today's date://</pre>	 3.1 Date 2D and M-mode echos done: Month / Day / Year 3.2 Were these echocardiograms of good quality? (See protocol for criteria) (If NO, exit form) 3.3 Was Doppler echo done? (only for those participants in the Echo Substudy) (If NO, skip to Section C) 3.4 Date Doppler done: / /	Y N Y N

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с.	ETIOLOGY OF DISEASE AND NYHA CLASS		Yes	No
4.1	Indicate the <u>primary</u> etiology of the patient's heart disease (choose only ONE of the following):	5.	Indicate all of the following etiologies that have occurred (including the etiology specified above):	
	Ischemic heart disease (IHD) 1 Hypertensive heart disease (HHD) 2	5.1	Ischemic heart disease (IHD) Y	N
	Active myocarditis 3	5.2	Hypertensive heart disease (HHD) Y	N
	Valvular heart disease - aortic 4 Valvular heart disease - mitral 5	5.3	Active myocarditis Y	N
	Idiopathic cardiomyopathy (specifics unknown) 6	5.4	Valvular heart disease - aortic Y	N
	Specific cardiomyopathy (ex: viral, toxic, ETOH, postpartum, history of cocaine use) 7	5.5	Valvular heart disease - mitral Y	N
	(If no specific cardiomyopathy, skip to Q. 5)			
4.2	Specify:			
			(continued)	

SOLVD REGISTRY SUBSTUDY BASELINE FORM (screen 3 of 15) (RSB page 2 of 8)

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5.6 Idiopathic cardiomyopathy . (specifics unknown)	Үез Ү	s No N	D. 7.	PAST CLINICAL HISTORY (up to completion of the Registry Baseline Form) Does the participant have a history of:	Yes	No
5.7 Specific cardiomyopathy (ex ETOH, postpartum, history o (If NO, skip to Q. 6)		N		Pulmonary edema Diabetes mellitus	Y Y	N N
5.8 Specify:			7.3	Chronic obstructive pulmonary disease	Y	N
- Nov York Heart Accessistion	CHE Class	1	7.4	Cerebrovascular accident	Y	N
 New York Heart Association (Choose only one) 	unr class:	2 3	7.5	Angina pectoris	Y	N
		4		(continued)		

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	. 8				
		Yes	No		Yes No
7.6	Peripheral embolism	Y	N	7.14	Approximate duration of asthma: years
7.7	Pulmonary embolism	Y	N		
7.8	Syncope	Y	N	8.	Cigarette smoking (ignore any other tobacco use)
7.9	Hypertension	Y	N	8.1	Has the participant ever smoked cigarettes regularly? Y N
7.10	Peripheral vascular disease	Y	N		(If NO, skip to Q. 9)
7.11	Edema	Y	N	8.2	At what age did the participant first begin to smoke cigarettes regularly?
7.12	Breathlessness on exertion	Y	N		to amone organous regardery.
7.13	Asthma (If NO, skip to Q. 8)	¥	N		years of age
				8.3	For how many years in total has the participant smoked regularly?
					years

SOLVD REGISTRY SUBSTUDY BASELINE FORM (screen 5 of 15) (RSB page 3 of 8)

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8.4	For how many of those years did the partici- pant smoke filter-tipped cigarettes?	8.8	- During last 6 months	cigts/week
	years		Yes	No
	What (approximately) was the largest number of cigarettes the participant generally used to smoke in a week? (Count 1 oz of handrolled to-	8.9	Did the participant smoke any cigarettes in the past week? Y	N
	bacco as 28 cigarettes) -	9.	Alcohol consumption history	
8.5	- Before 20 years of age cigts/week	9.1	Has the participant ever consumed alcohol regularly? Y (If NO, skip to Q. 10.1)	N
8.6	- From 20-24 years of age cigts/week	9.2	Does the participant currently consume alcohol regularly? Y	N
8.7	- After 24 years of age cigts/week		(If NO, skip to Q. 9.5)	

9.3 Last week, how many drinks of have? (1 drink = 12 oz beer 1.5 oz spirits)		9.6	Number of drinks the parts consume per week (1 drink 4-5 oz wine = 1.5 oz spiri	= 12 oz beer =		
9.4A Specify drinking pattern:	Heavy H Regularly R Socially S Rarely X Unknown U	9.7	Specify former drinking pa	Attern: Heavy Regularly Socially Rarely	H R S X	
9.4B Number of days a week the pacturently drinks:	articipant days	10.1	Previous myocardial infar (If NO, skip to Q. 11.)	Unknown	U Yes Y	No N
9.5 Number of days a week the paused to drink:	days		D.			

SOLVD REGISTRY SUBSTUDY BASELINE (screen 7 of 15) (RSB page 4 of 8)

	Yes No Unknown		Yes No Unknown
10.2	Date of most recent myocardial infarction:	13.1	Previous cardiac surgery, PTCA, or balloon valvuloplasty? Y N (If NO, skip to Section E)
	Month Year	13.2	Date of most recent cardiac surgery, PTCA, or balloon valvuloplasty:
10.3	Was the MI complicated by pulmonary edema, shock, or heart failure? Y N U		Month Year
11.	Permanent pacemaker? Y N	14.	Type of cardiac surgery:
12.	Use of automatic implantable defibrillator? Y N	14.1	Coronary artery bypass graft Y N U

SOLVD REGISTRY	SUBST	UDY	BASELINE	(screen	8 of 15) (RSB page 5 of 8)		
14.2 Valve replacement - aortic	Yes Y	No N	Unknown U	Е.	MEDICATIONS CURRENTLY USED	Yes	No
<pre>14.3 Valve replacement - mitral 14.4 Percutaneous transluminal coronary angioplasty (PTCA) 14.5 Balloon valvuloplasty 14.6 Other (If NO, skip to Section E)</pre>	Y Y	N N N	U	15.1 15.2 15.3 15.4 15.5	Digitalis Other inotropic agent Potassium-losing diuretic Potassium-sparing diuretic Antiarrhythmic drug other than beta-blocker or calcium antagonist Regular use of antiplatelet	Y Y Y Y	N N N N
14.7 Specify:					(continued)		

SOLVD REGISTRY SUBSTUDY BASELINE FORM (screen 9 of 15) (RSB page 5 of 8)

		Yes	No			Yes	No
15.7	Beta-blocker	. Y	N				
15.8	Long-acting oral nitrate and paste	. Y	N		15.14 Anticoagulant	Y	N
15.9	Hydralazine	. Y	N		15.15 Insulin	Y	N
	Open-label ACE inhibitor (Select "S" if in SOLVD trial)	. Y	N	S	15.16 Steroids		N
	Calcium antagonist				15.17 Beta-2 agonist inhalers		N
	Antihypertensive (other than above)		N				

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F.	PHYSICAL EXAMINATION			
16.	Weight (enter lbs <u>or</u> kg)	19. Systolic blood pressure:	mnHg	
16.1	1bs <u>OR</u> 16.2 kg	20. Diastolic blood pressure:	mmHg	
17.	Height (enter inches <u>or</u> cm)	21. Are any of the following present?	Yes	No
17.1	in <u>OR</u> 17.2 cm	21.1 Rales	Y	N
17.1 in <u>OR</u> 17.2 cm		21.2 Edema	Y	N
		21.3 Elevated jugular venous pressure	Y	N
18.	Heart rate: beats/min	21.4 S3 gallop	Y	N
		21.5 Mitral regurgitation murmur	Y	N

	SOLVD REGISTRY SUBSTUDY BASELINE .	form (s	creen 11 of 15) (KSB page 6 of 8)	
	ECG FINDINGS (Should be 72 or more hours after an MI)	27.	Amplitude of R wave in AVL:	m
22.	Date ECG taken: / / / / / / / / / / / / / / / / / / /	28.	Amplitude of R wave in II, III, or AVF (whichever is larger):	
23.	Atrial fibrillation/flutter? Yes No (If YES, skip to Q. 25)	29.	Amplitude of S wave in V1:	mm
24.	P wave terminal force in V1:	30.	Amplitude of S wave in V3:	
25.	QRS delay <=120 ms? Yes No (If NO, skip to Q. 32)	31.	ST segment depression in	
26.	Amplitude of R wave in V5 or V6 (whichever is larger):	51.		m
		32.	Is Q-wave MI present? Yes No (If NO, skip to Section H)	

Yes No 33. Location of MI: Anterior Α 36. Serial chest X-ray available to make Inferior Τ determinations? Y N Both В Unknown U 37. Pulmonary congestion: 37.1 Is there evidence of pulmonary congestion? Y N X-RAY FINDINGS (Should be 7 or more days after H. (If NO, skip to Section I) an MI, cardiac surgery, PTCA, or balloon valvuloplasty) Is there evidence of: 37.2 Basal or perihilar vascular blurring? ... Y Ν 34. Date X-ray taken: 37.3 Kerley B lines? Y Ν 37.4 Alveolar or pulmonary edema? Y Ν Month Day Year 37.5 Pleural effusion secondary to CHF? Y N 35. Cardiac thoracic ratio (please measure):

SOLVD REGISTRY SUBSTUDY BASELINE FORM (screen 13 of 15) (RSB page 7 of 8)

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I. 38.	PROCEDURES Was the Holter monitoring done? (If NO, skip to Q. 40.1)	Yes . Y	No N	40.3 Date neurohumoral measurements taken:
39.	Date Holter performed:			 40.4 Hour neurohumoral measurements taken (01-12): 40.5 Were the neurohumoral measurements made in the morning or afternoon?
40.	Neurohumoral measurements:			A (AM) P (PM)
	. Was the PNE sample taken?		N N	40.6 Date samples sent to core laboratory:

SOLVD REGISTRY SUBSTUDY BASELINE FORM (screen 14 of 15) (RSB page 8 of 8)

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TO BE COMPLETED LATER	J. SIX-MINUTE WALKING TEST
40.7 PNE: pg/ml 40.8 PRA: ng/ml/hr	43. Did the participant finish the six-minute walking test? Y N
 41. Were the procedures done on the same day the echocardiograms were taken?	 44. Time completed: min sec 45. Were there any breaks in continuity? Y N
42. Did any major events occur in the interim? Y N (If YES, complete Registry Hospitalization Form for EACH hospitalization)	46. Indicate any of the following symptoms present: 46.1 Angina Y 46.2 Dyspnea Y

SOLVD REGISTRY SUBSTUDY BASELINE FORM (screen 15 of 15) (RSB page 8 of 8)

	Yes No	K. LADDER OF LIFE
46.3 Fatigue 46.4 Dizziness 46.5 Syncope	Y N	48. On which step does the participant feel he/she is standing at the PRESENT time?
47. Total distance travelled (enter 47.1 ft <u>OR</u> 47.2		 49. On which step does the participant feel he/she was standing FIVE YEARS AGO? 50. On which step does the participant feel he/she will be standing FIVE YEARS FROM NOW?

Version A / 1-22-88	Nosolog	SOLVD ical Coding Fors
FOR CSCC USE	VISIT:	FORM: SNC VERSION: A
DATE OF DEATH:/	Day Year	
<pre>matches the II Once a matches Used in questi "E", "%", or b and are always be numerical,</pre>	in the upper left-han is verified, code all a boxes blank. Enter y on 5. For each item c lank. The three middl numerical. The last or a hyphen.	n the ID at the top of this form d corner of the death certificate vailable information in items 1-4. our initials, date and revision oded, the first box may be an "N", e boxes must always be completed box (following the decimal) may
top of this fo	rs and attach this for When the fors is retur	nosologist, enter the ID at the s to a copy of the death ned from the nosologist, review tials in question 6. Have all initial question 7.
FOR NOSOLOGIST USE		2. Other significant i
1. Cause of Death		ii·
A. Immediate i		iii
iii		3. Underlying
iv 🛛		4. Place of accident
B. Consequence of (A) i		5. a) Initials of Nosologist
iii		b) Date coded
C. Consequence of (B) i		Nonth Day Year
		FOR CSCC USE
iv III		7. CSCC checker

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