

BHAT

CONGESTIVE HEART FAILURE

Form 014 (1)

1, 2, 3

This form is to be completed for SUSPECTED or DEFINITE Congestive Heart Failure using hospital or physician records where available.

6 EDIT STATUS 19,20  
7 BATCH NUMBER 21-28  
8 DATE RECEIVED 29-34  
9 UPDATE NUMBER 35-37  
10 DATE LAST PROCESSED 38-43

1. Patient ID (2) (3) (4)  
4, 5 | 6, 7, 8, 9, 10 | 11, 12

2. Acrostic (5)  
13, 14, 15, 16, 17, 18

3. Date form completed (11)  
44, 45 | 46, 47 | 48, 49  
month | day | year

4. Date of onset of symptoms (12)  
50, 51 | 52, 53 | 54, 55  
month | day | year

5. Abnormal venous distension present ..... 56  13  1 YES 2 NO 3 DK

6. Basilar rales ..... 57  14

7. Other findings, specify (16) 59 0/1 ..... 58  15

8. S3 gallop ..... 60  17

9. Hepatomegaly ..... 61  18

10. Peripheral edema ..... 62  19

11. Did patient report increased shortness of breath or fatigue? ..... 63  20

12. Chest x-ray findings:

a. Cardiomegaly ..... 64  21

b. Increase in pulmonary vascular markings ..... 65  22

13. Was patient in pulmonary edema? ..... 66  23

14. a. Was patient hospitalized? ..... 67  24  SKIP to 16

b. Date of hospitalization (25)  
68, 69 | 70, 71 | 72, 73  
month | day | year

Hospitalization Form must be completed

15. Admission body weight ..... 74, 75, 76 (26)  
Code 999 for unknown

16. Discharge body weight ..... 77, 78, 79 (27)  
Code 999 for unknown

17. Was digitalis newly prescribed for this event? ..... (28) 1  Yes 80 2  No 3  Unknown

18. Were diuretics newly prescribed for this event? ..... (29) 1  Yes 81 2  No 3  Unknown

19. Person completing form ..... (30) 82, 83  
BHAT code

Computer algorithm classification:  
1  Definite CHF : 2  Probable CHF  
34  
(31) 3  No event