



BHAT DETERMINATION OF ELIGIBILITY (EDIT STATUS 19,20

BATCH NUMBER 21-28

Complete this form only for patients eligible to be randomized. After Items 2-18 have been completed, call the Coordinating Center at (713) 792-4493 for the randomization and ID number. Have this form available when the call is made as the Coordinating Center will ask for some of the information before the number is assigned.

	2 3	4					
1.	Patient ID 4 5 6 7	8 9 10 11 12 2. Acrostic	(see M.O.P. for instructions on				
1a.	Patient to Have Holter monitori	ng at 6 week visit?	completing acrostic.)				
3.	Date form completed		44,45 46,47 48,49 year				
4.	BHAT Log Entry Number 50 51 52 53 5. CCU Code 54 6. BHAT Clinical Center Code 55 56						
		(15)	57 58 59 60 61 62				
7. 8.	Date of admission for this event						
10.	Date of Birth	(18)	65 66 67 68 69 70 year				
11.	All of the following must have been verified:						
	A. Patient had BHAT MI.	Qualifying MI Form and ECG's must be sent to Coordinationg Center if Patient is randomized.	Ø DATE RECEIVED 29-34				
			Q UPDATE NUMBER 35-37				
	B. Patient signed Consent Form. (10) DATE LAST PROCESSED 38-						
	C. Patient's private physician gave consent for patient to participate.						
	D. The patient did not have an	y of the following:					

Irreversible Criteria:

- 1. Is a woman capable of becoming pregnant.
- 2. Has pulmonary hypertension with right ventricular failure.
- 3. Has history of severe congestive heart failure consistent with New York Heart Association Classification III or IV.
- 4. Has history of frequent or severe intermittent claudication.
- 5. Has history of bronchial asthma as an adult or chronic lung disease requiring therapy.
- 6. "Brittle" insulin-dependent diabetes mellitus.
- 7. Wolff-Parkinson-White syndrome.
- 8. Has history of adverse reaction to propranolol or other beta-blocker.
- 9. Is participationg in another heart disease trial.
- 10. Has undergone cardiac surgery.
- 11. Has permanent pacemaker.
- 12. Qualifying MI resulted from surgery, chest wall trauma, shock, or other non-atherosclerotic cause.
- 13. Has life-threatening illness other than CHD.
- 14. Lives at such a distance from clinic that travel to follow-up visits would be unusually difficult.
- 15. Does not anticipate being a resident of an area near a BHAT clinic for the scheduled duration of the trial
- 16. Death after 5th day post-infarction and prior to randomization.

Reversible Criteria:

- 17. Mobitz type II or complete A-V block within 3 days prior to last possible randomization date.
- 18. On MAO-inhibitors or amphetamines.
- 19. Had congestive heart failure within 3 days prior to last possible randomization date.
- 20. Had cardiogenic shock within 3 days prior to last possible randomization date.
- 21. Had significant angina pectoris since the admission date.
- 22. Other conditions for which patient is likely to be placed on propranolol or other beta-blockers before termination of the trial.
- 23. On propranolol or other beta-blocker within 3 days prior to last possible randomization date.
- 24. Is scheduled for or very likely to undergo cardiac surgery.
- 25. Is unable (physically or psychologically) to cooperate with study.
- 50. Extension of infarction, unable to randomize within 21 days.
- 51. Reinfarction meeting BHAT criteria, re-entered on log.
- 52. Discharged from participating hospital prior to randomization.

$(1) \begin{array}{c cccc} 71 & 72 & 73 & (19) \\ \hline (2) & 74 & 175 & 176 & (20) \\ \hline (3) & 77 & 178 & 179 & (21) \\ \hline \end{array}$	no single pulse rate may be less than 45	systolic (23) (1) (3) (83 84 85) (25) (2) (27) (3) (95 96 97)	diastolic / 86 87 88 24 / 92 93 94 26 / 98 99 100 29	
80 81 82 22 average must be greater than or equal to 50		29 101 102 103 average must be in the range 90 · 189	104 105 100 30 average must be less than 110	
14. It has been verified that p			yes no 107 (31) 2	
15. Holter Monitoring has be	en completed		108 (32) 🗆	
16. Baseline Interview and Pl	nysical Examination h	nave been completed	109 (33) 🗆 🗆	
17Sig	34) 110 \ 0/1	ning BHAT MI	35) 111 1142 BHAT code	

Signature of Physician completing this form

BHAT code