

Complete this form after each hospital discharge including hospitalization for qualifying MI and fatal event hospitalization.

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

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

(6) EDIT STATUS 19,20

(7) BATCH NUMBER 21-28

(8) DATE RECEIVED 29-34

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

4. Date of admission to hospital (12) 50, 51 month 52, 53 day 54, 55 year

5. Date of discharge from hospital (13) 56, 57 month 58, 59 day 60, 61 year

6. Hospital: _____
Address: _____

(9) UPDATE NUMBER 35-37

(10) DATE LAST PROCESSED 38-43

Indicate below the main reason for the hospitalization and any other disorder or event which occurred during the hospitalization but after randomization. Use code numbers listed on back of this form.

7. Main reason for hospitalization (discharge diagnosis): _____ (14) 62, 63, 64 code

8. Other disorder(s) or event(s) occurring during hospitalization but after randomization: _____ (15) 65, 66, 67 code (16) 68, 69, 70 code (17) 71, 72, 73 code (18) 74, 75, 76 code

9. Number of 12-lead ECG's submitted (19) 77, 78

Code 00 if no ECG's required or if hospitalized for qualifying MI or New Cardiac Event

10. If the patient has had cardiovascular surgery without a suspect event and ECG's are not being submitted, specify reason: 79 (20) P 0/1

If dose of BHAT medication is changed or dose of another beta-blocker is changed, record information on Follow-up Drug Section and submit at next interim visit or scheduled BHAT interview.

11. Person completing form _____ (21) 80, 81 BHAT code

Codes for Questions 7 and 8:

- | | | | |
|-----|---|-----|---|
| 001 | Qualifying MI | 009 | Intermittent claudication |
| 002 | Definite myocardial infarction (after randomization) | 010 | Pulmonary embolism |
| | <i>New Cardiac Event form must be completed</i> | 011 | Asthma or chronic obstructive lung disease |
| 003 | Any other chest pain or where there was a suspicion of MI | 012 | Congestive heart failure after randomization |
| | <i>New Cardiac Event form must be completed</i> | | <i>C.H.F. form must be completed</i> |
| 004 | Coronary artery bypass surgery | 013 | Stroke after randomization |
| | <i>Send pre- and post- surgery ECG's</i> | | <i>Stroke form must be completed</i> |
| 005 | Other cardiovascular surgery | 014 | Liver disease, other than malignancy |
| | <i>Send pre- and post- surgery ECG's</i> | 015 | Gastrointestinal disease, other than malignancy |
| 006 | Arrhythmia | 016 | Eye problems |
| 007 | Coronary arterial occlusion (catheterization) | 017 | Malignancy |
| 008 | Peripheral arterial occlusion | 018 | Infection |
| | | 019 | Death |
| | | | <i>Death forms must be completed</i> |
| | | 020 | Psychiatric disorder including depression |
| | | 021 | Diabetes |
| | | 088 | Other |

If other codes are needed, see Manual of Procedures or call Coordinating Center.