



HOSPITAL DISCHARGE

Name _____

Date of this admission ____/____/____ DATE14
Mo. Day Yr.

Date of Discharge ____/____/____ DVDSCH14
Mo. Day Yr.

Date of Death (if applicable) ____/____/____ DVDTH14
Mo. Day Yr.

Was this the initial CASS admission? 1 Yes 2 No

Was this admission at a CASS institution? 1 Yes 2 No

If no, give name of Hospital _____

City _____

A. General Information

1. Was this hospitalization for cardiac reasons? 1 Yes 2 No CRDIAC14

If yes, indicate reason(s)

WORKUP14 Initial workup and therapy Cardiac catheterization CATHTR14 Surgery SURG14
 REEVAL14 Scheduled reevaluation Unscheduled admission UNSCH14

If no, give reason: _____

2. Procedures performed during this admission.

		1 Yes	2 No
Electrocardiogram	ECG14	<input type="checkbox"/>	<input type="checkbox"/>
Exercise test	EXTEST14	<input type="checkbox"/>	<input type="checkbox"/>
Coronary angiography	CORANG14	<input type="checkbox"/>	<input type="checkbox"/>
LV angiography	LVANG14	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	SURGRY14	<input type="checkbox"/>	<input type="checkbox"/>

If yes,

coronary artery surgery CORART14
 other cardiac surgery CARD14
 noncardiac surgery NONCRD14

J. Hospital Diagnosis and Course

1. Did patient have chest pain (not associated with exercise test, catheterization, or cardiac surgery) during the course of hospitalization? 1 Yes 2 No CHPAIN14

If yes,

- 1 Definite angina 2 Probable angina
 3 Definitely not angina ANGINA14 4 Probably not angina

If definite or probable angina, indicate pattern exhibited: 1 Stable 2 Unstable PATTRN14

2. Did patient have a suspected myocardial infarction either immediately preceding admission or while hospitalized? SUSPMI14 1 Yes 2 No

If yes,

- 1 Definite MI 2 Probable MI
 3 Acute coronary insufficiency 4 Angina episode DIAGNO14
 5 Not ischemic in origin

3. If definite or probable myocardial infarction is indicated above:

3.1 Give probable date of onset of MI ___/___/___ DVM14

3.2 Indicate how MI was diagnosed

- | | | 1 Yes | 2 No |
|--|-----------|--------------------------|--------------------------|
| New Q waves on ECG | OWAVES14 | <input type="checkbox"/> | <input type="checkbox"/> |
| Evolutionary ST-T wave segments of ECG | ESTSEGI14 | <input type="checkbox"/> | <input type="checkbox"/> |
| Enzyme changes | ENZYME14 | <input type="checkbox"/> | <input type="checkbox"/> |

3.3 Indicate if MI was associated with the following

- | | | 1 Yes | 2 No |
|--------------------------|----------|--------------------------|--------------------------|
| Congestive heart failure | MICHF14 | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiogenic shock | SHOCK14 | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe arrhythmia | ARRHYT14 | <input type="checkbox"/> | <input type="checkbox"/> |

4. If definite or probable MI or coronary insufficiency, indicate electrocardiographic site of damage or ischemia.

- Anterior Lateral Inferior True Posterior Subendocardial
 ANT14 LAT14 INF14 POST14

5. Congestive heart failure (except transient, in association with acute MI)

1 Yes 2 No CHF14

6. Did complications occur during this admission? 1 Yes 2 No CMPLIC14

Did complications occur on the same date as cardiac catheterization, surgery, or exercise test?

1 Yes 2 No CMPWHN14

(A complications form must be filled out for all untoward events which occur during hospital admission.)

7. Did the patient die during this admission? 1 Yes 2 No DEATH14