

Affix Patient I.D. Here

1 Date of evaluation:

DATE 19
mo dy yr

STUDY DRUG PRIOR TO AND AT TIME OF EVENT

2

Therapy at day 10 prior to event

DRCHG-19
Any change in therapy during 10 days prior to event

Table with 4 columns: Therapy at day 10 prior to event, change 1, change 2, change 3. Rows include Encainide, Flecainide, Moricizine, CAST-ENC, CAST-FLEC, CAST-MOR, No antiarrhythmic, and Other antiarrhythmic.

Specify:

Two horizontal lines for specifying details.

Dose (mg/day)

Four sets of boxes for recording dose in mg/day.

3 Weight: kg. or lbs. WEIGHT 19

4 Sitting heart rate: bpm HR 19

5 Sitting blood pressure: mmHg

SYSBP 19 DIASBP 19

SYMPTOMS

Are the following present?

yes no

- 6 ₁ ₂ Shortness of breath SOB19
- 7 ₁ ₂ Fatigue FATIG19
- 8 ₁ ₂ Orthopnea ORTHOP19
- 9 ₁ ₂ Paroxysmal nocturnal dyspnea DYP3NI9

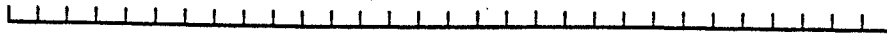
SIGNS

yes no

- 10 ₁ ₂ Jugular venous distention (> 10 cm H₂O) VDISTN19
- 11 ₁ ₂ Pulmonary rales RALES19
- 12 ₁ ₂ S3 S319
- 13 ₁ ₂ Edema EDEMA19
- 14 ₁ ₂ Murmur MURMUR19

If YES, check all that apply:

- 15 ₁ Mitral regurgitation
- 16 ₁ Other (specify)



CONGESTIVE HEART FAILURE

- 17 Is CHF:
 - ₁ New CHF19
 - ₂ Worsened

- 18 What is the NYHA classification?
 - ₁ I ₂ II ₃ III ₄ IV NYHA19

New York Heart Association Definitions

- I. No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, or dyspnea.
- II. Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, or dyspnea.
- III. Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, or dyspnea.
- IV. Unable to carry on any physical activity without symptoms. Symptoms are present even at rest. If any physical activity is undertaken, symptoms are increased.

19 Was this patient or is this patient to be hospitalized for this CHF event?

₁ yes ₂ no HOSP19

20 Were medications listed below changed because of this event?

₁ yes ₂ no MEDCHG19

Complete the following:

		not on	no change	stop	decrease	start	increase
21 CASTDR19	CAST drug	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
BETABK19	Beta blocker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
DIG19	Digitalis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
DIURET19	Diuretic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
NITRAT19	Nitrate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
INOTRO19	Inotropic agent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
CABK19	Calcium channel blocker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
ALOAD19	Afterload reduction agent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

22 Primary cause of new or worsened CHF (investigator's opinion):

- CAUSE 19
- ₁ CAST drug
 - ₂ Discontinuation or dose reduction BY PHYSICIAN of drug previously prescribed to treat CHF.
 - ₃ Discontinuation or dose reduction BY PATIENT (i.e., patient noncompliance of drug previously prescribed to treat CHF.
 - ₄ Dietary indiscretion.
 - ₅ Recurrent MI
 - ₆ Progression of disease without discrete MI
 - ₇ Arrhythmia (VT)

If arrhythmia, indicate: _____

₈ Idiopathic or unknown

₉ Other, specify:

Name of person filling out form

Code Number