



B5. TRAUMATIC ETIOLOGY OF CHEST PAIN/DISCOMFORT

YES ..... 1  
NO ..... 2

B6. HOSPITAL DISCHARGE DIAGNOSIS

ACUTE MYOCARDIAL INFARCTION.....1  
UNSTABLE ANGINA .....2  
OTHER DIAGNOSIS .....3  
NOT APPLICABLE.....4  
NOT AVAILABLE/RECORDED ..... <-8>

B7. PATIENT ELIGIBLE FOR REACT STUDY

YES ..... 1  
NO ..... 2 (GO TO END)

**SECTION C: PATIENT INFORMATION**

C1. NAME: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
LAST FIRST M.I.

C2. MAILING: \_\_\_\_\_ , \_\_\_\_\_  
ADDRESS STREET APT. NO

\_\_\_\_\_, \_\_\_\_\_ | | | | | | | | - | | | | | |  
CITY STATE ZIP CODE

C3. HOME PHONE: | | | | | - | | | | | - | | | | |

C4. SOCIAL SECURITY NO.: | | | | | - | | | | - | | | | |

C5. GENDER:  
MALE ..... 1  
FEMALE..... 2  
NOT RECORDED ..... <-8>  
NOT ELIGIBLE – SKIPPED ..... <-1>

C6. ETHNICITY:

- WHITE..... 1
- BLACK ..... 2
- HISPANIC ..... 3
- NATIVE AMERICAN..... 4
- ASIAN/ PACIFIC ISLANDER ..... 5
- OTHER (SPECIFY)..... 6
- NOT RECORDED ..... <-8>
- NOT ELIGIBLE – SKIPPED ..... <-1>

**SECTION D: END OF FORM**

D1. END TIME (MILITARY TIME):    \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**IF PATIENT WAS ELIGIBLE, COMPLETE REACT EMERGENCY DEPARTMENT  
RECORD ABSTRACT FORM .**

**IF PATIENT WAS NOT ELIGIBLE, NO FURTHER DATA COLLECTED.**