FOLLOW-UP CONTACT FORM: T3 FORM 13 (Rev. 4)

PURPOSE: To capture clinical information to characterize the patient's health status at the time of follow-up and to provide a pertinent profile of the patient's medical history since the last follow-up contact.

PERSONS RESPONSIBLE: Certified Research Coordinator.

SOURCES OF INFORMATION: Patient, family members, medical record and physicians caring for the patient.

TIME OF DATA COLLECTION: At each scheduled follow-up contact.

FORM TYPE: The form type for Form 13 should refer to the contact for which the form is completed. A Form 13 completed in connection with the six-week follow-up should have a form type of FU01. A Form 13 completed in connection with the one year follow-up should have a form type of FU02.

GENERAL INSTRUCTIONS: This form is to be completed using a telephone interview with the patient and/or family members. If a clinic desires, the patient may return to the clinic and this information may be obtained by personal interview. For T3B patients, please note that a six-week ECG and symptom limited ETT are required as part of the protocol and it will be considered a protocol violation if these are not obtained within 6 to 10 weeks after randomization. The only exception to this is for T3B patients who are still in the hospital at the time of the six-week follow-up. For these few patients, while the ECG is still required, the symptom-limited ETT, while desirable, is not required if medically contraindicated. The six-week ECG and ETT can be performed outside the hospital, as long as the procedures are performed according to the protocol.

The period during which the six-week follow-up may be performed begins on the 42nd day following the date of study drug initiation. Please refer to the patient appointment schedule for allowable dates for the six-week follow-up for each study patient. The follow-up contact, ECG, and ETT may not be performed before this time period. For T3A patients, only a six-week telephone contact is required by the protocol.

If it is not possible to obtain the information needed to complete Form 13 during the interval 42 to 70 days after study treatment initiation, Form 12, Missed Follow-up Form, should be completed and submitted to the Data Coordinating Center. The form type for the Form 12 should refer to the contact for which the form is being completed, FU01 for six-week contact and FU02 for one-year contact. Attempts to contact the patient should continue. If successful, Form 13 should be completed and submitted to the Data Coordinating Center, even if the patient contact time does not fall within any study contact window.

For all information reported on Form 13, when this form is being completed for the six-week follow-up, the "last contact" with the

patient will usually have been hospital discharge. However, if the patient was still in the hospital at 21 days after study treatment initiation, the 21-day completion date of Form 10 should be considered to be the time of "last contact" for answering questions within this form. Similarly, when this form is being completed for the one-year follow-up, the "last contact" will usually have been the six-week follow-up visit. If a six-week follow-up was not completed for the patient, the date in Item 2 on Form 10 should be used as the time of "last contact" for answering questions within this form.

PART I: IDENTIFICATION

1. **NAME CODE:** As previously defined for the patient.

2. **DATE OF CONTACT:** For six-week follow-up contact, a form should be completed within 28 days **AFTER THE SIX-WEEK FOLLOW UP DATE HAS BEEN REACHED.** For one-year follow-up contact, a form should be completed within 28 days after the one-year anniversary date of enrollment. Refer to patient appointment schedule for allowable dates for the six-week and one-year follow-up. Complete and submit a Missed Follow-up Form (Form 12), if patient is not contacted within these time windows.

3. **FOLLOW-UP INTERVAL:** Record the appropriate interval for the current follow-up contact. Since T3A is complete, skip Item 3.A. For T3B patients, at the six-week contact, record information regarding obtaining ECG (Item 3.B) and standard or modified ETT or Persantine/Thallium Imaging Test for patients who are unable to exercise (Item 3.C). Please note that if at the time of the follow-up phone call, the patient has not yet had the ECG, ETT or Persantine/Thallium Imaging Test performed, an actual scheduled date for the ECG, ETT or Persantine/Thallium Imaging Test should be obtained before answering "yes" to Item 3.B.1., "Is ECG scheduled?" and Item 3.C.1., "Is 12-lead ETT or Persantine/Thallium Imaging Test scheduled?" If an ECG or ETT or Persantine/Thallium Imaging Test will not be performed, Form 18 should be completed and submitted.

4. **END POINTS SINCE LAST CONTACT:** Record all listed events that the patient experienced or that occurred since "last contact" as defined in the general instructions on pages 1 and 2.

   Data should be reported on this form for end points occurring during the period from the date of last contact through the Item 2 date of contact on the current Form 13. For example, if the six-week follow-up contact occurs at ten weeks, end points occurring through the Item 2 date of contact (ten weeks) should be reported on the six-week follow-up contact form.

   Each item answered "yes" requires an event form, ECG(s), and test forms for documentation.

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For patients who are still in the hospital at the time of the six-week follow-up, end points G., Post-discharge Canadian Cardiovascular Society Class III or IV angina confirmed by ETT, and H., Rest angina requiring re-hospitalization, should be checked "N/A" since these questions do not apply.

5.   **ANGINA SINCE LAST CONTACT:**   Check "yes" if the patient describes at least 1 episode of angina occurring since "last contact" as defined in the general instructions on pages 1 and 2.

   A. Angina pain pattern: Record all patterns of angina that are typical of the patient's description of his/her anginal episodes.

   B. Record the current Canadian Cardiovascular Classification for the patient at the time of contact.

6.   **ANY MAJOR CARDIOVASCULAR EVENT FOR WHICH PATIENT WAS NOT HOSPITALIZED:** If a patient experienced a suspected myocardial infarction, cardiac arrest, stroke, or chronic congestive heart failure, record the date of occurrence of each event only in those cases where the patient was not admitted to a hospital for the event. If patient has remained hospitalized since study treatment initiation, report on major cardiovascular events occurring during hospital stay since 21-day completion date of Form 10.

Heart Failure Classification:

   I.   Patients with cardiac disease but without resulting limitations of physical activity. Ordinary physical activity does not cause undue fatigue, palpitations or dyspnea.

   II. Patients with cardiac disease resulting in slight limitation of physical activity. Ordinary physical activity results in fatigue, palpitations or dyspnea. Ordinary physical activity includes walking more than two blocks on level ground, climbing more than one flight of stairs at normal pace, walking uphill, walking or climbing stairs rapidly, walking or climbing under adverse conditions (cold, wind, emotional stress).

   III. Patients with cardiac disease resulting in marked limitation of physical activity. These patients are comfortable at rest. Less than ordinary activity causes fatigue, palpitations or dyspnea. Less than normal activity includes walking one to two blocks on level ground or climbing one flight of stairs at a normal pace.

   IV. Patients with cardiac disease resulting in inability to carry out any physical activity without symptoms of fatigue, palpitations or dyspnea. Symptoms may be

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present even at rest. If any physical activity is undertaken, symptoms are increased.

7. **PATIENT REMAINED HOSPITALIZED SINCE STUDY TREATMENT INITIATION:** Self-explanatory.

8. **CARDIAC HOSPITALIZATION:** Check "yes" if the patient was admitted to a hospital for any cardiac events or for any complications related to a cardiac procedure previously performed on the patient. For each hospitalization, record the date, the approximate length of stay, and the name of the hospital where the patient was hospitalized. In addition, Subsequent Hospitalization Form (Form 14) should be filled out for each admission listed.

9. **SPECIAL PROCEDURES:** Check "yes" if patient underwent coronary angiography, CABG, or PTCA. For each procedure, submit the appropriate forms.

PART III: CURRENT MEDICATIONS

10. **MEDICATION IN THE PRIOR 14 DAYS:** Record all medication taken during the prior 14 days. Definitions of each medication can be found in the instructions for Form 04, Admission and Treatment Assignment Form.

11. **EMPLOYMENT STATUS:** Indicate the patient's employment status throughout the past three months. Any temporary changes due to worsening symptoms should not be included. For example, if the patient worked full-time and went on sick leave only after a recent MI and plans to return to work as soon as possible after the event, "full-time" should be checked.

PART IV: ADMINISTRATIVE MATTERS

Self-explanatory.

Clinic No.			-					
ID No.			-					
Form Type	F	U						

Complete this form for each scheduled follow-up contact. When this form is being completed for the six-week follow-up, the "last contact" with the patient will usually have been hospital discharge. However, if the patient was still in the hospital at 21 days after study treatment initiation, the 21-day completion date of Form 10 should be considered to be the time of "last contact" for answering questions within this form. Similarly, when this form is being completed for the one-year follow-up, the "last contact" will usually have been the six-week follow-up visit. If a six-week follow-up was not completed for the patient, the date in Item 2 on Form 10 should be used as the time of "last contact" for answering questions within this form.

1 . I: IDENTIFICATION

1.   Patient's NAME CODE: -- __ __ __ __ __

2.   Date of contact: -- __ __ - __ __ - __ __
                                                            Month   Day   Year

fm13day

ID No.			-				

Indicate follow-up interval: ----------------------------------- ($_1$)   ($_2$) *fuptime*
                                                                    6 weeks   1 year
                                                                       ↓   ↓

| Continue with 3.B & 3.C. | Skip to Part II. |

A. Is this patient participating in T3A? ------------------- ($_1$)   (✗) *t3apat*
                                                               Yes   No

B. Was 12-lead ECG obtained? ------------------------------ ($_1$)   ($_2$) *ecgsix*
                                                               Yes   No
                                                                ↓   ↓
                                                                           ↓
                                                                           ↓
                         | Submit ECG Acquisition Form 09. | ↓
                                                                           ↓

PROTOCOL VIOLATION.

   1) Is ECG scheduled? ----------- ($_1$)   ($_2$) *ecgscd*
                                                    Yes   No
                                                                  ↓

   a. Specify reason: _____
                           _____

C. Was a standard <u>or</u> modified Bruce Exercise Treadmill
    Test <u>or</u> Persantine/Thallium Imaging Test obtained? ------- ($_1$)   ($_2$) *ettsix*
                                                                       Yes   No
                                                                        ↓   ↓
                                                                                   ↓
                         | Submit ETT Form 8E <u>or</u>   ↓
                         | Thallium Imaging Form 8F. | ↓
                                                                                   ↓
                                                                                   ↓

PROTOCOL VIOLATION UNLESS PATIENT STILL IN HOSPITAL.

   1) Is 12-lead ETT <u>or</u> Persantine/
        Thallium Imaging Test
        scheduled? ----------------- ($_1$)   ($_2$) *itscd*
                                      Yes   No
                                                    ↓

   a. Specify reason: _____
                           _____

| ID No. | | | - | | | | | |
| Form Type | F | U | | | |

PART II: MAJOR EVENTS

4. Did any of the following end points occur since last contact? -------- ($_1$) ($_2$)   *endpt*
                                                                           Yes   No
                                                                            ↓

End point: (*Answer each item.*)

A. Death --- ($_1$)* ($_2$)   *death*

B. MI after study drug treatment ------------------------------------- ($_1$)* ($_2$)   *mi*

C. Ischemic pain <u>at</u> <u>rest</u> with ECG changes meeting study criteria --- ($_1$)* ($_2$)   *ischem*
                                                                            ↓

> (*Check all that apply.*)
>
> 1) Single episode of pain lasting at least 5 minutes with   *ischt1*
>   ST elevation/depression ≥ 2 mm in ≥ 2 contiguous leads ----- ($_1$)
>
> 2) Single episode of pain lasting at least 20 minutes   *ischt2*
>   with: a) ST elevation/depression ≥ 1 mm in ≥ 2 contiguous
>   leads; <u>or</u> b) T-wave inversion in ≥ 2 contiguous leads ------ ($_1$)
>
> 3) Two or more episodes of pain lasting at least 5 minutes *ischt3*
>   with: a) ≥ 1 mm ST elevation/depression in ≥ 2 contiguous
>   leads; <u>or</u> b) T-wave inversion in ≥ 2 contiguous leads ------ ($_1$)

D. Notification from Holter Core Lab of abnormal Holter Test ------- ($_1$)* ($_2$)   *holtab*

E. Positive Thallium Imaging Test: a) abnormal lung uptake and
    ≥ 1 region with reversible hypoperfusion; <u>or</u>   *tptab*
    b) ≥ 2 regions with reversible hypoperfusion ------------------- ($_1$)* ($_2$)

F. Positive ETT Test: a) ischemic pain prior to completion
    of Stage II; <u>or</u> b) ≥ 2 mm ST elevation/depression with or
    without symptoms; <u>or</u> c) > 10 mm Hg reduction in SBP compared *ettab*
    to previous recording --- ($_1$)* ($_2$)

G. Post-discharge Canadian Cardiovascular Society Class III   *ccsc34*
    or IV angina confirmed by ETT --------------------------------- ($_1$)* ($_2$) ($_3$)
                                                                            N/A**
                                                                          angrhosp
H. Rest angina requiring re-hospitalization ---------------------- ($_1$)* ($_2$) ($_3$)
                                                                            N/A**

Submit appropriate event form, ECGs and test forms to Core Laboratories and the DCC.
**If the patient is still in the hospital at the six-week follow-up, this question*
 does not apply and "N/A" should be checked.

ID No.			-					
Form Type	F	U						

Has patient experienced angina since last contact? ------------------ *fupang* ($_1$) ($_2$) ($_3$)

                                                                Yes No Unknown

                                                               ↓

A. Describe anginal pain pattern <u>since last contact</u> (if this contact is the six-week visit) or <u>within the last two months</u> (if this contact is the one-year visit): (*Check all that apply.*)

    1) At rest -- *fuprest2* ---------- ($_1$)
    2) Exertional ------------------------------------- *fupexert* ---------- ($_1$)
    3) Accelerating ----------------------------------- *fupaccel* ---------- ($_1$)
    4) Nocturnal -------------------------------------- *fupnight* ---------- ($_1$)
    5) Angina lasting > 20 minutes ------------------ *fuplong* ---------- ($_1$)
    6) No angina within the last two months prior to the one-year contact - ($_1$)
                                         fupang2m

B. Indicate <u>current</u> Canadian Cardiovascular Society Classification: (*Choose one.*)

                                       fupccsc

    No angina -- ($_1$)
    I --- ($_2$)
    II -- ($_3$)
    III --- ($_4$)
    IV -- ($_5$)

Canadian Cardiovascular Society Classification:

<u>Class I</u>:   *"Ordinary physical activity (such as walking and climbing stairs) does not cause...angina." Angina with strenuous or rapid or prolonged exertion at work or recreation.*

<u>Class II</u>:   *"Slight limitation of ordinary activity," such as walking or climbing stairs rapidly; walking uphill; walking or stair climbing after meals; or in cold, in wind, or under emotional stress; or only during the few hours after awakening; or walking more than two blocks on the level; or climbing more than one flight of ordinary stairs at a normal pace and in normal conditions.*

<u>Class III</u>:   *"Marked limitation of ordinary physical activity," such as walking one or two blocks on the level or climbing one flight of stairs in normal conditions and at a normal pace. "Comfortable at rest."*

<u>Class IV</u>:   *"Inability to carry on any physical activity without discomfort... anginal syndrome MAY be present at rest."*

ID No.			-					
Form Type	F	U						

. Did any of the following major cardiovascular events, for which patient **nhevent** was not hospitalized, occur since last contact*? -------------------- $(_1)$ $(_2)$ $(_3)$
                               Yes No Unknown

*If patient has remained hospitalized since study treatment ↓
 initiation, report on major cardiovascular events occurring ↓
 during hospital stay since 21-day completion of Form 10. ↓

(Answer each item and record date of first of each event.)

                       DATE OF EVENT

Event	Yes	No	Month	Day	Year
A. Cardiac arrest ------- **nhca** --------	$(_1)$	$(_2)$	__ __ -	**nhcadays**	__ __
B. Stroke --------------- **nhstrk** -----	$(_1)$ ↓	$(_2)$	__ __ -	**nhstdays**	

> Submit Severe Neurologic Event Form 27.

nhchf
C. Chronic congestive heart failure -- $(_1)$ $(_2)$ __ __ -   **nhchdays** __
                ↓

hfclass

> 1) Heart failure classification: One $(_1)$ Two $(_2)$ Three $(_3)$ Four $(_4)$

nhoth
D. Other ---------------------- --------- $(_1)$ $(_2)$ __ __ - __ __ - **nhotdays**
  If yes, specify: _____

---

hspstill
7. Has patient remained hospitalized since study treatment initiation? - $(_1)$ $(_2)$
                                  Yes No
                                 ↓

> Skip to 9.

8. Has patient been hospitalized since last contact for a cardiac event **hevent** or for complications related to a cardiac procedure? ---------------- $(_1)$ $(_2)$ $(_3)$
                             Yes No Unknown
                           ↓

> Submit Subsequent Hospitalization Form 14 for each cardiac admission.

	Month	Date Day	Year	Length of Stay in days	Hospital
A.	**hos1days** __ __		__ __	**h1days**	_____
B.	**hos2days** __ __		__ __	**h2days**	_____
C.	**hos3days** __ __		__ __	**h3days**	_____
D.	**hos4days** __ __		__ __	**h4days**	_____
E.	**hos5days** __ __		__ __	**h5days**	_____

ID No.				-					
Form Type	F	U					

. Did patient undergo any of the following special procedures **fupproc**
since last contact? --- ($_1$) ($_2$) ($_3$)
Yes   No   Unknown

Submit appropriate forms.		
	Yes	**No**
Procedure		
A. Coronary angiography ------------------------------------- **fupangio** ($_1$)		($_2$)
B. CABG --- **fupcabg** ($_1$)		($_2$)
C. PTCA --- **fupptca** ($_1$)		($_2$)

PART III: CURRENT MEDICATION

10. Has patient taken any of the following during the prior 14 days?
(*Answer each item.*)

		Yes	No	Unknown
A.	Heparin --- **fuphep**	($_1$)	($_2$)	($_3$)
B.	Nitrates -- **fupnitr**	($_1$)	($_2$)	($_3$)
C.	Beta-blocker therapy -------------------------------- **fupbeta**	($_1$)	($_2$)	($_3$)
D.	Calcium channel blocker ----------------------------- **fupccb**	($_1$)	($_2$)	($_3$)
E.	Persantine/sulfinpyrazone --------------------------- **fuppers**	($_1$)	($_2$)	($_3$)
F.	Antiplatelet agent other than aspirin or persantine ---- **fupplate**	($_1$)	($_2$)	($_3$)
G.	Aspirin --- **fupasa**	($_1$)	($_2$)	($_3$)
H.	Anticoagulant other than heparin -------------------- **fupcoag**	($_1$)	($_2$)	($_3$)
I.	Lipid-lowering agent -------------------------------- **fupliplo**	($_1$)	($_2$)	($_3$)
J.	Diuretics --- **fupdiur**	($_1$)	($_2$)	($_3$)
K.	ACE inhibitors -------------------------------------- **fupacein**	($_1$)	($_2$)	($_3$)
L.	Vasodilator other than ACE inhibitor/nitrates/ calcium channel blockers -------------------------- **fupdilat**	($_1$)	($_2$)	($_3$)
M.	Digitalis or derivative ----------------------------- **fupdigit**	($_1$)	($_2$)	($_3$)
N.	Inotropic agent ------------------------------------- **fupinotr**	($_1$)	($_2$)	($_3$)
O.	Antiarrhythmic agent -------------------------------- **fuprhyth**	($_1$)	($_2$)	($_3$)
P.	Fish oil therapy ------------------------------------ **fupfish**	($_1$)	($_2$)	($_3$)

ID No.			-					
Form Type	F	U						

11. Time commitment to employment: *(Check all that apply.)*

    A. Full-time (≥ 32 hr/wk) ------------------------------------- fupfull ------------- (₁)
    B. Part-time -- fuppart ------------- (₁)
    C. Homemaker -- fuphome ------------- (₁)
    D. Retired --- fupret -------------- (₁)
    E. Unemployed --- fepunemp ------------ (₁)
    F. Disabled --- fupsick ------------- (₁)
    G. Unknown --- fupunkem ---------- (₁)

PART IV: ADMINISTRATIVE MATTERS

12. How was the information on this form obtained?
    (Check all that apply.)

    A. From patient interview at Clinical Center ------------------ fupclin ------------ (₁)
    B. From patient interview over telephone ------------------- fupphone --------- (₁)
    C. From patient's personal physician --------------------- fuppmd ----------- (₁)
    D. From patient's hospital medical record (patient still in hospital) fupmrec. (₁)
    E. From a surrogate --------------------------------------- fupsurro --------- (₁)
                                                      ↓

> 1) Specify surrogate: _____
>
> _____

13. Research Coordinator:

    Signature: _____   T3 Staff No.: --- __ __ - __ __ __

14. Date form completed: ----------------------------------- __ __ - __ __ - __ __
                                                        Month   Day   Year

ID No.			-					
Form Type	F	U						

T3 Form 13: Variables from earlier revisions

FUPTIME2   Revision 5 Item 3
             Indicate follow-up interval
             1=6-week 2=1-year 3=2-year

FUPTIME3   Revision 0 Item 3
             Indicate follow-up interval
             1=1-year 2=2-year

ETTSCD   Revision 2 Item 3C
             Is 12-lead ETT scheduled?
             1=Yes 2=No

FUPENDPT   Revision 2 Item 4
             Did any of the following occur after hospital discharge or since the last follow-up contact?
             1=Yes 2=No

FUPUNKRX   Revision 1 Item 9Q
             Has patient taken any of the following during the prior 14 days?
             Unknown
             1=Yes 2=No

T3 Form 13: Data Set Revisions

The following item was recoded:

Item 3A: Patient in T3A
1 record changed from code 1 (Yes) to missing

T3B form13

The CONTENTS Procedure

Data Set Name:	WORK.FORM13	Observations:	3256
Member Type:	DATA	Variables:	89
Engine:	V8	Indexes:	0
Created:	14:28 Friday, February 6, 2004	Observation Length:	416
Last Modified:	14:28 Friday, February 6, 2004	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

-----Alphabetic List of Variables and Attributes-----				
#	Variable	Type	Len	Pos	Label
24	ANGRHOSP	Num	4	180	f13q4H: Angina rehospitalization
23	CCSC34	Num	4	176	f13q4G: CCSC class III or IV
14	DEATH	Num	4	140	f13q4A: Death
8	ECGSCD	Num	4	116	f13q3B1: ECG scheduled
7	ECGSIX	Num	4	112	f13q3B: ECG done
13	ENDPT	Num	4	136	f13q4: Study end point
22	ETTAB	Num	4	172	f13q4F: Positive ETT
11	ETTSCD	Num	4	128	f13q3C1: ETT scheduled
9	ETTSIX	Num	4	120	f13q3C: ETT or Thallium done
80	FM13DAY	Num	8	16	f13q2: Days to contact
2	FMTYP	Char	4	380	Form Type
29	FUPACCEL	Num	4	200	f13q5A3: Accelerating angina
60	FUPACEIN	Num	4	304	f13q10K: Current ACE inhibitors
25	FUPANG	Num	4	184	f13q5: Angina
32	FUPANG2M	Num	4	212	f13q5A6: No angina within 2 mos
47	FUPANGIO	Num	4	252	f13q9A: Coronary angiography
56	FUPASA	Num	4	288	f13q10G: Current aspirin
52	FUPBETA	Num	4	272	f13q10C: Current beta blocker therapy
48	FUPCABG	Num	4	256	f13q9B: CABG
53	FUPCCB	Num	4	276	f13q10D: Current calcium channel bloeker
26	FUPCCSC	Num	4	188	f13q5B: Current CCSC
74	FUPCLIN	Num	4	360	f13q12A: Patient at clinic

(06FEB04--14:28)

T3B form13

The CONTENTS Procedure

#	Variable	Type	Len	Pos	Label
-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Label
57	FUPCOAG	Num	4	292	f13q10H: Current anticoagulant
62	FUPDIGIT	Num	4	312	f13q10M: Current digitalis
61	FUPDILAT	Num	4	308	f13q10L: Current vasodilator
59	FUPDIUR	Num	4	300	f13q10J: Current diuretics
12	FUPENDPT	Num	4	132	f13q4 (rev 1): Study end point
28	FUPEXERT	Num	4	196	f13q5A2: Exertional angina
65	FUPFISH	Num	4	324	f13q10P: Current fish oil therapy
67	FUPFULL	Num	4	332	f13q11A: Employed fulltime
50	FUPHEP	Num	4	264	f13q10A: Current heparin
69	FUPHOME	Num	4	340	f13q11C: Homemaker
63	FUPINOTR	Num	4	316	f13q10N: Current inotropic agent
58	FUPLIPLO	Num	4	296	f13q10I: Current lipid lowering agent
31	FUPLONG	Num	4	208	f13q5A5: Angina > 20 min
77	FUPMREC	Num	4	372	f13q12D: Information from medical record
30	FUPNIGHT	Num	4	204	f13q5A4: Nocturnal angina
51	FUPNITR	Num	4	268	f13q10B: Current nitrates
68	FUPPART	Num	4	336	f13q11B: Employed part-time
54	FUPPERS	Num	4	280	f13q10E: Current persantine
75	FUPPHONE	Num	4	364	f13q12B: Patient telephoned
55	FUPPLATE	Num	4	284	f13q10F: Current antiplatelet agent
76	FUPPMD	Num	4	368	f13q12C: Information from physician
46	FUPPROC	Num	4	248	f13q9: Special procedures
49	FUPPTCA	Num	4	260	f13q9C: PTCA
27	FUPREST2	Num	4	192	f13q5A1: Angina at rest
70	FUPRET	Num	4	344	f13q11D: Retired
64	FUPRHYTH	Num	4	320	f13q10O: Current antiarrhythmic agent
72	FUPSICK	Num	4	352	f13q11F: Disabled
78	FUPSURRO	Num	4	376	f13q12E: Information from surrogate
3	FUPTIME	Num	4	96	f13q3: Follow-up (6wk/1yr)
4	FUPTIME2	Num	4	100	f13q3: Follow-up (6wk/1yr/2yr)
5	FUPTIME3	Num	4	104	f13q3: Follow-up (1yr/2yr)

T3B form13

The CONTENTS Procedure

#	**Variable**	**Type**	**Len**	**Pos**	**Label**
71	FUPUNEMP	Num	4	348	f13q11E: Unemployed
73	FUPUNKEM	Num	4	356	f13q11G: Employment unknown
66	FUPUNKRX	Num	4	328	f13q9Q: Current unknown medication
41	H1DAYS	Num	5	384	f13q8A: Length of hospital stay 1
42	H2DAYS	Num	5	389	f13q8B: Length of hospital stay 2
43	H3DAYS	Num	5	394	f13q8C: Length of hospital stay 3
44	H4DAYS	Num	5	399	f13q8D: Length of hospital stay 4
45	H5DAYS	Num	5	404	f13q8E: Length of hospital stay 5
40	HEVENT	Num	4	244	f13q8: Hospitalized for cardiac event
37	HFCLASS	Num	4	232	f13q6C1: Heart failure class
20	HOLTAB	Num	4	164	f13q4D: Abnormal Holter
85	HOS1DAYS	Num	8	56	f13q8A: Days to hospitalization 1
86	HOS2DAYS	Num	8	64	f13q8B: Days to hospitalization 2
87	HOS3DAYS	Num	8	72	f13q8C: Days to hospitalization 3
88	HOS4DAYS	Num	8	80	f13q8D: Days to hospitalization 4
89	HOS5DAYS	Num	8	88	f13q8E: Days to hospitalization 5
39	HSPSTILL	Num	4	240	f13q7: Hospitalized since treatment init
16	ISCHEM	Num	4	148	f13q4C: Ischemic pain
17	ISCHT1	Num	4	152	f13q4C1: Single ischemic episode > 5min
18	ISCHT2	Num	4	156	f13q4C2: Single ischemic episode > 20 mi
19	ISCHT3	Num	4	160	f13q4C3: Two or more ischemic episodes
10	ITSCD	Num	4	124	f13q3C1: ETT or Thallium scheduled
15	MI	Num	4	144	f13q4B: MI
79	NEWID	Num	8	8	Patient Identification
34	NHCA	Num	4	220	f13q6A: Not hospitalized cardiac arrest
81	NHCADAYS	Num	8	24	f13q6A: Days to cardiac arrest
83	NHCHDAYS	Num	8	40	f13q6C: Days to congestive heart failure
36	NHCHF	Num	4	228	f13q6C: Not hospitalized CHF
33	NHEVENT	Num	4	216	f13q6: Cardiovascular event not hospital
84	NHOTDAYS	Num	8	48	f13q6D: Days to other event
38	NHOTH	Num	4	236	f13q6D: Not hospitalized other event

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T3B form13

The CONTENTS Procedure

	-----Alphabetic List of Variables and Attributes-----				
#	Variable	Type	Len	Pos	Label
82	NHSTDAYS	Num	8	32	f13q6B: Days to stroke
35	NHSTRK	Num	4	224	f13q6B: Not hospitalized stroke
1	REV	Num	8	0	Revision
6	T3APAT	Num	4	108	f13q3A: Patient in T3A
21	TPTAB	Num	4	168	f13q4E: Positive thallium

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T3B form13

Variable	Label	Value	N	%	<= 20
REV	Revision	0	392	12.0	
		1	142	4.4	
		2	90	2.8	
		3	515	15.8	
		4	1555	47.8	
		5	562	17.3	
FMTYP	Form Type	FU01	1408	43.2	
		FU02	1374	42.2	
		FU03	474	14.6	
FUPTIME	f13q3: Follow-up (6wk/1yr)	.	954	29.3	
		1	1372	42.1	
		2	930	28.6	
FUPTIME2	f13q3: Follow-up (6wk/1yr/2yr)	.	2695	82.8	
		1	35	1.1	
		2	170	5.2	
		3	356	10.9	
FUPTIME3	f13q3: Follow-up (1yr/2yr)	.	2872	88.2	
		1	271	8.3	
		2	113	3.5	
T3APAT	f13q3A: Patient in T3A	.	1066	32.7	
		2	2190	67.3	
ECGSIX	f13q3B: ECG done	.	1849	56.8	
		1	1268	38.9	
		2	139	4.3	

T3B form13

Variable	Label	Value	N	%	<= 20
ECGSCD	f13q3B1: ECG scheduled	.	3125	96.0	
		1	42	1.3	
		2	89	2.7	
ETTSIX	f13q3C: ETT or Thallium done	.	1849	56.8	
		1	1198	36.8	
		2	209	6.4	
ETTSCD	f13q3C1: ETT scheduled	.	3240	99.5	
		1	4	0.1	*
		2	12	0.4	*
ITSCD	f13q3C1: ETT or Thallium scheduled	.	3079	94.6	
		1	45	1.4	
		2	132	4.1	
ENDPT	f13q4: Study end point	.	153	4.7	
		1	420	12.9	
		2	2683	82.4	
FUPENDPT	f13q4 (rev 1): Study end point	.	3114	95.6	
		1	11	0.3	*
		2	131	4.0	
DEATH	f13q4A: Death	.	2892	88.8	
		1	20	0.6	*
		2	344	10.6	
MI	f13q4B: MI	.	2888	88.7	
		1	45	1.4	
		2	323	9.9	

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T3B form13

Variable	Label	Value	N	%	<= 20
ISCHEM	f13q4C: Ischemic pain	.	2895	88.9	
		1	54	1.7	
		2	307	9.4	
ISCHT1	f13q4C1: Single ischemic episode > 5min	.	3246	99.7	
		1	10	0.3	*
ISCHT2	f13q4C2: Single ischemic episode > 20 mi	.	3225	99.0	
		1	31	1.0	
ISCHT3	f13q4C3: Two or more ischemic episodes	.	3230	99.2	
		1	26	0.8	
HOLTAB	f13q4D: Abnormal Holter	.	2895	88.9	
		1	2	0.1	*
		2	359	11.0	
TPTAB	f13q4E: Positive thallium	.	2891	88.8	
		1	30	0.9	
		2	335	10.3	
ETTAB	f13q4F: Positive ETT	.	2881	88.5	
		1	89	2.7	
		2	286	8.8	
CCSC34	f13q4G: CCSC class III or IV	.	2893	88.9	
		1	23	0.7	
		2	340	10.4	
ANGRHOSP	f13q4H: Angina rehospitalization	.	2849	87.5	
		1	290	8.9	
		2	117	3.6	

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T3B form13

Variable	Label	Value	N	%	<= 20
FUPANG	f13q5: Angina	.	9	0.3	*
		1	1010	31.0	
		2	2190	67.3	
		3	47	1.4	
FUPREST2	f13q5A1: Angina at rest	.	2773	85.2	
		1	483	14.8	
FUPEXERT	f13q5A2: Exertional angina	.	2531	77.7	
		1	725	22.3	
FUPACCEL	f13q5A3: Accelerating angina	.	3140	96.4	
		1	116	3.6	
FUPNIGHT	f13q5A4: Nocturnal angina	.	3086	94.8	
		1	170	5.2	
FUPLONG	f13q5A5: Angina > 20 min	.	3165	97.2	
		1	91	2.8	
FUPANG2M	f13q5A6: No angina within 2 mos	.	3200	98.3	
		1	56	1.7	
FUPCCSC	f13q5B: Current CCSC	.	2248	69.0	
		1	126	3.9	
		2	294	9.0	
		3	316	9.7	
		4	151	4.6	
		5	121	3.7	

T3B form13

Variable	Label	Value	N	%	<= 20
NHEVENT	f13q6: Cardiovascular event not hospital	.	11	0.3	*
		1	32	1.0	
		2	3204	98.4	
		3	9	0.3	*
NHCA	f13q6A: Not hospitalized cardiac arrest	.	3225	99.0	
		1	5	0.2	*
		2	26	0.8	
NHSTRK	f13q6B: Not hospitalized stroke	.	3225	99.0	
		1	2	0.1	*
		2	29	0.9	
NHCHF	f13q6C: Not hospitalized CHF	.	3225	99.0	
		1	22	0.7	
		2	9	0.3	*
HFCLASS	f13q6C1: Heart failure class	.	3236	99.4	
		1	3	0.1	*
		2	6	0.2	*
		3	11	0.3	*
NHOTH	f13q6D: Not hospitalized other event	.	3227	99.1	
		1	4	0.1	*
		2	25	0.8	
HSPSTILL	f13q7: Hospitalized since treatment init	.	160	4.9	
		1	10	0.3	*
		2	3086	94.8	

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T3B form13

Variable	Label	Value	N	%	<= 20
HEVENT	f13q8: Hospitalized for cardiac event	.	27	0.8	
		1	466	14.3	
		2	2752	84.5	
		3	11	0.3	*
FUPPROC	f13q9: Special procedures	.	10	0.3	*
		1	324	10.0	
		2	2916	89.6	
		3	6	0.2	*
FUPANGIO	f13q9A: Coronary angiography	.	2932	90.0	
		1	288	8.8	
		2	36	1.1	
FUPCABG	f13q9B: CABG	.	2933	90.1	
		1	101	3.1	
		2	222	6.8	
FUPPTCA	f13q9C: PTCA	.	2931	90.0	
		1	139	4.3	
		2	186	5.7	
FUPUNKRX	f13q9Q: Current unknown medication	.	3114	95.6	
		1	1	0.0	*
		2	137	4.2	
		3	4	0.1	*
FUPHEP	f13q10A: Current heparin	.	10	0.3	*
		1	36	1.1	
		2	3140	96.4	
		3	70	2.1	

T3B form13

Variable	Label	Value	N	%	<= 20
FUPNITR	f13q10B: Current nitrates	.	9	0.3	*
		1	1090	33.5	
		2	2083	64.0	
		3	74	2.3	
FUPBETA	f13q10C: Current beta blocker therapy	.	9	0.3	*
		1	1617	49.7	
		2	1557	47.8	
		3	73	2.2	
FUPCCB	f13q10D: Current calcium channel bloeker	.	9	0.3	*
		1	1554	47.7	
		2	1619	49.7	
		3	74	2.3	
FUPPERS	f13q10E: Current persantine	.	10	0.3	*
		1	144	4.4	
		2	3028	93.0	
		3	74	2.3	
FUPPLATE	f13q10F: Current antiplatelet agent	.	10	0.3	*
		1	11	0.3	*
		2	3162	97.1	
		3	73	2.2	
FUPASA	f13q10G: Current aspirin	.	9	0.3	*
		1	2668	81.9	
		2	510	15.7	
		3	69	2.1	

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T3B form13

Variable	Label	Value	N	%	<= 20
FUPCOAG	f13q10H: Current anticoagulant	.	11	0.3	*
		1	106	3.3	
		2	3066	94.2	
		3	73	2.2	
FUPLIPLO	f13q10I: Current lipid lowering agent	.	10	0.3	*
		1	491	15.1	
		2	2682	82.4	
		3	73	2.2	
FUPDIUR	f13q10J: Current diuretics	.	9	0.3	*
		1	421	12.9	
		2	2754	84.6	
		3	72	2.2	
FUPACEIN	f13q10K: Current ACE inhibitors	.	10	0.3	*
		1	317	9.7	
		2	2857	87.7	
		3	72	2.2	
FUPDILAT	f13q10L: Current vasodilator	.	11	0.3	*
		1	42	1.3	
		2	3130	96.1	
		3	73	2.2	
FUPDIGIT	f13q10M: Current digitalis	.	10	0.3	*
		1	264	8.1	
		2	2911	89.4	
		3	71	2.2	

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T3B form13

Variable	Label	Value	N	%	<= 20
FUPINOTR	f13q10N: Current inotropic agent	.	10	0.3	*
		1	13	0.4	*
		2	3160	97.1	
		3	73	2.2	
FUPRHYTH	f13q10O: Current antiarrhythmic agent	.	10	0.3	*
		1	74	2.3	
		2	3099	95.2	
		3	73	2.2	
FUPFISH	f13q10P: Current fish oil therapy	.	10	0.3	*
		1	5	0.2	*
		2	3165	97.2	
		3	76	2.3	
FUPFULL	f13q11A: Employed fulltime	.	2375	72.9	
		1	881	27.1	
FUPPART	f13q11B: Employed part-time	.	3020	92.8	
		1	236	7.2	
FUPHOME	f13q11C: Homemaker	.	2894	88.9	
		1	362	11.1	
FUPRET	f13q11D: Retired	.	2141	65.8	
		1	1115	34.2	
FUPUNEMP	f13q11E: Unemployed	.	2989	91.8	
		1	267	8.2	
FUPSICK	f13q11F: Disabled	.	2851	87.6	
		1	405	12.4	

T3B form13

Variable	Label	Value	N	%	<= 20
FUPUNKEM	f13q11G: Employment unknown	.	3200	98.3	
		1	56	1.7	
FUPCLIN	f13q12A: Patient at clinic	.	2106	64.7	
		1	1150	35.3	
FUPPHONE	f13q12B: Patient telephoned	.	1465	45.0	
		1	1791	55.0	
FUPPMD	f13q12C: Information from physician	.	3119	95.8	
		1	137	4.2	
FUPMREC	f13q12D: Information from medical record	.	3176	97.5	
		1	80	2.5	
FUPSURRO	f13q12E: Information from surrogate	.	2996	92.0	
		1	260	8.0	

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T3B form13

Variable	Label	N	Percentile	Value	n	<= 20
H1DAYS	f13q8A: Length of hospital stay 1	457	5	1	40	
			25	3	121	
			50	5	80	
			75	10	122	
			95	24	75	
			100	119	19	*
H2DAYS	f13q8B: Length of hospital stay 2	124	5	2	25	
			25	3	17	*
			50	5	21	
			75	10	38	
			95	21	18	*
			100	143	5	*
H3DAYS	f13q8C: Length of hospital stay 3	43	5	1	3	*
			25	3	9	*
			50	6	12	*
			75	8	10	*
			95	16	8	*
			100	20	1	*
H4DAYS	f13q8D: Length of hospital stay 4	17	5	1	1	*
			25	3	6	*
			50	4	2	*
			75	8	4	*
			95	15	4	*
			100	15	0	*

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T3B form13

Variable	Label	N	Percentile	Value	n	<= 20
H5DAYS	f13q8E: Length of hospital stay 5	9	5	2	1	*
			25	5	2	*
			50	8	2	*
			75	18	2	*
			95	55	2	*
			100	55	0	*

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Variable	Label	N	Percentile	Value	n	<= 20
H5DAYS	f13q8E: Length of hospital stay 5	9				

T3B form13

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
FM13DAY	f13q2: Days to contact	3256	312.6	279.7	38.0	1688.0
NHCADAYS	f13q6A: Days to cardiac arrest	5	340.6	223.7	36.0	638.0
NHSTDAYS	f13q6B: Days to stroke	2	468.5	388.2	194.0	743.0
NHCHDAYS	f13q6C: Days to congestive heart failure	17	226.3	318.3	10.0	860.0
NHOTDAYS	f13q6D: Days to other event	3	191.0	224.7	38.0	449.0
HOS1DAYS	f13q8A: Days to hospitalization 1	453	198.9	215.2	4.0	944.0
HOS2DAYS	f13q8B: Days to hospitalization 2	124	256.4	218.4	11.0	875.0
HOS3DAYS	f13q8C: Days to hospitalization 3	43	293.9	199.2	20.0	860.0
HOS4DAYS	f13q8D: Days to hospitalization 4	17	345.7	202.6	129.0	870.0
HOS5DAYS	f13q8E: Days to hospitalization 5	9	412.7	289.2	148.0	949.0