

SUBSEQUENT HOSPITALIZATION FORM: T3 FORM 14 (REV. 1)

PURPOSE: To report major cardiac events that may have occurred during a subsequent hospitalization or precipitated a subsequent hospital admission (including the current admission) and to identify certain cardiac procedures that were performed while the patient was hospitalized.

PERSONS RESPONSIBLE: Certified Research Coordinator.

SOURCES OF INFORMATION: Patient (family members), medical record, physician caring for patient.

TIME OF DATA COLLECTION: At the time study personnel are made aware of a rehospitalization for a cardiac cause and upon receipt of appropriate hospital records.

GENERAL INSTRUCTIONS: This form is **only** to be completed for hospitalizations (involving a **cardiac condition or for any cardiac complication**) occurring after the initial hospitalization (when study treatment was initiated). Information collected on this form concerning major events is identical to that collected on the initial hospital discharge form.

PART I: IDENTIFICATION

1. **NAME CODE:** As previously defined for the patient.
2. **ADMISSION DATE:** Self-explanatory.
3. **DISCHARGE DATE:** Self-explanatory.
4. **NAME AND ADDRESS OF HOSPITAL:** Record the name and address of the hospital where the patient was hospitalized.
5. **IS THIS FORM BEING SUBMITTED TO REPORT ON A HOSPITALIZATION FOR A CARDIAC CONDITION OR CARDIAC COMPLICATION?** If "No" is checked for this item, this form should not be submitted.

PART II: MAJOR EVENTS

6. **DID PATIENT REACH ANY OF THE FOLLOWING DEFINED STUDY END POINTS?** According to protocol definition, check all that apply and submit documentation to relevant Core Labs and to the Data Coordinating Center. It is possible that one event would be counted in multiple categories. For instance, a single episode of ischemic pain at rest lasting at least 20 minutes with ST elevation/depression ≥ 2 mm in ≥ 2 contiguous leads would be recorded in 6.C.1 and 6.C.2.
7. **DID PATIENT UNDERGO ANY OF THE FOLLOWING CARDIAC PROCEDURES?** Check "Yes" and record the number of procedures performed, for each cardiac procedure listed that has been performed.
8. **EVENTS DURING HOSPITALIZATION OTHER THAN DURING OR WITHIN 24 HOURS AFTER PTCA OR CABG:** Events occurring during or within 24 hours after PTCA or CABG are recorded on the Procedures Forms. **THEY SHOULD NOT BE RECORDED HERE.**
 - A. **Non-fatal cardiac arrest requiring CPR or countershock:** Self-explanatory.
 - B. **Transient abrupt closure:** Obstruction of contrast flow in the dilated segment where there previously had been a patent segment and documented antegrade flow. For an initial subtotal lesion prior to PTCA, transient abrupt closure more than 24 hours post-PTCA describes total obstruction occurring more than 24 hours after PTCA, that is reversed either mechanically or pharmacologically. In a situation where the dilated segment was closed at the beginning of the PTCA procedure (e.g., the PTCA is attempting to open a total occlusion), transient abrupt closure more than 24 hours post-PTCA should only be used to describe the outcome if there was a period of vessel patency during the PTCA procedure documented by normal antegrade contrast flow beyond the vessel with balloon dilatation equipment removed from the vessel followed by closure of the vessel more than 24 hours after PTCA.

- C. **Sustained abrupt closure:** Sustained obstruction of contrast flow in the dilated segment where there previously had been a patent segment and documented antegrade flow. For an initial subtotal lesion prior to PTCA, sustained abrupt closure more than 24 hours post-PTCA describes total obstruction that occurs more than 24 hours after the PTCA procedure. In a situation where the dilated segment was closed at the beginning of the PTCA procedure (e.g., the PTCA is attempting to open a total occlusion), sustained abrupt closure more than 24 hours post-PTCA should only be used to describe the outcome if there was a period of vessel patency during the PTCA procedure documented by normal antegrade contrast flow beyond the vessel with balloon dilatation equipment removed from the vessel followed by sustained closure of the vessel more than 24 hours after the PTCA procedure.
- D. **Isolated congestive heart failure:** Isolated episode of congestive heart failure documented by chest x-ray or treatment with diuretics. A history of CHF is a difficult diagnosis. Verification by a physician statement in the medical record is required. In general, CHF is clinically manifest by one or more features including: dyspnea on exertion (DOE--shortness of breath on exertion), bilateral pedal edema, fatigue, orthopnea (sleeping on two or more pillows to facilitate breathing), paroxysmal nocturnal dyspnea (shortness of breath that awakens the patient from sleep). Other findings supporting the clinical manifestations include but are not restricted to: presence of S₃ gallop by auscultation, elevated venous jugular pressure > 8 cm H₂O by physical exam, or radiographic evidence of pulmonary congestion.
- E. **Pulmonary edema (cardiac):** Acute profound left-sided congestive heart failure resulting in the accumulation of intra-bronchial and alveolar fluid, reflected by pulmonary rales, a characteristic "bat-wing" appearance on the chest radiograph, and almost always associated with marked dyspnea and hypoxia. If hemodynamic measurements are performed, they will invariably show elevation of the pulmonary capillary wedge pressure above 25 mmHg.
- F. **Cardiogenic shock:** Shock defined as a systolic blood pressure < 80 mmHg which either persists for more than one hour or requires specific treatment for at least one hour. In general, shock is associated with a low urine output, decreased mental acuity or coma, and compensatory vasoconstriction (decreased blood vessel caliber). Hypotension (very low blood pressure) without these associated manifestations of low cardiac output will not be considered as shock.

- G. **Cardiac tamponade:** The appearance of the following three manifestations are typical of cardiac tamponade from intra-pericardial hemorrhage due to penetrating heart wounds, aortic dissections, and intra-pericardial rupture of an aorta, or cardiac aneurysm: decline in systemic arterial pressure, elevation of systemic venous pressure, and a small, quiet heart.
- H. **Arterial embolus of extremity or loss of pulse requiring treatment:** Arterial embolus is the acute occlusion of a main or distal arterial trunk supply in a limb, due to formation and distal migration of thrombotic or atherosclerotic material, associated with decreased or loss of limb perfusion, and treated by surgical embolectomy or local thrombolytic therapy. Permanent loss of pulse is the lack of detectable distal arterial pulsations (by pulsation or Doppler examination) which had previously been observable prior to instrumentation of a more proximal arterial branch. Loss of pulse may or may not be associated with ischemia of the affected limb.
- I. **Arterial dissection requiring repair:** A tearing of an arterial wall which requires surgical repair.
- J. **Pseudoaneurysm requiring repair:** A pulsatile hematoma requiring surgical repair at the site of percutaneous arterial puncture. The aneurysm wall at the site of the dilatation will be composed of hematoma and adventitia only.
- K. **Hypotension requiring treatment:** Reduction in systolic blood pressure to < 90 mmHg, or reduction by ≥ 30 mmHg compared to baseline value which persists for more than one minute and requires a fluid bolus > 500 cc, Trendelenburg position, or pressor support (dopamine, leafafed, etc.) to restore baseline blood pressure.
- L. **TIA-transient ischemic attack:** A focal neurologic defect (usually corresponding to a singular vascular territory) which resolves spontaneously so that no residual evidence of this neurologic deficit is evident within 24 hours.
- M. **Stroke:** A focal neurologic deficit which appears and is still at least partially evident more than 24 hours after its onset. Submit Severe Neurologic Event Form 27 if event has occurred.
- N. **Coma:** Profound depression in level of consciousness reflected by loss of contact with the environment and loss of spontaneous movement. Brain stem activity (respiration and response to deep pain) may or may not be preserved. Submit Severe Neurologic Event Form 27 if event has occurred.

- O. **Hypersensitivity reaction:** Allergic reaction to iodine containing radiographic contrast media or prodamine, marked by the development of urticaria, wheezing, prolonged hypotension, or laryngospasm.
- P. **Respiratory failure:** Inability of the patient to maintain adequate gas exchange during spontaneous ventilation, even with the assistance of supplemental oxygen. This may be reflected either by marked hypoxia ($PO_2 < 50$ TORR) or respiratory acidosis with $PCO_2 > 45$ TORR and $pH < 7.30$. Respiratory failure meeting the above criteria would usually require endotracheal intubation or tracheostomy, and mechanical ventilatory assistance. In the setting where a patient is receiving mechanical ventilatory assistance following surgery, respiratory failure shall be inability to wean the patient from mechanical ventilation within 48 hours of completion of the surgical procedure.
- Q. **Pulmonary embolus:** Occlusion (partial or complete) of one or more of the pulmonary artery branches with thrombus dislodged from the systemic venous circulation. Newly occurring acute events are often (but not always) characterized by chest pain and decreases in arterial oxygenation; increased pulmonary artery pressure and even frank hemodynamic collapse may occur. The diagnosis must be supported by a "high probability" (multiple mismatched defects) lung scan and/or a confirmatory (and more definitive) pulmonary angiogram.
- R. **Chest tube still in place \geq 5 days post-surgery:** Chest tubes left in place at least 5 days post surgery. The date listed on the form should be the date the tube is removed.
- S. **Renal failure requiring dialysis:** Deteriorating renal function requiring dialysis.
- T. **Re-operation for bleeding:** Re-operation to remedy bleeding post-surgery.
- U. **Wound dehiscence:** The splitting or bursting open of a procedural wound.
- V. **Mediastinitis:** Chart documented inflammation of mediastinum following surgery.
9. **ADDITIONAL ADVERSE EVENTS:** Record any adverse events not already recorded in Item 8.

PART III: ADMINISTRATIVE MATTERS

Self-explanatory.

Revised 9/27/90

THROMBOLYSIS IN MYOCARDIAL ISCHEMIA

T3 Form 14
Rev 1 09/27/90
Page 1 of 5

SUBSEQUENT HOSPITALIZATION FORM

Complete this form only if hospitalization was for cardiac condition or any cardiac complication.

Clinic No.			-						
ID No.			-						
Form Type	H	P							

PART I: IDENTIFICATION

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

2. Admission date: ----- *fm14day*
 Month Day Year

3. Discharge date: ----- *dischday*
 Month Day Year

4. Name and address of hospital:

Hospital: _____

Address: _____

5. Is this form being submitted to report on a hospitalization *infcard*
 for a cardiac condition or cardiac complication? ----- (1) (STOP)
 Yes No

ID No.			-						
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ART II: MAJOR EVENTS

6. Did patient reach any of the following defined study end points after the initial hospital discharge or since the last follow-up contact? -- Yes No
(1) (2)
shendpt
↓

End point: (Answer each item.)

- A. Death ----- (1)* (2) death
- B. MI after study drug treatment initiation ----- (1)* (2) mi
- C. Ischemic pain at rest 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; or 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; or 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; or tptab
b) ≥ 2 regions with reversible hypoperfusion ----- (1)* (2)
- F. Positive ETT Test: a) ischemic pain prior to completion of Stage II; or b) ≥ 2 mm ST elevation/depression with or without symptoms; or c) > 10 mm Hg reduction in SBP compared to previous recording ----- (1)* (2) ettab
- G. Post-discharge Canadian Cardiovascular Society Class III or IV angina confirmed by ETT ----- (1)* (2) ccscptc2
- H. Rest angina requiring re-hospitalization ----- (1)* (2) rangptc2

*Submit appropriate event, ECGs and test forms to Core Laboratories and the DCC.

ID No.									
Form Type	H	P							

7. Did the patient undergo any of the following cardiac procedures?

Submit appropriate forms for each procedure.

		1)		2)
		<u>Yes</u>	<u>No</u>	<u># Performed</u>
A. Coronary angiography	shangio	(1)	(2)	<u>shangnum</u>
B. PTCA	shptca	(1)	(2)	<u>shptcanm</u>
C. CABG	shcabg	(1)	(2)	<u>shcabgmn</u>
D. Other cardiac surgery	shsurg	(1)	(2)	<u>shsurgmn</u>

↓

Specify: _____

ID No.			-						
Form Type	H	P							

8. Did patient experience any events listed below at times other than during or within 24 hours after PTCA or CABG procedure? ----- shevent
 (1) (2) (3)
 Yes No Unknown
 ↓

Answer each item and record date of first of each event:	YES	NO	DATE OF EVENT		
			Month	Day	Year
CARDIOVASCULAR EVENTS					
A. Non-fatal cardiac arrest requiring CPR or countershock -----	<u>shcpr</u>	(1) (2)	---	<u>cpdays</u>	---
B. Transient abrupt coronary closure occurring > 24 hours post-PTCA ----	<u>shtrn</u>	(1) (2)	---	<u>trdays</u>	---
C. Sustained abrupt coronary closure occurring > 24 hours post-PTCA ----	<u>shsus</u>	(1) (2)	---	<u>susdays</u>	---
D. Isolated congestive heart failure <u>shchf</u>	(1) (2)	---	<u>chdays</u>	---	
E. Pulmonary edema (cardiac) ----- <u>shedema</u>	(1) (2)	---	<u>eddays</u>	---	
F. Cardiogenic shock ----- <u>shshock</u>	(1) (2)	---	<u>sgdays</u>	---	
G. Cardiac tamponade ----- <u>shtamp</u>	(1) (2)	---	<u>tadays</u>	---	
H. Arterial embolus of extremity <u>or</u> loss of pulse requiring treatment -	<u>shembol</u>	(1) (2)	---	<u>emdays</u>	---
I. Arterial dissection requiring repair -----	<u>shdissect</u>	(1) (2)	---	<u>disdays</u>	---
J. Pseudoaneurysm requiring repair <u>shanur</u>	(1) (2)	---	<u>andays</u>	---	
K. Hypotension requiring treatment ----- <u>shlbp</u>	(1) (2)	---	<u>lbpdays</u>	---	
NEUROLOGIC EVENTS					
L. TIA ----- <u>shtia</u>	(1) (2)	---	<u>tidays</u>	---	
M. Stroke ----- <u>shstroke</u>	(1) * (2)	---	<u>strkdays</u>	---	
N. Coma ----- <u>shcoma</u>	(1) * (2)	---	<u>codays</u>	---	
ALLERGIC EVENT					
O. Hypersensitivity reaction -----	<u>shallerg</u>	(1) (2)	---	<u>aldays</u>	---
PULMONARY EVENTS					
P. Respiratory failure including non-cardiac pulmonary edema and ARDS -----	<u>shards</u>	(1) (2)	---	<u>ardays</u>	---
Q. Pulmonary embolus ----- <u>shpulemb</u>	(1) (2)	---	<u>pudays</u>	---	
R. Chest tube still in place ≥ 5 days post-CABG -----	<u>shtube</u>	(1) (2)	---	<u>tudays</u>	---
RENAL EVENT					
S. Renal failure requiring dialysis ----	<u>shdialys</u>	(1) (2)	---	<u>diadays</u>	---
PROCEDURAL EVENTS					
T. Re-operation for bleeding -----	<u>shredp</u>	(1) (2)	---	<u>redays</u>	---
U. Wound dehiscence ----- <u>shwound</u>	(1) (2)	---	<u>wnddays</u>	---	
V. Mediastinitis or wound infection ----- <u>shinfect</u>	(1) (2)	---	<u>indays</u>	---	

*Submit Severe Neurologic Event Form 27.

ID No.			-				
Form Type	H	P					

9. Were there additional adverse events not listed in Question 8? ----- (1) (2) (3)
 Yes No Unknown
 ↓

Specify: _____

PART III: ADMINISTRATIVE MATTERS

10. Was the patient's medical record abstracted to obtain the information to complete this form? ----- (1) (2)
 Yes No
 ↓

Source of information: (Check all that apply.)

A. Patient ----- patinfo (1)
 B. Surrogate ----- surinfo (1)
 C. Physician ----- phyinfo (1)
 D. Other ----- othinfo (1)

Specify: _____

11. Research Coordinator:
 Signature: _____ T3 Staff No.: _____

12. Date form completed: -----
 Month Day Year

ID No.			-					
Form Type	H	P						

T3 Form 14: Variables from earlier revisions

SHCLOSE Revision 0 Item 7B
Abrupt coronary closure occurring > 24 hours post-PTCA
1=Yes 2=No

T3B form14**The CONTENTS Procedure**

Data Set Name:	WORK.FORM14	Observations:	803
Member Type:	DATA	Variables:	78
Engine:	V8	Indexes:	0
Created:	14:34 Friday, February 6, 2004	Observation Length:	416
Last Modified:	14:34 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
71	ALDAYS	Num	8	144	f14q8O: Days to hypersensitivity
66	ANDAYS	Num	8	104	f14q8J: Days to pseudoaneurysm
72	ARDAYS	Num	8	152	f14q8P: Days to respiratory failure
14	CCSCPTC2	Num	4	252	f14q6G: CCSC class III or IV angina
60	CHDAYS	Num	8	56	f14q8D: Days to congestive heart failure
70	CODAYS	Num	8	136	f14q8N: Days to coma
57	CPDAYS	Num	8	32	f14q8A: Days to non-fatal cardiac arrest
5	DEATH	Num	4	216	f14q6A: Death
75	DIADAYS	Num	8	176	f14q8S: Days to renal failure
56	DISCHDAY	Num	8	24	f14q3: Days to discharge
65	DISDAYS	Num	8	96	f14q8I: Days to arterial dissection
61	EDDAYS	Num	8	64	f14q8E: Days to pulmonary edema
64	EMDAYS	Num	8	88	f14q8H: Days to arterial embolus
13	ETTAB	Num	4	248	f14q6F: Positive ETT
55	FM14DAY	Num	8	16	f14q2: Days to admission
2	FMTYP	Char	4	412	Form Type
11	HOLTAB	Num	4	240	f14q6D: Abnormal Holter test
78	INDAYS	Num	8	200	f14q8V: Days to wound infection
3	INFCARD	Num	4	208	f14q5: Hospitalization for cardiac condi
7	ISCHEM	Num	4	224	f14q6C: Ischemic pain
8	ISCHT1	Num	4	228	f14q6C1: Single ischemic episode > 5 min
9	ISCHT2	Num	4	232	f14q6C2: Single ischemic episode > 20 mi

(06FEB04--14:34)

T3B form14**The CONTENTS Procedure**

-----Alphabetic List of Variables and Attributes-----					
#	Variable	Type	Len	Pos	Label
10	ISCHT3	Num	4	236	f14q6C3: Two or more ischemic episodes
67	LBPDAYS	Num	8	112	f14q8K: Days to hypotension
6	MI	Num	4	220	f14q6B: MI
49	MRECORD	Num	4	392	f14q10: Medical record abstracted
54	NEWID	Num	8	8	Patient Identification
53	OTHINFO	Num	4	408	f14q10D: Information source - other
50	PATINFO	Num	4	396	f14q10A: Information source - patient
52	PHYINFO	Num	4	404	f14q10C: Information source - physician
73	PUDAYS	Num	8	160	f14q8Q: Days to pulmonary embolus
15	RANGPTC2	Num	4	256	f14q6H: Angina hospitalization
76	REDAYS	Num	8	184	f14q8T: Days to reoperation
1	REV	Num	8	0	Revision
48	SHADEVNT	Num	4	388	f14q9: Additional adverse events
40	SHALLERG	Num	4	356	f14q8O: Hypersensitivity
16	SHANGIO	Num	4	260	f14q7A1: Coronary angiography
17	SHANGNUM	Num	4	264	f14q7A2: Number of angiography
35	SHANUR	Num	4	336	f14q8J: Pseudoaneurysm
41	SHARDS	Num	4	360	f14q8P: Respiratory failure
20	SHCABG	Num	4	276	f14q7C1: CABG
21	SHCABGNM	Num	4	280	f14q7C2: Number of CABG
29	SHCHF	Num	4	312	f14q8D: Congestive heart failure
28	SHCLOSE	Num	4	308	f14q7B: Abrupt coronary closure
39	SHCOMA	Num	4	352	f14q8N: Coma
25	SHCPR	Num	4	296	f14q8A: Non-fatal cardiac arrest
62	SHDAYS	Num	8	72	f14q8F: Days to cardiogenic shock
44	SHDIALYS	Num	4	372	f14q8S: Renal failure
34	SHDISSCT	Num	4	332	f14q8I: Arterial dissection
30	SHEDEMA	Num	4	316	f14q8E: Pulmonary edema
33	SHEMBOL	Num	4	328	f14q8H: Arterial embolus
4	SHENDPT	Num	4	212	f14q6: Endpoint reached
24	SHEVENT	Num	4	292	f14q8: Event > 24 hrs

(06FEB04--14:34)

T3B form14**The CONTENTS Procedure**

-----Alphabetic List of Variables and Attributes-----					
#	Variable	Type	Len	Pos	Label
47	SHINFECT	Num	4	384	f14q8V: Wound infection
36	SHLBP	Num	4	340	f14q8K: Hypotension
18	SHPTCA	Num	4	268	f14q7B1: PTCA
19	SHPTCANM	Num	4	272	f14q7B2: Number of PT
42	SHPULEMB	Num	4	364	f14q8Q: Pulmonary embolus
45	SHREOP	Num	4	376	f14q8T: Reoperation - bleeding
31	SHSHOCK	Num	4	320	f14q8F: Cardiogenic shock
38	SHSTROKE	Num	4	348	f14q8M: Stroke
22	SHSURG	Num	4	284	f14q7D1: Other cardiac surgery
23	SHSURGNM	Num	4	288	f14q7D2: Number of other surgery
27	SHSUS	Num	4	304	f14q8C: Sustained abrupt coronary clousur
32	SHTAMP	Num	4	324	f14q8G: Cardiac tamponade
37	SHTIA	Num	4	344	f14q8L: TIA
26	SHTRN	Num	4	300	f14q8B: Transient abrupt coronary clousur
43	SHTUBE	Num	4	368	f14q8R: Chest tube
46	SHWOUND	Num	4	380	f14q8U: Wound dehiscence
69	STDAYS	Num	8	128	f14q8M: Days to stroke
51	SURINFO	Num	4	400	f14q10B: Information source - surrogate
59	SUSDAYS	Num	8	48	f14q8C: Days to sustained abrupt coronar
63	TADAYS	Num	8	80	f14q8G: Days to cardiac tamponade
68	TIDAYS	Num	8	120	f14q8L: Days to TIA
12	TPTAB	Num	4	244	f14q6E: Positive thallium
58	TRDAYS	Num	8	40	f14q8B: Days to transient abrupt coronar
74	TUDAYS	Num	8	168	f14q8R: Days to chest tube
77	WODAYS	Num	8	192	f14q8U: Days to wound dehiscence

T3B form14

Variable	Label	Value	N	%	<= 20
REV	Revision	0	100	12.5	
		1	703	87.5	
FMTYP	Form Type	HP01	475	59.2	
		HP02	180	22.4	
		HP03	69	8.6	
		HP04	32	4.0	
		HP05	19	2.4	*
		HP06	9	1.1	*
		HP07	7	0.9	*
		HP08	4	0.5	*
		HP09	3	0.4	*
		HP10	2	0.2	*
		HP11	2	0.2	*
		HP12	1	0.1	*
INFCARD	f14q5: Hospitalization for cardiac condi	.	100	12.5	
		1	703	87.5	
SHENDPT	f14q6: Endpoint reached	.	1	0.1	*
		1	575	71.6	
		2	227	28.3	
DEATH	f14q6A: Death	.	293	36.5	
		1	10	1.2	*
		2	500	62.3	
MI	f14q6B: MI	.	282	35.1	
		1	71	8.8	
		2	450	56.0	

T3B form14

Variable	Label	Value	N	%	<= 20
ISCHEM	f14q6C: Ischemic pain	.	279	34.7	
		1	91	11.3	
		2	433	53.9	
ISCHT1	f14q6C1: Single ischemic episode > 5 min	.	792	98.6	
		1	11	1.4	*
ISCHT2	f14q6C2: Single ischemic episode > 20 mi	.	762	94.9	
		1	41	5.1	
ISCHT3	f14q6C3: Two or more ischemic episodes	.	765	95.3	
		1	38	4.7	
HOLTAB	f14q6D: Abnormal Holter test	.	294	36.6	
		2	509	63.4	
TPTAB	f14q6E: Positive thallium	.	294	36.6	
		1	26	3.2	
		2	483	60.1	
ETTAB	f14q6F: Positive ETT	.	288	35.9	
		1	58	7.2	
		2	457	56.9	
CCSCPTC2	f14q6G: CCSC class III or IV angina	.	294	36.6	
		1	24	3.0	
		2	485	60.4	
RANGPTC2	f14q6H: Angina hospitalization	.	238	29.6	
		1	471	58.7	
		2	94	11.7	

T3B form14

Variable	Label	Value	N	%	<= 20
SHANGIO	f14q7A1: Coronary angiography	.	2	0.2	*
		1	391	48.7	
		2	410	51.1	
SHANGNUM	f14q7A2: Number of angiography	.	412	51.3	
		1	378	47.1	
		2	12	1.5	*
		3	1	0.1	*
SHCLOSE	f14q7B: Abrupt coronary closure	.	782	97.4	
		1	2	0.2	*
		2	19	2.4	*
SHPTCA	f14q7B1: PTCA	.	3	0.4	*
		1	190	23.7	
		2	610	76.0	
SHPTCANM	f14q7B2: Number of PT	.	613	76.3	
		0	1	0.1	*
		1	176	21.9	
		2	11	1.4	*
		3	2	0.2	*
SHCABG	f14q7C1: CABG	.	3	0.4	*
		1	126	15.7	
		2	674	83.9	

T3B form14

Variable	Label	Value	N	%	<= 20
SHCABGNM	f14q7C2: Number of CABG	.	677	84.3	
		1	111	13.8	
		2	7	0.9	*
		3	2	0.2	*
		4	2	0.2	*
		5	4	0.5	*
SHSURG	f14q7D1: Other cardiac surgery	.	3	0.4	*
		1	22	2.7	
		2	778	96.9	
SHSURGNM	f14q7D2: Number of other surgery	.	781	97.3	
		1	22	2.7	
SHEVENT	f14q8: Event > 24 hrs	.	1	0.1	*
		1	93	11.6	
		2	706	87.9	
		3	3	0.4	*
SHCPR	f14q8A: Non-fatal cardiac arrest	.	710	88.4	
		1	5	0.6	*
		2	88	11.0	
SHTRN	f14q8B: Transient abrupt coronary clousur	.	731	91.0	
		1	3	0.4	*
		2	69	8.6	
SHSUS	f14q8C: Sustained abrupt coronary clousur	.	737	91.8	
		1	1	0.1	*
		2	65	8.1	

T3B form14

Variable	Label	Value	N	%	<= 20
SHCHF	f14q8D: Congestive heart failure	.	710	88.4	
		1	36	4.5	
		2	57	7.1	
SHEDEMA	f14q8E: Pulmonary edema	.	710	88.4	
		1	20	2.5	*
		2	73	9.1	
SHSHOCK	f14q8F: Cardiogenic shock	.	710	88.4	
		1	4	0.5	*
		2	89	11.1	
SHTAMP	f14q8G: Cardiac tamponade	.	710	88.4	
		2	93	11.6	
SHEMBOL	f14q8H: Arterial embolus	.	710	88.4	
		1	4	0.5	*
		2	89	11.1	
SHDISSCT	f14q8I: Arterial dissection	.	710	88.4	
		1	1	0.1	*
		2	92	11.5	
SHANUR	f14q8J: Pseudoaneurysm	.	736	91.7	
		1	2	0.2	*
		2	65	8.1	
SHLBP	f14q8K: Hypotension	.	710	88.4	
		1	12	1.5	*
		2	81	10.1	

T3B form14

Variable	Label	Value	N	%	<= 20
SHTIA	f14q8L: TIA	.	710	88.4	
		1	2	0.2	*
		2	91	11.3	
SHSTROKE	f14q8M: Stroke	.	710	88.4	
		1	7	0.9	*
		2	86	10.7	
SHCOMA	f14q8N: Coma	.	711	88.5	
		1	1	0.1	*
		2	91	11.3	
SHALLERG	f14q8O: Hypersensitivity	.	710	88.4	
		2	93	11.6	
SHARDS	f14q8P: Respiratory failure	.	710	88.4	
		1	6	0.7	*
		2	87	10.8	
SHPULEMB	f14q8Q: Pulmonary embolus	.	710	88.4	
		1	5	0.6	*
		2	88	11.0	
SHTUBE	f14q8R: Chest tube	.	710	88.4	
		1	1	0.1	*
		2	92	11.5	
SHDIALYS	f14q8S: Renal failure	.	710	88.4	
		1	3	0.4	*
		2	90	11.2	

T3B form14

Variable	Label	Value	N	%	<= 20
SHREOP	f14q8T: Reoperation - bleeding	.	710	88.4	
		1	1	0.1	*
		2	92	11.5	
SHWOUND	f14q8U: Wound dehiscence	.	710	88.4	
		1	2	0.2	*
		2	91	11.3	
SHINFECT	f14q8V: Wound infection	.	710	88.4	
		1	13	1.6	*
		2	80	10.0	
SHADEVNT	f14q9: Additional adverse events	1	72	9.0	
		2	728	90.7	
		3	3	0.4	*
MRECORD	f14q10: Medical record abstracted	1	704	87.7	
		2	99	12.3	
PATINFO	f14q10A: Information source - patient	.	729	90.8	
		1	74	9.2	
SURINFO	f14q10B: Information source - surrogate	.	798	99.4	
		1	5	0.6	*
PHYINFO	f14q10C: Information source - physician	.	777	96.8	
		1	26	3.2	
OTHINFO	f14q10D: Information source - other	.	767	95.5	
		1	36	4.5	

T3B form14

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
FM14DAY	f14q2: Days to admission	803	213.9	220.0	4.0	949.0
DISCHDAY	f14q3: Days to discharge	802	221.8	219.9	8.0	956.0
CPDAYS	f14q8A: Days to non-fatal cardiac arrest	5	201.0	190.3	46.0	449.0
TRDAYS	f14q8B: Days to transient abrupt coronar	3	74.7	12.6	63.0	88.0
SUSDAYS	f14q8C: Days to sustained abrupt coronar	1	73.0		73.0	73.0
CHDAYS	f14q8D: Days to congestive heart failure	36	149.9	159.3	14.0	786.0
EDDAYS	f14q8E: Days to pulmonary edema	20	211.1	215.9	15.0	826.0
SHDAYS	f14q8F: Days to cardiogenic shock	4	282.5	124.0	98.0	362.0
TADAYS	f14q8G: Days to cardiac tamponade	0				
EMDAYS	f14q8H: Days to arterial embolus	4	176.0	126.2	60.0	354.0
DISDAYS	f14q8I: Days to arterial dissection	1	128.0		128.0	128.0
ANDAYS	f14q8J: Days to pseudoaneurysm	2	62.0	77.8	7.0	117.0
LBPDAYS	f14q8K: Days to hypotension	12	176.4	140.9	15.0	362.0
TIDAYS	f14q8L: Days to TIA	1	133.0		133.0	133.0
STDAYS	f14q8M: Days to stroke	7	332.0	358.4	15.0	845.0
CODAYS	f14q8N: Days to coma	1	79.0		79.0	79.0
ALDAYS	f14q8O: Days to hypersensitivity	0				
ARDAYS	f14q8P: Days to respiratory failure	6	236.8	187.7	71.0	516.0
PUDAYS	f14q8Q: Days to pulmonary embolus	5	102.6	120.0	26.0	306.0
TUDAYS	f14q8R: Days to chest tube	1	35.0		35.0	35.0
DIADAYS	f14q8S: Days to renal failure	3	244.7	143.7	80.0	345.0
REDAYS	f14q8T: Days to reoperation	1	222.0		222.0	222.0
WODAYS	f14q8U: Days to wound dehiscence	2	145.0	178.2	19.0	271.0
INDAYS	f14q8V: Days to wound infection	13	101.6	127.3	19.0	356.0