



Cohort Event Eligibility Form

FORM CODE: CEL 08/20/2014
VERSION: F

ID NUMBER:

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CONTACT:

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LAST NAME:

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INITIALS:

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INSTRUCTIONS: This form should be completed for all Cohort deaths, hospitalizations, observation stays, and coronary revascularization procedures performed in the ambulatory surgery environment reported from Cohort Follow-Up, including hospital stays less than 24 hours. Assign an event ID number before completing this form, as all cohort events need an event ID number regardless of eligibility. Refer to this form's Q by Q instructions for information on entering numerical responses. For "multiple choice" and "yes/no" type questions, enter the letter corresponding to the most appropriate response.

A. IDENTIFYING INFORMATION

1. Last Name.....

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1a. First Name.....

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1b. Middle Name.....

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Question 1c. deleted

2. Participant ID.....

--	--	--	--	--	--	--	--

Question 3 deleted

4. Date of discharge or death.....

		/			/				
Month			Day			Year			

4a. Date of birth.....

		/			/				
Month			Day			Year			

5. Source to identify event?
 Cohort Follow-up..... F
 Surveillance Procedures..... S
 Other..... O

6. Is this event a death?
 Yes..... Y
 No..... N → **If No, go to item 8a.**

6a. Was an autopsy performed?
 Yes..... Y
 No..... N

7. Is this event an out-of-hospital death, or a death for which hospitalization information cannot be located?

Yes..... Y → **If Yes, go to item 14a.**

No..... N

8a. Hospital Code Number.....

[If code 96-99, specify]:

8a.1. Hospital Name: _____

8a.2 City and State: _____

8a.3 Has permission been granted to access the medical record for this event?

Yes..... Y

No..... N → **If No, go to item 19.**

N/A.....

8b. Can information on this **hospitalization** be located?

Yes..... Y

No..... N → **If No, go to item 19.**

8c. Is this event a hospital stay lasting less than 24 hours?

Yes..... Y

No..... N → **If No, go to item 9.**

8d. Was a coronary revascularization procedure performed during this event?

Yes..... Y → **If Yes, complete items 9, 9a, 10, 20, and 21.**

No..... N → **If No, complete items 20 and 21.**

B. INFORMATION FROM HOSPITAL DISCHARGE INDEX OR FACE SHEET

9. Hospital Record Number.....

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9a. How has need for abstraction been established for this cohort event?

Hospital Index.....I

Face Sheet.....F

Other.....O

[If eligibility is "O", specify: _____]

10. Hospital discharge diagnosis and procedure codes (ICD-9 CODES):

a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
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NOTE: 11a, 11a1, 11b, 11b1, 11f, 11f1 will be auto filled when available.

11a. Is a 402, 410-414, 427, 428, or 518.4 code listed?

Yes.....Y→ **If Yes, then skip to 11b.**
No.....N

11a1. Is a 00.50 - 00.54, 00.61-00.66, 35-39, 88.5, 89.49, 99.10 250, 390-459, 745-747, 794.3, 798, or 799 code listed?

Yes.....Y
No.....N→ **If No, then skip to 11b.**

11a2. Are any of the following mentioned or suggested in the discharge summary?

Yes.....Y
No.....N

Acute: MI Angina Chest Pain Ischemic Heart Disease
 CHD Unstable Angina Cardiac Arrest Atherosclerotic Heart Disease

Or during this admission: CCU Care Nitroglycerin Cardiac Catheterization CABG Elevated CK-MB
 Coronary Angiography or Angioplasty Thrombolytic therapy for coronary occlusion

11b. Is a 430-436 code listed?

Yes.....Y→ **If Yes, then skip to 11f.**
No.....N

11b1. Is a 00.50 - 00.54, 00.61-00.66, 35-39, 88.5, 89.49, 99.10, 250, 390-459, 745-747, 794.3, 798, or 799 code listed?

Yes.....Y
No.....N→ **If No, then skip to 11f.**

11b2. Are any of the following mentioned or suggested in the discharge summary?

Yes.....Y

No.....N

Acute: Stroke TIA Cerebral infarction Cerebrovascular disease
 Aphasia Diplopia Cerebral embolus Lacunar (syndrome infarction)
 Dysarthria Paralysis Cerebral hemorrhage Subarachnoid hemorrhage

Or during this admission: Carotid endarterectomy
 Cerebral angiography
 CT/MRI scan showing cerebrovascular findings
 Carotid stent placement
 Neuro ICU care *[If in doubt, ask your surveillance MD.]*
 Thrombolytic therapy for cerebral occlusion

11f. Is a 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 415.0, 416.9, 425.4, 428, 518.4, 786.0 code listed?

Yes.....Y
 No.....N

**If Yes, and neither of 11a nor 11a2 is Yes, then skip to 12.
 Or if Yes, and either of 11a or 11a2 is Yes, then skip to 15a.**

11f1. Is a 00.50 - 00.54, 00.61 -00.66, 35-39, 88.5, 89.49, 99.10, 250, 390-459, 745-747, 794.3, 798, or 799 code listed?

Yes.....Y
 No.....N

**If No, and neither of 11a nor 11a2 is Yes, then skip to 12.
 Or if No, and either of 11a or 11a2 is Yes, then skip to 15a**

11f.2. Are any of the following mentioned or suggested in the discharge summary?

Yes.....Y
 No.....N

Acute: Heart Failure Cardiomyopathy Orthopnea
 Congestive Heart Failure (CHF) Ventricular Failure Paroxysmal nocturnal dyspnea
 Pump Failure Impaired systolic function Cardiomegaly
 Pulmonary Edema Jugular venous distension (JVD) LV dysfunction (LVD)

Or during this admission: Heart Biopsy
 Automatic Implantable Cardioverter Defibrillator (AICD) check
 Implantation of cardiac resynchronization pacemaker (CRT)

**If either of Items 11a or 11a2 is "Yes", go to Item 15a.
 Otherwise, continue with Item 12.**

12. Is this event an in-hospital death?

Yes.....Y

No.....N → **If No, then skip to 15a.**

C. INFORMATION FROM DEATH INDEX/CERTIFICATE

Question 13 deleted

14a. ICD-10 CODE for underlying cause of death..... .

14b. Is the Code E10 – E14, I10, I11, I20 – I25, I46 – I51, I70, I97 (exclude I97.2), J81, J96, R96, R98, or R99?

Yes.....Y

No.....N

(Automatically autofilled)

D. FORMS TO ABSTRACT

15a. Needs hospitalized MI abstraction (CFD, CHI, HRA)

Yes.....Y

(Automatically filled by DES: Y if 11a or 11a2 =Y, or if 14b = Y and 12 = Y, otherwise N)

No.....N

15b. Needs hospitalized stroke abstraction (CFD; copy materials for STR)

Yes.....Y

(Automatically filled by DES: Y if 11b or 11b.2 = Y, otherwise N)

No.....N

15c. Needs hospitalized HF abstraction (CFD, CHI, HFA)

Yes.....Y

(Automatically filled by DES: Y if 11f or 11f.2 = Y, otherwise N)

No.....N

15d. Needs out-of-hospital death investigation (IFI, PHQ, DTH)

Yes.....Y

(Automatically filled by DES: Y if 7 = Y and 14.b = Y, otherwise N)

No.....N

15e. Needs death certificate abstraction (DTH)

Yes.....Y

(Automatically filled by DES: Y if Q6=Y)

No.....N

15.f. Needs copy of autopsy report

Yes.....Y

(Automatically filled by DES: Y if 6.a.=Y and 15.a or b or c or d = Y)

No.....N

E. SERUM CREATININE: This section is completed only if the CHD, HFA or Stroke abstraction were not already completed.

Note: This section is skipped if out-of-hospital death or death where hospitalization information cannot be located (i.e., item 7=Y)

15g. Are there any serum creatinine values?

Yes.....Y

No.....N→ **If No, go to item 15k**

Record the value of the first, last, and highest measurements of serum creatinine (mg/dl):

(mm/dd/yyyy)

15h1. First (if more than one) .

15h2. Date: / /

15i1. Last (if more than one) .

15i2. Date: / /

15j1. Highest of remaining values (if more than two) .

15j2. Date: / /

15k. Was the discharge summary for this event available?

Yes.....Y→ **If Yes, go to Item 19a**

No.....N→ **If No, go to Item 15l**

15l. If no, select a reason from the list below

Missing.....M

Unable to gain permission.....P

Other.....O

Note: If 15a=N, 15b=N and 15c=No, and a discharge summary is available, (15k=Y) scan the discharge summary and transmit to the CC.

**16, *17, 18* Questions deleted **

F. COHORT FOLLOW UP INFORMATION

19a. Was this event reported in the corresponding Cohort Follow-Up for this participant?

Yes.....Y→ **If Yes, go to Item 19b**

No.....N→ **If No, then skip to Item 20.**

19b. Contact Year of corresponding Cohort Follow-Up:.....

G. ADMINISTRATIVE INFORMATION

20. Date of data collection:.....

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day		Year			

21. Code number of person completing form:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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