

INSTRUCTIONS FOR COMPLETING PHYSICIAN HEART FAILURE FORM PHF VERSION A: 06/03/2007

I. GENERAL INSTRUCTIONS

The Physician Heart Failure (PHF) Form is completed by the physician when a participant reports that a physician has diagnosed heart failure (HF) during an outpatient visit within the last 3 years (from date of AFU interview). The interviewer initiates the process that enables ARIC to send that physician a request to complete the PHF. The PHF form is sent to each physician for whom the participant submits an authorization for access to information from the physician's records. When the physician returns the PHF to the ARIC Field Center, the data is entered in the data entry system. The itemized questions (items 1- 7) on the questionnaire that was sent to the physician are in Section III of the PHF Form. Record the data as indicated on the returned PHF questionnaire.

Note that the Physician Heart failure Survey (PHF) form specifies two time frames: "ever" for certain diagnoses and signs/symptoms and "last year" for information on medical treatment. If persons filling out the PHF wish to interpret "ever" as restricted to the previous three years, this is acceptable.

If for some reason the PHF is unobtainable after a participant has given consent, please code the PHF form as permanently missing (using the menu item on menu bar called "perm.miss").

II. DATA ENTRY SCREEN

Contact Year: The specific year is determined by the contact year on the AFU interview that initiated this PHF. For example, if the current year of interview for the participant is "19", then enter "19" in the field provided for "Contact Year" on the PHF.

Form Sequence Number: This number corresponds directly to questions 8, 9, and 10 of the AFU. For example, if the PHF questionnaire that was sent to the physician was initiated by question 8 of the AFU, then enter 08 for "Form Sequence Number" on the PHF. If the PHF questionnaire that was sent to the physician was initiated by question 9 of the AFU, then enter 09 for "Form Sequence Number" on the PHF. In the event that the name of the physician was the same for AFU questions 8 and 9, or 8 and 10, or 9 and 10 enter the number of the question at which the physician's name first occurred.

III. DATA REPORTED BY PHYSICIAN

0. Name of medical doctor to whom inquiry sent.

Record the name of the physician as indicated in the salutation on the returned questionnaire.

1. Has this patient ever had heart failure or cardiomyopathy of any type?

Record Y (Yes), U (Unsure), or N (No). If the response is "no", skip to item 3.

2. If the patient has or ever had heart failure or cardiomyopathy.
Record the data for items 2a-2c, if the response to item 1. was either Y (Yes) or U (Unsure).
- 2.a. Is this patient's condition characterized as predominantly:
Record either (S) Systolic dysfunction, (D) Diastolic dysfunction, (M) Mixed, or (N) Not determined as indicated by the physician.
- 2.b. Estimated LVEF (worst).
Record the percentage indicated. The acceptable range is of values is 00-85.
- 2.b.1. If LVEF is not specifically available, estimate LV function.
Record physician's answer: N (Normal), L (Decreased mildly), D (Decreased moderately) or S(Decreased severely).
- 2.c. Estimated date of onset or diagnosis (month/year).
Record the month and year. as indicated by the physician.
3. Has this patient ever had (check all that apply).
Record Y (Yes), or N (No), to items 3a-3g as indicated by the physician.
4. Was s/he prescribed treatment specifically for heart failure during the past year?
Record Y (Yes), or N (No), or U (Unknown) as indicated by the physician.
5. Was this patient prescribed any of the following during the past year? (check all that apply)
Record Y (Yes), or N (No), to items 5a-5o as indicated by the physician.
6. Form completed by:
This corresponds directly to the item on the returned PHF questionnaire that asks for the signature or stamp of the person who completed the questionnaire. From the information provided for this item, determine whether the person was an MD or other and record either M (MD) or O (Other).
7. Date (mm-dd-yyyy).
Record the month, day, and year that the PHF questionnaire was completed from the paper form.

Section IV: Administrative:

8. Data entered by:
Code the number of the person who completed the data entry process for this form.
9. Date data entry completed:
Record the month, day and year on which the date entry was completed for this form.