

Women's Health Initiative

MEMBER ID NUMBER:

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

DATE FORM ENTERED:

MM		DD		YYYY							

CONTACT NUMBER:

--	--

FORM CODE:

H	F	D
---	---	---

VERSION: A DATE: 09/25/2012

Instructions: Please complete the Heart Failure Diagnosis Form using the attached Event Summary Form and the medical reports provided to assign a heart failure diagnosis. If you mark an answer in error, mark an "X" through the incorrect answer and circle the appropriate response.

### PART A: ADMINISTRATIVE INFORMATION

1.a. Batch Number:

				--	H
--	--	--	--	----	---

b. Type of Review:

Original ..... O

Adjudication ..... A

Special review ..... S

c. Date of HFD completion:

		/			/						
Month			Day			Year					

2. Code number of person completing this form:

--	--	--

### PART B: REVIEW OF COMPUTER'S HEART FAILURE DIAGNOSIS

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
3. Is there evidence of (past or present):			
a. Abnormal LV systolic function?.....	Y	N	U
b. Abnormal RV systolic function?.....	Y	N	U
c. LV diastolic dysfunction?.....	Y	N	U

4. Estimated LVEF (worst; related to current hospitalization ): a.  $\geq 50\%$   b. 35-49%  c.  $< 35\%$   d. Unknown

5. Assign an overall heart failure diagnosis based on your clinical judgment (select only one)

Definite decompensated heart failure ..... A

Possible decompensated heart failure.....B

Chronic stable heart failure.....C

Skip to Item 7

Heart failure unlikely.....D

Skip to Item 7

Unclassifiable.....E

Skip to Item 7

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a. Was definite or possible decompensated heart failure present at admission?.....	Y	N	U

6. Was this event fatal?..... Y N  Skip to Item 7

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a. Was decompensated heart failure the primary cause of death?.....	Y	N	U

7. Comments: \_\_\_\_\_

8. Has this case been completed? Yes No  
Y N