WHI

HEART FAILURE DIAGNOSIS – FORM 135

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

	Yes	No	Unknown
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. ≥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

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

	Yes	No	
6. Was this event fatal?	Y	N →	Skip to Item 7

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

7. Comments: _____

_____

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