THE STRONG HEART STUDY

Morbidity Survey
DECISION FORM

ID number: IDNO

Participant's name: NAME

Last First Middle

Disposition: 1. Regular 2. QC case 3. Equivocal case DISPOS

A. DIAGNOSIS (enter appropriate code number):
   1. Definite non-fatal myocardial infarction
   2. Possible non-fatal myocardial infarction
   3. Definite non-fatal stroke
   4. Possible non-fatal stroke
   5. Other, specify: COMMENT 1

B. Criteria used: (Please check one box in each field)

1. MYOCARDIAL INFARCTION
   a. PROLONGED CARDIAC PAIN Present EVENT 1
      Absent
   
   b. ECG FINDINGS
      - Evolving diagnostic ECG
      - Diagnostic ECG
      - Equivocal ECG
      - Absent, uncodable, or other

   c. CARDIAC ENZYMES
      - Abnormal
      - Equivocal
      - Incomplete
      - Normal

COMMENTS:

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COMMENT 2
2. STROKE

a. DIAGNOSTIC EVIDENCE
   Unequivocal physician or laboratory
   Discharge diagnoses of stroke (431,432,434,436,437)
   Neither of above

   EVENT 4

b. ONSET/DURATION OF NEUROLOGICAL DEFICIT
   Rapid/ > 24 hours
   Rapid/ ≤ 24 hours
   Protracted/ > 24 hours
   Protracted/ ≤ 24 hours

   EVENT 5

c. OTHER CAUSES
   Present
   Absent

   EVENT 6

   COMMENT 3

d. TYPE OF STROKE:
   1. Thrombotic infarction
   2. Subarachnoid hemorrhage
   3. Intraparenchymal hemorrhage
   4. Lacunar infarction
   5. Embolic infarction
   6. Atherosclerotic infarction
   7. Other, unknown infarction
   8. Unknown type stroke

   EVENT 7

   COMMENT 4

C. Does the diagnosis in Section A (DIAGNOSIS) agree with your clinical impression?
   1. Yes  2. No
   If "No", what is your diagnosis?

   COMMENT 5

   Why?

   COMMENT 6

Coder

CODE

Date completed

DOC

mo  day  yr