

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____ - _____ - _____ **REMOVED**
BLIND_ID

A2. Acrostic _____ **REMOVED**

A3. Follow-up echocardiogram visit **VISITNUM**
 FOLLOW-UP VISIT 11
 FOLLOW-UP VISIT 22
 FOLLOW-UP VISIT 33
 FOLLOW-UP VISIT 44

A4. Date of echocardiogram visit _____ / _____ / _____ **REMOVED**
 M M D D Y Y Y Y **AGE_VSIT_D**

A5. Date of form completion _____ / _____ / _____ **REMOVED**
 M M D D Y Y Y Y **AGE_COMP**

A6. Name of person completing form _____ **REMOVED**

 PRINT FULL NAME INITIALS

Section B: HISTORY SINCE LAST STUDY ECHOCARDIOGRAM

B1. Did the patient experience any of the following symptoms or events since the last study echocardiogram?

	YES	NO	NA	UNKNOWN
a. Failure to thrive FFAILTHR	1	2	-1	-8
b. Feeding difficulties (tachypnea, retractions, grunting, diaphoresis with feeds) FFEDDIFF	1	2	-1	-8
c. Dyspnea (including orthopnea, paroxysmal nocturnal dyspnea) FDYSPNEA	1	2		-8
d. Exercise intolerance FEXINTOL	1	2	-1	-8
e. Edema FEDEMA	1	2		-8
f. Syncope FSYNCOPE	1	2		-8
g. Palpitations FPALPIT	1	2		-8
h. Chest pain FCHSTPAIN	1	2		-8
i. Thrombo-embolic event FTHROEMB	1	2		-8
j. Other FOTHSYMP	1	2		-8

1. If Other is YES, specify: _____ **FSYMPSPC**

B2. Since the last study echocardiogram did the patient have any rhythm abnormalities?
FRHYTHAB YES1 NO2 (**B3**)

Type of rhythm abnormality	YES	NO
a. Atrial tachyarrhythmia FABATTAC	1	2
b. Ventricular tachyarrhythmia FABVNTAC	1	2
c. Bradycardia FABBRADY	1	2
d. 2 nd or 3 rd degree heart block FABHTBLK	1	2

B3. Was the patient hospitalized since the last study echocardiogram? **FHOSP**
 YES.....1 NO2 (C1)
 _____ (0-6) (If 0, go to C1)
FHOSPNUM

B4. Hospitalization 1

a. Admission date
 REMOVED AGE_FADM_D_0 _____ / _____ / _____
 M M D D Y Y Y Y

b. Discharge date
 REMOVED AGE_FDIS_D_0 _____ / _____ / _____
 M M D D Y Y Y Y

c. Number of indications for this hospitalization _____ (1-5) **FADMIND_N_0**

Indication (See Code List N)		Indication Name Worksheet
1.	N- _____ FADMIND1_0	a. FADMSPEC1_0
2.	N- _____ FADMIND2_0	a. FADMSPEC2_0
3.	N- _____ FADMIND3_0	a. FADMSPEC3_0
4.	N- _____ FADMIND4_0	a. FADMSPEC4_0
5.	N- _____ FADMIND5_0	a. FADMSPEC5_0

e. Medical Interventions		YES	NO
1.	Dose increase in current cardiac-related medication(s)? FDOSEINC_0	1	2
2.	Change in cardiac medications? FCHNGCARD_0	1	2
3.	Use of inotropes? FUSEINO_0	1	2

f. Number of invasive or interventional procedures during this hospitalization
FPROC_NUM_0 _____ (0-4)

g. Invasive or interventional procedures (See code list below)

	Code	Name	Date
1.	FPROC1_0	a. FPROCSPC1_0	b. _____ / _____ / _____ M M D D Y Y Y Y REMOVED AGE_FPROC_D1_0
2.	FPROC2_0	a. FPROCSPC2_0	b. _____ / _____ / _____ M M D D Y Y Y Y REMOVED AGE_FPROC_D2_0
3.	FPROC3_0	a. FPROCSPC3_0	b. _____ / _____ / _____ M M D D Y Y Y Y REMOVED AGE_FPROC_D3_0

Non-Surgical Cardiac Procedure Codes	
001	EP testing
002	Hemodynamic catheterization
003	Cardiac biopsy
004	Thoracentesis
005	Pericardiocentesis
099	Other (requires specification)

Surgical Cardiac Procedure Codes	
101	Pacemaker placement (requires specification)
102	AICD placement
103	Partial left ventriculectomy
104	Mitral valve annuloplasty or replacement
105	Acorn cardiac support device
106	Myosplint
199	Other (requires specification)

Non-Cardiac Procedure Codes	
201	G-tube placement
202	Nissen fundoplication
203	Line placement
204	Tracheotomy
299	Other (requires specification)

B5. Hospitalization 2

a. Admission date _____ / _____ / _____ / _____
 REMOVED AGE_FADM_D_1 M M D D Y Y Y Y

b. Discharge date _____ / _____ / _____ / _____
 REMOVED AGE_FDIS_D_1 M M D D Y Y Y Y

c. Number of indications for this hospitalization _____ (1-5) FADMIND_N_1

Indication (See Code List N)		Indication Name Worksheet
1.	N- _____ FADMIND1_1	a. FADMSPEC1_1
2.	N- _____ FADMIND2_1	a. FADMSPEC2_1
3.	N- _____ FADMIND3_1	a. FADMSPEC3_1
4.	N- _____ FADMIND4_1	a. FADMSPEC4_1
5.	N- _____ FADMIND5_1	a. FADMSPEC5_1

e. Medical Interventions		YES	NO
1.	Dose increase in current cardiac-related medication(s)? FDOSEINC_1	1	2
2.	Change in cardiac medications? FCHNGCARD_1	1	2
3.	Use of inotropes? FUSEINO_1	1	2

f. Number of invasive or interventional procedures during this hospitalization _____ (0-4)
 FPROC_NUM_1

g. Invasive or interventional procedures (See code list below)

	Code	Name	Date
1.	FPROC1_1	a. FPROCSPC1_1	b. _____ / _____ / _____ / _____ M M D D Y Y Y Y REMOVED AGE_FPROC_D1_1
2.	FPROC2_1	a. FPROCSPC2_1	b. _____ / _____ / _____ / _____ M M D D Y Y Y Y REMOVED AGE_FPROC_D2_1
3.	FPROC3_1	a. FPROCSPC3_1	b. _____ / _____ / _____ / _____ M M D D Y Y Y Y REMOVED AGE_FPROC_D3_1

Non-Surgical Cardiac Procedure Codes	
001	EP testing
002	Hemodynamic catheterization
003	Cardiac biopsy
004	Thoracentesis
005	Pericardiocentesis
099	Other (requires specification)

Surgical Cardiac Procedure Codes	
101	Pacemaker placement (requires specification)
102	AICD placement
103	Partial left ventriculectomy
104	Mitral valve annuloplasty or replacement
105	Acorn cardiac support device
106	Myosplint
199	Other (requires specification)

Non-Cardiac Procedure Codes	
201	G-tube placement
202	Nissen fundoplication
203	Line placement
204	Tracheotomy
299	Other (requires specification)

B6. Hospitalization 3

a. Admission date _____ / _____ / _____
 REMOVED AGE_FADM_D_2 M M D D Y Y Y Y

b. Discharge date _____ / _____ / _____
 REMOVED AGE_FDIS_D_2 M M D D Y Y Y Y

c. Number of indications for this hospitalization _____ (1-5) FADMIND_N_2

Indication (See Code List N)		Indication Name Worksheet
1.	N- _____ FADMIND1_2	a. FADMSPEC1_2
2.	N- _____ FADMIND2_2	a. FADMSPEC2_2
3.	N- _____ FADMIND3_2	a. FADMSPEC3_2
4.	N- _____ FADMIND4_2	a. FADMSPEC4_2
5.	N- _____ FADMIND5_2	a. FADMSPEC5_2

Medical Interventions		YES	NO
1.	Dose increase in current cardiac-related medication(s)? FDOSEINC_2	1	2
2.	Change in cardiac medications? FCHNGCARD_2	1	2
3.	Use of inotropes? FUSEINO_2	1	2

f. Number of invasive or interventional procedures during this hospitalization _____ (0-4)
 FPROC_NUM_2

g. Invasive or interventional procedures (See code list below)

	Code	Name	Date
1.	FPROC1_2	a. FPROCSPC1_2	b. _____ / _____ / _____ M M D D Y Y Y Y REMOVED AGE_FPROC_D1_2
2.	FPROC2_2	a. FPROCSPC2_2	b. _____ / _____ / _____ M M D D Y Y Y Y REMOVED AGE_FPROC_D2_2
3.	FPROC3_2	a. FPROCSPC3_2	b. _____ / _____ / _____ M M D D Y Y Y Y REMOVED AGE_FPROC_D3_2

Non-Surgical Cardiac Procedure Codes	
001	EP testing
002	Hemodynamic catheterization
003	Cardiac biopsy
004	Thoracentesis
005	Pericardiocentesis
099	Other (requires specification)

Surgical Cardiac Procedure Codes	
101	Pacemaker placement (requires specification)
102	AICD placement
103	Partial left ventriculectomy
104	Mitral valve annuloplasty or replacement
105	Acorn cardiac support device
106	Myosplint
199	Other (requires specification)

Non-Cardiac Procedure Codes	
201	G-tube placement
202	Nissen fundoplication
203	Line placement
204	Tracheotomy
299	Other (requires specification)

If patient had > 3 hospitalization since the last study echocardiogram, please make photocopies of this page to use for recording information regarding additional hospitalizations.

Section C: CARDIAC MEDICATION HISTORY SINCE THE LAST STUDY ECHOCARDIOGRAM

C1. Has the patient taken any cardiac-related medications since the last study echocardiogram? **FLASTMED**

YES 1 NO.....2 (D1)

Instructions for filling in the cardiac-related medications table below:

- Consult the Medications Summary Report in ADEPT located under Main Menu → VVV Study → Reports to view the list of cardiac-related oral medications that the patient was receiving at the time of the last study echocardiogram.
- List all medications that the patient was receiving at the time of the last study echo visit, enter 3 as the Medication Status in Column c, then skip to column g
- Next, list all dose & medication changes since the last study echo in chronological order.
- For medications that were discontinued, enter 2 (Dose Change) in Column c and 0 as the dose in Column g
- If daily dose is < 0.01 mg/day, enter 0.01 as the dose in Column g.
- Do NOT record dose changes that occurred during a hospitalization. List discharge medications if medications and/or doses are different from those at admission.
- Enter dates in MM/DD/YYYY date format.

	a. Medication Code (See Code List D) FMED_0- FMED_12	b. Medication Name [If code ends in .99, medication name must be entered in ADEPT] FMEDNAM_0- FMEDNAM_12	c. Medication Status [see code list below] FMEDSTAT_0- FMEDSTAT_12	d. Medication or Dose Change Date D_FMEDCHNG_0 - D_FMEDCHNG_12	e. Reason for Change [see code list below] FCHNGRES_0- FCHNGRES_12	f. Reason Name FRESSPEC_0- FRESSPEC_12	g. Dose (mg/day) FMEDDOSED_0 - FMEDDOSED_12
1.	___ . ___		___	___ / ___ / _____	___		___ . ___
2.	___ . ___		___	___ / ___ / _____	___		___ . ___
... 13.	___ . ___		___	___ / ___ / _____	___		___ . ___

Medical Status Codes	
Code	Medication Status
1	New drug
2	Dose change
3	Dose at last study echo (Skip to column g)

Reason for Medication or Dose Change Codes	
Code	Reason for Medication or Dose Change
01	Dose change to adjust for change in patient's weight
02	Use of new preparation or new drug in the same class for dosing convenience
03	Change in medication due to non-cardiac side effects (e.g. rash, nausea, diarrhea, fatigue, insomnia) (requires specification)
04	Onset of new cardiac symptoms (e.g., arrhythmia) (requires specification)
05	Worsening of pre-existing symptoms (e.g., worsening heart failure) (requires specification)
99	Other (requires specification)

**Section D: ASSESSMENT OF SEVERITY OF HEART FAILURE
AT THE TIME OF THE FOLLOW-UP ECHOCARDIOGRAM VISIT**

D1. Age of patient at time of the follow-up echocardiogram visit **FECHAGE**
 < 5 YEARS 1 (D2) ≥ 5 YEARS.....2 (D3)

D2. Ross Classification of Congestive Heart Failure (Circle one) **FROSCLAS**
 COMPLETE IF CURRENT AGE IS < 5 YEARS

The PHN Pediatric Nurse should determine the patient’s classification at the time of the follow-up echocardiogram visit.

- CLASS I** (NO LIMITATIONS OR SYMPTOMS) 1 (D4)
CLASS II (SYMPTOMS BUT NO GROWTH FAILURE*) 2 (D2a)
CLASS III (GROWTH FAILURE* AND PROLONGED FEEDING TIME IN INFANTS)..... 3 (D2b)
CLASS IV (GROWTH FAILURE* AND SYMPTOMATIC AT REST 4 (D2c)
 WITH ≥1 SYMPTOM LISTED IN D2c BELOW)

* Growth failure is defined as weight-for-age < 5th percentile

a. If Class II, indicate signs and symptoms present (Answer ALL questions 1-3)

		YES	NO	NA
1.	Mild tachypnea with feeds in infants FR2TACHY	1	2	-1
2.	Mild diaphoresis with feeds in infants FR2DIAPH	1	2	-1
3.	Dyspnea on exercise in older children FR2DYSPEX	1	2	-1
GO TO D4				

b. If Class III, indicate signs and symptoms present (Answer ALL questions 1-2)

		YES	NO
1.	Marked tachypnea with feeds or exertion FR3TACHY	1	2
2.	Marked diaphoresis with feeds or exertion FR3DIAPH	1	2
GO TO D4			

c. If Class IV, indicate signs and symptoms present (Answer ALL questions 1-4)

		YES	NO
1.	Tachypnea FR4TACHY	1	2
2.	Retractions FR4RETRC	1	2
3.	Grunting FR4GRUNT	1	2
4.	Diaphoresis FR4DIAPH	1	2
GO TO D4			

D3. New York Heart Association (NYHA) Classification of Congestive Heart Failure
 COMPLETE IF CURRENT AGE IS \geq 5 YEARS **FNYHCLAS**

The PHN Cardiac Nurse should determine the patient’s classification at the time of the follow-up echocardiogram visit.

- CLASS I**..... 1
 NO LIMITATION OF ACTIVITIES; NO SYMPTOMS FROM ORDINARY ACTIVITIES
- CLASS II**..... 2
 SLIGHT, MILD LIMITATION OF ACTIVITY; COMFORTABLE WITH REST OR WITH MILD EXERTION
- CLASS III**..... 3
 MARKED LIMITATION OF ACTIVITY; COMFORTABLE ONLY AT REST
- CLASS IV**..... 4
 SHOULD BE AT COMPLETE REST, CONFINED TO BED OR CHAIR; ANY PHYSICAL ACTIVITY BRINGS ON DISCOMFORT AND SYMPTOMS OCCUR AT REST

D4. Does the patient have an AICD? **FAICD** YES 1 NO..... 2

D5. Is the patient on a heart transplant waiting list? **FTRNWAIT**
 YES..... 1 NO2 (E1) UNKNOWN.. -8 (E1)

a. Status **FTRNSTAT**
 1A (US) / 2, 3, 3.5, 4 (Canada)..... 1
 1B (US)..... 2
 2 (US) / 1 (Canada)..... 3
 7 (US) / 0 (Canada)..... 4
 UNKNOWN..... -8

b. Date listed ~~REMOVED~~ **AGE_FTRN_D**
 ____ / ____ / ____

M M / D D / Y Y Y Y

Section E: LABORATORY ASSESSMENT OF SEVERITY OF HEART FAILURE SINCE THE LAST STUDY ECHOCARDIOGRAM

- E1. Echocardiogram ejection fraction obtained **FECHOEF** YES 1 NO2 (E2) UNKNOWN.....-8 (E2)
- a. Date of most recent echocardiogram ___ ___ / ___ ___ / ___ ___ ___
 REMOVED **AGE_FECHOEFD**
- b. LV ejection fraction ___ ___ % **FECHLVEF**
- E2. MUGA ejection fraction obtained **FMUGADON** YES 1 NO2 (E3) UNKNOWN.....-8 (E3)
- a. Date of most recent MUGA ___ ___ / ___ ___ / ___ ___ ___
 REMOVED **AGE_FMUGA_D**
- b. LV ejection fraction ___ ___ % **FMUGALVEF**
- E3. Cardiac MRI ejection fraction obtained **FMRIDONE** YES 1 NO2 (E4) UNKNOWN.....-8 (E4)
- a. Date of most recent MRI ___ ___ / ___ ___ / ___ ___ ___
 REMOVED **AGE_FMRIDATE**
- b. LV ejection fraction ___ ___ % **FMRILVEF**
- E4. Cardiac catheterization **FCATHDON** YES 1 NO2 (E5) UNKNOWN.....-8 (E5)
- a. Date of most recent catheterization ___ ___ / ___ ___ / ___ ___ ___
 REMOVED **AGE_FCATH_D**
- b. LVEDP ___ ___ mmHg **FLVEDP**
- c. PCWP ___ ___ mmHg **FPCWP**
- d. Cardiac index ___ . ___ ___ L/min/m² **FCARDIN**

Form V103: Interim History and Follow-up Clinical Assessment

- E5. Exercise Testing YES 1 NO 2 (E6) UNKNOWN -8 (E6)
BEXTEST
- a. Date of most recent exercise test ___ ___ / ___ ___ / ___ ___ ___
REMOVED AGE_FEXDATE
- b. Type of exercise test **FEXTYPE** BIKE.....1 TREADMILL..... 2
- c. Height at exercise test **FHT_ECHO** ___ ___ . ___ cm
- d. Weight at exercise test **FWT_ECHO** ___ ___ . ___ kg
- e. Did patient achieve maximum effort? **FMAXEFFT**
 YES 1 NO2 UNKNOWN..... -8
- f. Peak VO₂ **FPEAKVO2** ___ ___ . ___ ml/kg/min INDETERMINATE-8
- g. VO₂ at anaerobic threshold **FATVO2** ___ ___ . ___ ml/kg/min INDETERMINATE -8
- E6. Was BNP level obtained within 3 days before the baseline echocardiogram? **FBNPDONE**
 YES 1 NO..... 2 (END) UNKNOWN..... -8 (END)
- a. Standard BNP assay performed? **FBNPSTND**
 YES 1 NO..... 2 (E6b)
1. Date of most recent BNP level ___ ___ / ___ ___ / ___ ___ ___
REMOVED AGE_FBNP_D
2. Assay result **FBNPRSLT** ___ ___ . ___
- a. Units **FSTNDU** PG/ML 1 PMOL/L .. 2
- b. N-terminal proBNP assay performed? YES 1 NO..... 2 (END) **FNTPBNP**
1. Date of most recent NT-proBNP level ___ ___ / ___ ___ / ___ ___ ___
REMOVED AGE_FNTP_D
2. Assay result **FNTPRSLT** ___ ___ . ___
- a. Units PG/ML 1 PMOL/L 2 **FNTPU**

Section F: NEXT ECHOCARDIOGRAM VISIT

F1. Has the patient been scheduled for another study echocardiogram visit?
[Respond YES to this question only if the next scheduled echo visit is
at least 75 days after the date of the current echocardiogram visit
(date recorded for Q. A4)]. **NEXTECHO**

YES.....1 NO.....2

**ENTER DATE IN ADEPT
APPOINTMENT CALENDAR**