INSTRUCTIONS: This form should be completed and entered into ADEPT for all fully eligible participants who are more than 18 months post baseline echo date except for those who were withdrawn because of death or heart transplant. To enter this form in ADEPT, please select “VVV Final Status Event” from the “Category of Data” drop down menu at the bottom of the Summary of VVV Study Events screen for the patient. The DCC will provide sites with an individualized form for each subject that will substitute specific dates for the YELLOW-shaded generic “dates” that are listed on this form.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number
   ___ ___ - ___ ___ ___ ___ ___ REMOVED BLIND_ID

A2. Acrostic Identifier
   ___ ___ ___ ___ ___ REMOVED

A3. 18-month window close date
   <<baseline echo date + 18 months >> REMOVED AGE_M18DATE

A4. Date of form completion
   ___ / ___ / ___ ___ ___ ___ ___/YYYY/YY/YY/YY
   REMOVED AGE_COMP

A5. Name of person completing form
   REMOVED PRINT FULL NAME INITIALS

Section B: INTERVENTIONS, CHF CLASSIFICATION, AND VITAL STATUS

B1. Did the subject have any of the following interventions between <<last VVV echo date>> and <<18-month window close date >>?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
<th>1. If YES, date of intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>[If intervention occurred more than once, enter date of first occurrence]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M M D D Y Y Y Y</td>
</tr>
<tr>
<td>a.</td>
<td>1</td>
<td>2</td>
<td>-8</td>
</tr>
<tr>
<td>ECMO</td>
<td>XECMO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|     |    |         | M M D D Y Y Y Y | REMOVED AGE_XLVAD_D |
| b.  | 1  | 2       | -8               |
| LVAD| XLVAD |

|     |    |         | M M D D Y Y Y Y | REMOVED AGE_XBIVA_D |
| c.  | 1  | 2       | -8               |
| BiVAD|XBIVAD |

|     |    |         | M M D D Y Y Y Y | REMOVED AGE_XLVRED_D |
| d.  | 1  | 2       | -8               |
| LV Reduction Surgery|XLVRED |

|     |    |         | M M D D Y Y Y Y | REMOVED AGE_XTRANS_D |
| e.  | 1  | 2       | -8               |
| Heart Transplant|XTRANS |
B2. Date of last clinical visit prior to <<18-month window close date >>

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y
REMOVED AGE XLASTCLIN_D

B3. Age of patient at time of clinical visit on B2 date. XLASTCLINAGE

< 5 YEARS .................. 1 (B4)  ≥ 5 YEARS .................. 2 (B5)

B4. Ross Classification of Congestive Heart Failure on B2. date (Circle one) XROSCLAS COMPLETE IF AGE ON B2 DATE ABOVE IS < 5 YEARS

CLASS I (NO LIMITATIONS OR SYMPTOMS) .............................................................................................................. 1 (B6)
CLASS II (SYMPTOMS BUT NO GROWTH FAILURE*) ................................................................................................. 2 (B4a)
CLASS III (GROWTH FAILURE* AND PROLONGED FEEDING TIME IN INFANTS) ............................................. 3 (B4b)
CLASS IV (GROWTH FAILURE* AND SYMPTOMATIC AT REST WITH ≥1 SYMPTOM LISTED IN B4c BELOW) .......................................................................................................................... 4 (B4c)
CANNOT DETERMINE BASED ON NOTES IN RECORDS .......................................................................................... -8 (B6)

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mild tachypnea with feeds in infants XR2TACHY</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>2. Mild diaphoresis with feeds in infants XR2DIAPH</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>3. Dyspnea on exercise in older children XR2DYSPLEX</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
</tbody>
</table>

GO TO B6

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

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Marked tachypnea with feeds or exertion XR3TACHY</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Marked diaphoresis with feeds or exertion XR3DIAPH</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

GO TO B6

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

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tachypnea XR4TACHY</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Retractions XR4RETRC</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### B5. New York Heart Association (NYHA) Classification of Congestive Heart Failure on B2. date

**COMPLETE IF AGE ON B2 DATE ABOVE IS > 5 YEARS**

**NYHACLAS**

**CLASS I** (NO LIMITATION OF ACTIVITIES; NO SYMPTOMS FROM ORDINARY ACTIVITIES) ...................... 1

**CLASS II** (SLIGHT, MILD LIMITATION OF ACTIVITY; COMFORTABLE WITH REST OR WITH MILD EXERTION) ................................................................................................................ 2

**CLASS III** (MARKED LIMITATION OF ACTIVITY; COMFORTABLE ONLY AT REST) ......................... 3

**CLASS IV** (SHOULD BE AT COMPLETE REST, CONFINED TO BED OR CHAIR; ANY PHYSICAL ACTIVITY BRINGS ON DISCOMFORT AND SYMPTOMS OCCUR AT REST) .................................................. 4

**CANNOT DETERMINE BASED ON NOTES IN RECORDS** ...............................................................-8

### B6. Was the patient on a heart transplant waiting list as of <<18-month window close date>>?

**XTRNWAIT**

YES ....................................... 1  NO.................................. 2 (B7)  UNKNOWN..-8 (B7)

**a. Status XTRNSTAT**

1A (US) / 2, 3, 3.5, 4 (Canada)……………………………………... 1
1B (US)................................................................................... 2
2 (US) / 1 (Canada)................................................................... 3
7 (US) / 0 (Canada)................................................................... 4
UNKNOW .............................................................................-8

**b. Date listed**

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

### B7. Is the patient known to have died?  **XDEAD**

YES................................................................................................. 1

**a. Date of death**

___ ___ / ___ ___ / ___ ___ ___ ___ (C1)
M M D D Y Y Y Y

**b. Date last known alive**

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y
Section C: STATUS OF COMPLETION OF A “1-YEAR” VVV STUDY ECHO

C1. Was a VVV study echo completed between <<baseline echo date + 11 months>> and <<18-month window close date>>? X1YEAR

YES........................................................................................................1 (END)
NO........................................................................................................2

a. Did the subject have an outpatient clinical echo completed between <<baseline echo date + 11 months>> and <<18-month window close date>>? XCLINECHO

YES........................................................................................................1
NO........................................................................................................2 (END)
UNKNOWN...................................................................................... -8 (END)

C2. Reason VVV study echo not completed at time of clinical echo performed between <<baseline echo date + 11 months>> and <<18-month window close date>>
[Enter the first applicable choice from the list below] REMOVED

SUBJECT WITHDREW PRIOR TO <<baseline echo date + 11 months>>...... 1
[If Form V202 was NOT completed, please complete and enter into ADEPT]
LAST VVV STUDY ECHO < 3 MONTHS BEFORE ........................................2
SITE OVERSIGHT ................................................................................3
PRIMARY ULTRASONOGRAPHER UNAVAILABLE ..................................4
TECHNICAL DIFFICULTY OR PATIENT COOPERATION PROBLEM ......5
CLINICAL ECHO PERFORMED AT NON-PHN SITE .................................6
COMPLETED > 13 MONTHS AFTER BASELINE ECHO PRIOR TO
EXTENSION OF WINDOW TO 18 MONTHS ..........................................7
OTHER.............................................................................................. 99

a. Specify OTHER REMOVED