0.a. Hospital code number: [ ] [ ]

0.b. Medical Record Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

0.c. Date of discharge (for nonfatal case) or death:
   [ ] [ ] [ ] [ ] [ ]
   Month Day Year

1. Type of requested abstraction deemed ineligible:
   C. CHD only  → Skip Q. 3
   H. HF only  → Skip Q. 2
   B. Both CHD and HF

2. Reason for ineligibility for CHD:
   A. Age for CHD is <35 or >84
   B. Out of catchment area
   C. < 24 hour hospitalization
   D. Suggested cohort match but not a real cohort and not eligible for community abstraction
   E. Other reason/s (Specify) ____________________________

3. Reason for ineligibility for HF:
   A. Age for HF is <55
   B. Out of catchment area
   C. < 24 hour hospitalization
   D. Suggested cohort match but not a real cohort and not eligible for community abstraction
   E. Other reason/s (Specify) ____________________________