General Instructions:
The Heart Failure Form is completed when a participant reports that a physician has
diagnosed heart failure (HF) during an outpatient visit, and during the time frame specified
in the AFU. The interview initiates the process that enables ARIC to send that physician a
request to complete the Physician Heart Failure Form (PHF). The PHF form is sent to each
physician for whom the participant submits an authorization for access to information from
the physician’s records. When the physician returns the PHF to the ARIC Field Center, the
data is entered in the data entry system. Refer to the instructions for this form for data
entry.
Note: Sections I and II will not appear on the data entry screen.

Section I: Instructions to Physicians:

Dear <Dr>,

Your patient, <Ms/Mr.> who is a long time participant in the ARIC Study, has indicated to ARIC study personnel that <s/he> has been diagnosed with heart failure. We have your patient’s authorization to ask you to provide this information for our study records. We appreciate your response to the following questions and request that you return this form in the enclosed envelope at your earliest convenience (ideally within 2 weeks).

Thank you.

Sincerely,

<Field center medical director>                        Date <Date letter is sent>

Section II: Patient Confidential Information:

Patient Name: _______________________________
Patient Date of Birth: ______________________

Section III: Data Reported by Physician:

0. Name of medical doctor to whom inquiry sent:

   [ ]

1. Has this patient ever had heart failure or cardiomyopathy of any type?

   Yes……………………..Y
   Unsure…………………U
   No………………………N (If no, skip to question 3.)

2. If the patient has or ever had heart failure or cardiomyopathy:
   (a) Is this patient’s condition characterized as predominantly:

      Systolic dysfunction………….. S
      Diastolic dysfunction…………..D
      Mixed……………………………M
      Not determined……………….. N

   (b) Estimated LVEF (worst): [ ]%

   (b.1.) If LVEF is not specifically available, estimate LV function:
Normal……………………….. N  
Decreased mildly……………… L  
Decreased moderately …………. D  
Decreased severely……………. S

(c) Estimated date of onset or diagnosis (month/year): __________/________

3. Has this patient ever had (check all that apply):

   a. Atrial fibrillation on an ECG? Y N
   b. Angina pectoris? Y N
   c. Pulmonary rales on a physical examination? Y N
   d. Previous MI? Y N
   e. Rhonchi on a physical examination? Y N
   f. Other coronary heart disease? Y N
   g. None of the above. Y N

4. Was s/he prescribed treatment specifically for heart failure during the past year?

   Yes…………………………… Y
   No…………………………… N
   Not known ................. U

5. Was this patient prescribed any of the following during the past year? (check all that apply)

   a. ACE inhibitors Y N
   b. Aldosterone blocker Y N
   c. Alpha blockers Y N
   d. Amiodarone / Antiarrhythmics Y N
   e. Angiotensin II receptor blockers Y N
   f. Anticoagulants Y N
   g. Aspirin / Antiplatelets Y N
   h. Beta blockers Y N
   i. Calcium channel blockers Y N
   j. Digitalis Y N
   k. Diuretics Y N
   l. Hydralazine Y N
   m. Lipid-lowering agents Y N
   n. Nitrates Y N
   o. Other antihypertensives Y N

6. Form completed by:
MD ……………... M
Other ………….. O

7. Date (mm-dd-yyyy): [__-__/__/____]

Section IV: Administrative:

8. Data entered by: [______]

9. Date data entry completed (mm-dd-yyyy): [__-__/__/____]