PART A: ADMINISTRATIVE INFORMATION

0. Date Assigned:

1. a. Batch Number: __ __ __ -- H

   b. Type of Review:

   c. Date of HDA completion:

2. Code number of person completing this form: __ __ __

PART B: REVIEW OF COMPUTER'S HF DIAGNOSIS

4. Is there evidence of (past or present):
   a. Abnormal LV systolic function? ................................................................. Y N U
   b. Abnormal RV systolic function? ................................................................. Y N U
   c. LV diastolic dysfunction? ................................................................. Y N U

5. Estimated LVEF (worst; related to current hospitalization):
   a. ≥ 50% □
   b. 35-49% □
   c. < 35% □
   d. Unknown □

6. Assign an overall heart failure diagnosis based on your clinical judgment (select only one)

   Definite decompensated heart failure .............................................. A

   Possible decompensated heart failure .............................................. B

   Chronic stable heart failure ......................................................... C

   Heart failure unlikely ................................................................. D

   Unclassifiable ................................................................. E

    ▶ Skip to Item 8

7. Was this event fatal? ........................................................................... Y N

    ▶ Skip to Item 8

   a. Was decompensated heart failure the primary cause of death? ........... Y N U

8. Comments: __________________________________________________________

9. Review complete? Enter 0 if yes, leave blank otherwise. __