

**Multi-Ethnic Study of Atherosclerosis**Hospital Abstraction:  
Cardiac/PVD**Participant ID:** 8000028 02**Hospital Code:**

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**Admission Information**

1. Admission Date:

<div><div></div><div></div></div>	/	<div><div></div><div></div></div>	/	<div><div></div><div></div><div></div><div></div></div>
Month		Day		Year

2. Discharge date or date of death:

<div><div></div><div></div></div>	/	<div><div></div><div></div></div>	/	<div><div></div><div></div><div></div><div></div></div>
Month		Day		Year

**Hospital Information**

3. What was the participant's vital status at discharge?

☐ Alive ☐ Dead

4. Was there an episode of chest, left arm or jaw pain during the 72 hours prior to death?

☐ Yes ☐ No ☐ Unknown**Acute Cardiovascular Events**

5. Was there an acute episode of pain, discomfort or tightness in the chest, left arm or jaw within 72 hours of the hospitalization or within 72 hours of the in-hospital event?

☐ Yes ☐ No ☐ Unknown*If "No" or "Unknown," skip to Question 8.*

6. Did the onset of the acute episode occur prior to admission?

☐ Yes ☐ No ☐ Unknown

7. Was the discomfort or pain diagnosed as having a non-cardiac origin?

☐ Yes ☐ No ☐ Unknown8. Did a physician indicate any of these as being present during the hospitalization? *Mark all that apply; exclude old episodes; include only current conditions (except for last item.)*

	<u>Yes</u>	<u>No</u>
Angina diagnosis .....	<input type="radio"/>	<input type="radio"/>
Myocardial infarction .....	<input type="radio"/>	<input type="radio"/>
Congestive heart failure or pulmonary edema .....	<input type="radio"/>	<input type="radio"/>
Lower extremity claudication .....	<input type="radio"/>	<input type="radio"/>
Atherosclerosis of arteries of the lower extremities .....	<input type="radio"/>	<input type="radio"/>
Arterial embolism or thrombosis of the lower extremities .....	<input type="radio"/>	<input type="radio"/>
Abdominal aortic aneurysm .....	<input type="radio"/>	<input type="radio"/>
Shock or cardiogenic shock .....	<input type="radio"/>	<input type="radio"/>
Ventricular fibrillation, cardiac arrest or asystole .....	<input type="radio"/>	<input type="radio"/>
Deep venous thrombosis or pulmonary embolism .....	<input type="radio"/>	<input type="radio"/>
ST elevation > 1mm with pain that is not present on ECG without pain .....	<input type="radio"/>	<input type="radio"/>
History of chest, left arm or jaw (ischemic) pain at any time in the past .....	<input type="radio"/>	<input type="radio"/>

**Electrocardiograms**

9. Were electrocardiograms (ECGs or EKGs) recorded?

☐ Yes ☐ No ☐ Unknown

If "No" or "Unknown," skip to Question 28.

Record dates of ECGs and make two copies of FOUR ECG tracings as described below. Send one copy to the ECG Reading Center and attach one copy to this form:

- If four or fewer tracings were made, include all tracings.
- If more than four tracings were made, include:

- 1.) First two codable tracings after admission (ECG#1-First and ECG#2)
- 2.) Last codable tracing prior to discharge or death (discharge tracing) (ECG-Last)
- 3.) Last codable tracing on day 3 (or the first tracing thereafter) following an admission or in-hospital event (ECG#3)
- 4.) The next codable tracing after day 3

- If the participant is readmitted (transferred) to the ICU/CCU because of a new episode of chest pain, the first codable tracing may be sent.

Copy enclosed?

Date: (m/d/y)

Yes No

ECG #1: (first)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
ECG (last)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
ECG #2	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
ECG #3	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

**Serum Enzymes**

10. Were any cardiac enzyme measurements performed during this admission?

☐ Yes ☐ No

If "No," skip to end of form.

11. Did the participant have any active liver disease (cirrhosis, hepatitis, liver cancer, etc.)?

☐ Yes ☐ No

If "Yes," specify:

12. Is there any evidence of hemolytic disease during this hospitalization?

☐ Yes ☐ No

13. Is there any mention of the participant having either trauma, a surgical procedure, or rhabdomyolysis within one week prior to the measurement of the cardiac enzymes?

☐ Yes ☐ No ☐ Unknown

If "Yes," please specify type of trauma or procedure below.

Date m/d/y  /  /

Type of Trauma or procedure:

Date m/d/y  /  /

Type of Trauma or procedure:

Date m/d/y  /  /

Type of Trauma or procedure:

Date m/d/y  /  /

Type of Trauma or procedure:

\* Please complete ENZYME CHART. \*

14. Was BNP measured? ☐ Yes ☐ No *If "No," skip to 35*

Record the value of the first, last, and highest measurements of BNP (pg/ml):

First:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	Date (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last (if more than one):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	Date (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Highest of remaining values (if more than two):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	Date (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Upper Limit of Normal BNP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>											

15. Was pro-BNP measured? ☐ Yes ☐ No *If "No," skip to 16*

Record the value of the first, last, and highest measurements of pro-BNP (pg/ml):

First:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	Date (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last (if more than one):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	Date (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Highest of remaining values (if more than two):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	Date (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Upper Limit of Normal for pro-BNP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>											

16. Was serum creatinine measured? ☐ Yes ☐ No *If "No," skip to 17*

Record the value of the first, second, and last measurements of serum creatinine (mg/ml):

First:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	Date (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	Date (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	Date (mm/dd/yyyy):	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Upper Limit of Normal for serum creatinine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>											

17. Is this patient currently on kidney dialysis (anytime in the last four weeks)? ☐ Yes ☐ No

**If no enzyme measurements were performed (question 10), skip to end of form.**

Abstractor ID    Data Entry ID    Date (m/d/y)   /   /

# ENZYME CHART

## Laboratory Standards

Record the established laboratory standards (range values) for each of the serum enzymes listed. Record the normal range on the lines for Range Set 1. When more than one normal range is given, record the others on the lines Range Set 2 and Range Set 3. Use 99.99 if value is 100 or more but boxes do not allow triple-digit integer.

Range Sets Normal Range #		Total CK	CK-MB	LDH	LDH-1	LDH-2	Troponin I	Troponin T
Low High	1	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
Low High	2	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
Low High	3	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>

# ENZYME CHART

8000028 02

## Participant Values

Record all serum enzyme values from the participant's record. **Exception:** When more than 12 measurements were made, record the highest (peak) values for each enzyme value measured. Use 99.99 if 100 given but boxes lack triple-digit integer.

When a serum enzyme value is recorded using words rather than numerals, use the following codes to record the value:  
6666-absent/negative/normal; 7777-trace or weak positive; 8888-present/positive/abnormal.

Date	Time	Range Total CK	Range CK-MB	Range LDH	Range LDH-1	Range LDH-2	Range Troponin I	Range Troponin T
1	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
2	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
3	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
4	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
5	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
6	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
7	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
8	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
9	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
10	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
11	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O
12	MM / MM / MM MM:MM M	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O	1 2 3 O O O