THE STRONG HEART STUDY VII CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

MORBIDITY SURVEY

Cardiovascular Test Procedures Abstract

ID nur	mber:		I_		_	
1.	WAS CATHETERIZATION/ANGIOGRAM DONE? Yes 1 No (Go to Q18)		Yes, but no re	port 3		
2.	If YES, When?		/ month	_ / day	 year	
3.	Where: Hospital/Clinic		City/State	е		
Was A	Any Vessel ≥ 50% Stenotic in	Yes	No	Uncertain	Unknown	
4.	Left Main:	1	2	8	<u> </u> 9	
5.	Left anterior descending:	1	2	8	9	
6.	Right coronary:	1	2	8	<u> </u> 9	
7.	Circumflex artery:	1	2	8	9	
8.	Ejection Fraction (%):					
	777= normal, % not specified 888=abnormal, % not specified 999=unknown/no response					
9.	Left Ventricular Function: Normal 1	A	ssessed, resu	lts not specific	ed 3	
	Depressed 2	N	ot assessed (Go to Q17)	9	
10.	Was Akinetic Wall Observed?					
	Yes 1 No (Go to Q15) 2	Uncert	ain 8	Unkn	own 9	
		Yes	No	Uncertain	Unknown	
11.	Anterior:	1	2	8	<u> </u> 9	
12.	Inferior:	1	2	8	<u> </u> 9	
13.	Apex:	1	2	8	<u> </u> 9	
14.	Diffuse:	1	2	8		
The Stro	ong Heart Study VII Page 31 Cardiac Proce	dure Form		The the Newton Project Protection The United Project Protection IRB APPROVED AMERICA AMERIC	IRB APPROVAL DATE: 04/13/20	

The Strong Heart Study VII Version Date: 12/30/2014

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Findi	ing of Valvular Function:	Yes	No	Uncertain	Unknown
15.	Mitral regurgitation:		_ 1 2	8	9
16.	Aortic regurgitation:	<u> </u>	_ 1 2	8	<u> </u> 9
17.	Was Angioplasty performed?		_ 1 2	8	<u> </u> 9
18.	WAS COMPUTED TOMOGRAPHIC	C CALCIUM SCORIN	IG DONE?		
	Yes 1	No (Go to Q22) 2	2	Yes, but no re	port 3
19.	If YES, When?		/ <u> </u> month	/ day	 year
20.	Where:		City //	State	
04	·		City/S	siale	
21.	Agotston score:	T DONES			
22.	WAS TREADMILL EXERCISE TES				
	Yes 1	lo (Go to Q29) 2	2	Yes, but no re	port 3
23.	If YES, When?		_ / <u> </u> month	/ day	 year
24.	Where:		City/S	State	
25.	Treadmill ECG:				
	Normal 1 Borderline 2	Abnormal 3	Inconclusive	8 No rep	oort 9
26.	Maximum heart rate (beats/minute):		999=no repor	t	
27.	Maximum systolic blood pressure (n	nmHg):	999=no repor	t _	_
28.	Treadmill time (round to nearest wh	ole number minute):	99=no repor	t	
29.	WAS THALLIUM TEST, OR OTHE	R NUCLEAR IMAGE	TEST DONE?		
	Yes 1	No (Go to Q34) 2	2	Yes, but no rep	oort 3
30.	If YES, When?		/ <u> </u> month	/ day	 year
31.	Where:		O:- "	24-4-	
32.	Hospital/Clinic What Stress: Exercise 1 Adel	nosine 2 Dobuta	City/s nmine 3 Ot	her Drug 4 her Drug 4 her Branch Problem Problem in Street Problem Problem in Branch PPROVED	IRB NUMBER: 10188 IRB APPROVAL DATE: 04/13/20

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33.	l est results:	Positive 1	Negative 2	Equivocal 3	No report 9
ADMI	NISTRATIVE IN	FORMATION:			
34.	Reviewer code)			
35.	Review date:			/ month	/ day year

THE STRONG HEART STUDY VII CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

MORBIDITY SURVEY PERIPHERAL VASCULAR PROCEDURES/REVASCULARIZATION ABSTRACT

ID nu	ımber: 	_ _	_						
1.	Was peripheral angiogram (ICD-9 procedure code 88.48) done?								
	`	Yes 1 No 2 (Go to Q2) Yes, but no report 9							
	a.	If yes	s: Contrast angiogram	MR :	angiogram	CT an	giogram		
	b.	If yes	s, when?		L	—ı——ı ı——ı—ı ı–	 day year		
	C.	Where:							
	d. Was any vessel ≥ 50% stenotic?								
		i.	Aorta:	Yes 1	No 2	Uncertain 8	Unknown 9		
			If yes, which side?	Right	Left	Both			
		ii.	Iliac:	Yes 1	No 2	Uncertain 8	Unknown 9		
			If yes, which side?	Right	Left	Both			
		iii.	Femoral:	Yes 1	No 2	Uncertain 8	Unknown 9		
			If yes, which side?	Right	Left	Both			
		iv.	Popliteal or lower:	Yes 1	No 2	Uncertain 8	Unknown 9		
			If yes, which side?	Right	Left	Both			
		V.	Carotid stenosis	Yes 1	No 2	Uncertain 8	B Unknown 9		
			If yes, which side?	Right	Left	Both			
	e.	Was	there evidence of previ	ious revascula	rization? Y	es 1	No 2		
2.	Was	peripho	eral angioplasty or su	rgical revasc	ularization d	one?			
			angioplasty 1 -9 procedure code 39.	.50)		scularization 3 cedure code 39.2			

No |___|2 **(Go to Q3)** Yes, but no report |___|9

	a.	If yes, when? _ / / / / month day year
	b.	Where:
3.	Was	amputation (ICD-9 procedure codes 84.10 – 84.19) performed?
		Yes 1 No 2 (Go to Q4.) Yes, but no report 9
	a.	If yes, which side? Right Left Both
	b.	Which part?
		Upper body, Arm=1, Hand=2, Finger=3,
		Lower body, Above knee=1, Below knee=2 Foot=3, Toe(s)=4
	b.	When:
	C.	Where:
4.	Was	carotid angioplasty/stenting done?
		Yes 1 No 2 (Go to Q5.) Yes, but no report 9
	a.	If yes, which side? Right Left Both
	b.	If yes, when? _ / / _ / month day year
	C.	Where:
5.	Was	carotid endarterectomy done?
		Yes 1 No 2 (Go to end.) Yes, but no report 9
	a.	If yes, which side? Right Left Both
	b.	When: _ / / _ _ month day year
	C.	Where:
ADN 5.		ATIVE INFORMATION: ewer code:
6.	Revie	ew date: _ / / _ _ month day year

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Instructions: The same procedures used for the ongoing surveillance in each center should be used, including evaluation of clinic charts and/or use of the IHS computerized records as well as direct contact with participants when necessary.

The purpose of this study is to derive an estimate of the proportion of participants who have undergone diagnostic or therapeutic procedures documenting definite lower extremity peripheral arterial disease since the Phase III SHS examination, and the proportion thereof for whom the necessary records are still available. Therefore, medical records for hospitalizations or outpatient encounters dealing with the diagnostic or procedural codes listed below and occurring since 1 January 1998 should be requested and reports of the procedures of interest should be obtained. Earlier events that correspond to the same procedures should be noted but charts need not be abstracted.

The following diagnostic codes should be identified:

For Peripheral Angiograms: ICD-9 procedure code **88.48** For Peripheral Angioplasty: ICD-9 procedure code **39.50**

For Peripheral Surgical Revascularization: ICD-9 procedure codes 39.25 and 39.29

For Amputation: ICD-9 procedure codes **84.10-84.19** For Carotid Endarterectomy: ICD-9 procedure code **38.12**

For Angioplasty: ICD-9 procedure code **00.61** For Stenting: ICD-9 procedure code **00.45**



THE STRONG HEART STUDY VII CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

HEART FAILURE PROCEDURES

SH	S ID: _
	ATRIAL FIBRILLATION AT TIME OF HF? Yes 1 No 2 Unknown 9
B.	WHICH IMAGING STUDY WAS PERFORMED DURING THIS ADMISSION? Please check ALL that were done. If more than one imaging study was done in the same admission, please use one of these forms for EACH IMAGING STUDY to record the results of that study.
	1 Echocardiogram
	2 Nuclear Imaging
	3 Invasive Angiogram
	4 CT Angiogram
	5 MRI Angiogram
	6 Other, Specify:
	7 Not sure, no results found in chart
	8 None
lf r	ot sure or none, skip to Q8.
1.	Name of test:
2.	Date of test: _ / / _ month day year
3.	Facility name:
	City/State:
4.	Ejection fraction: Measured: % Estimated: %
	If % not stated, 777 = normal, or range \geq 50% 888 = abnormal, or range $<$ 50% 999 = unknown/no response
5.	Ejection fraction interpretation: Normal 1 Depressed 2 NR 9
6.	Segmental wall motion abnormalities? Yes 1 No 2 NR 9
	If yes, degree of abnormality: Mild 1 Moderate 2 Severe 3 Unknown 9
7.	Transmitral time: E Velocity:cm/sec A Velocity:cm/sec Peak E/A Ratio:

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					HFI
Decel. Time:	_msec	IVRT:	Septal E':	Peak S':	Septal A':

SH	HS ID: _ _ _		
8.	Valvular disease?	Yes 1 No 2 Unknown 9 If No or Unknown, go to Q9.	
	If Yes,	ii ito or omalomi, go to cor	
	a. Mitral regurgitation/insufficiency: 1+ 1	4+ 4 Unknown 9	
	b. Mitral stenosis: Mild 1 Mo	oderate 2 Severe 3 Unknown	9
	c. Aortic regurgitation/insufficiency:		
	1+ 1	4+ 4 Unknown 9	
	d. Aortic stenosis: Mild 1 Mo	oderate 2 Severe 3 Unknown	9
	e. Tricuspid regurgitation: 1+ 1	4+ 4 Unknown 9	
9.	Right ventricular systolic pressure/PA systolic pr If not stated, 777 = normal 888 = abnormal 999 = u		.]
C.	B-TYPE NATRIURETIC PEPTIDE (BT-BNP):	pg/ml. Upper Limit of Normal: pg/ml	
	N-TYPE NATRIURETIC PEPTIDE (NT-BNP):		
D.	CARDIOMYOPATHY DIAGNOSIS: Ischemic:	Non-Ischemic: Hypertrophic:	
	Valvular disea	ase: Acute MI: NR 9	
	No cardiomyo	opathy	
Re	eviewer Code: Re	eview Date: / _ /	_