

**THE STRONG HEART STUDY VII  
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS**

**MORBIDITY SURVEY  
Cardiovascular Test Procedures Abstract**

ID number: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

1. **WAS CATHETERIZATION/ANGIOGRAM DONE?**  
 Yes |\_|\_|1      No (**Go to Q18**) |\_|\_|2      Yes, but no report |\_|\_|3
2. If YES, When? |\_|\_|\_|/|\_|\_|\_|/|\_|\_|\_|\_|\_|\_|  
 month      day      year
3. Where: \_\_\_\_\_  
Hospital/Clinic City/State

**Was Any Vessel  $\geq$  50% Stenotic in ...**

	Yes	No	Uncertain	Unknown
4. Left Main:	_ _ 1	_ _ 2	_ _ 8	_ _ 9
5. Left anterior descending:	_ _ 1	_ _ 2	_ _ 8	_ _ 9
6. Right coronary:	_ _ 1	_ _ 2	_ _ 8	_ _ 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      Assessed, results not specified |\_|\_|3  
 Depressed |\_|\_|2      Not assessed (**Go to Q17**) |\_|\_|9

10. **Was Akinetic Wall Observed?**

Yes |\_|\_|1      No (**Go to Q15**) |\_|\_|2      Uncertain |\_|\_|8      Unknown |\_|\_|9

	Yes	No	Uncertain	Unknown
11. Anterior:	_ _ 1	_ _ 2	_ _ 8	_ _ 9
12. Inferior:	_ _ 1	_ _ 2	_ _ 8	_ _ 9
13. Apex:	_ _ 1	_ _ 2	_ _ 8	_ _ 9
14. Diffuse:	_ _ 1	_ _ 2	_ _ 8	_ _ 9





33. Test results: Positive |\_\_|1 Negative |\_\_|2 Equivocal |\_\_|3 No report |\_\_|9

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**ADMINISTRATIVE INFORMATION:**

34. Reviewer code |\_\_|\_\_|\_\_|

35. Review date: |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  
month day year

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No

|\_\_|<sup>2</sup> **(Go to Q3)**

Yes, but no report |\_\_|<sup>9</sup>



a. If yes, when? / /   
month day year

b. Where: \_\_\_\_\_

3. **Was amputation (ICD-9 procedure codes 84.10 – 84.19) performed?**

Yes |<sub>1</sub>                      No |<sub>2</sub> (**Go to Q4.**)                      Yes, but no report |<sub>9</sub>

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: / /   
month day year

c. Where: \_\_\_\_\_

4. **Was carotid angioplasty/stenting done?**

Yes |<sub>1</sub>                      No |<sub>2</sub> (**Go to Q5.**)                      Yes, but no report |<sub>9</sub>

a. If yes, which side?    Right |    Left |    Both |

b. If yes, when? / /   
month day year

c. Where: \_\_\_\_\_

5. **Was carotid endarterectomy done?**

Yes |<sub>1</sub>                      No |<sub>2</sub> (**Go to end.**)                      Yes, but no report |<sub>9</sub>

a. If yes, which side?    Right |    Left |    Both |

b. When: / /   
month day year

c. Where: \_\_\_\_\_

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**ADMINISTRATIVE INFORMATION:**

5. Reviewer code:

6. Review 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**





Decel. Time: \_\_\_\_\_ msec IVRT: \_\_\_\_\_ Septal E': \_\_\_\_\_ Peak S': \_\_\_\_\_ Septal A': \_\_\_\_\_



SHS ID: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

8. **Valvular disease?** Yes |\_\_| 1 No |\_\_| 2 Unknown |\_\_| 9  
**If No or Unknown, go to Q9.**

**If Yes,**

a. Mitral regurgitation/insufficiency:

1+ |\_\_| 1 2+ |\_\_| 2 3+ |\_\_| 3 4+ |\_\_| 4 Unknown |\_\_| 9

b. Mitral stenosis:

Mild |\_\_| 1 Moderate |\_\_| 2 Severe |\_\_| 3 Unknown |\_\_| 9

c. Aortic regurgitation/insufficiency:

1+ |\_\_| 1 2+ |\_\_| 2 3+ |\_\_| 3 4+ |\_\_| 4 Unknown |\_\_| 9

d. Aortic stenosis:

Mild |\_\_| 1 Moderate |\_\_| 2 Severe |\_\_| 3 Unknown |\_\_| 9

e. Tricuspid regurgitation:

1+ |\_\_| 1 2+ |\_\_| 2 3+ |\_\_| 3 4+ |\_\_| 4 Unknown |\_\_| 9

9. **Right ventricular systolic pressure/PA systolic pressure (mmHg):** |\_\_|\_\_|\_\_|

If not stated, 777 = normal 888 = abnormal 999 = unknown/no response

**C. B-TYPE NATRIURETIC PEPTIDE (BT-BNP):** \_\_\_\_\_ pg/ml. Upper Limit of Normal: \_\_\_\_\_ pg/ml

**N-TYPE NATRIURETIC PEPTIDE (NT-BNP):** \_\_\_\_\_ pg/ml. Upper Limit of Normal: \_\_\_\_\_ pg/ml

**D. CARDIOMYOPATHY DIAGNOSIS:** Ischemic: \_\_\_\_ Non-Ischemic: \_\_\_\_ Hypertrophic: \_\_\_\_

Valvular disease: \_\_\_\_ Acute MI: \_\_\_\_\_ NR |\_\_| 9

No cardiomyopathy \_\_\_\_

Reviewer Code: |\_\_|\_\_|\_\_|

Review Date: |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  
 month day year

