# ARIC

Atherosclerosis Risk in Communities

# HEART FAILURE DIAGNOSIS FORM

EVENT_ID NUMBER : | | | | | | | | CONTACT NUMBER: FORM CODE: H D A 2 VERSION: E DATE:06/04/2026

Instructions: Please complete the Heart Failure Diagnosis Form using the provided materials to assign a heart failure diagnosis.

**PART A: ADMINISTRATIVE INFORMATION**

0. Date Assigned: | | | | | | | (Month Day Year)

1.a. Batch Number: | | | | -- | **H** |

b. Type of Review:

c. Date of completion: | | / | | | / | | | (Month Day Year)

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

**PART B: REVIEW OF COMPUTER'S HF DIAGNOSIS**

*(*Question 3 deleted)*

| | Yes | No | Unknown |
|---|---|---|---|
| 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 → Skip to Item 7b1

Heart failure unlikely…… ….D → Skip to Item 8

Unclassifiable……..E → Skip to Item 8

| | Yes | No | Unknown |
|---|---|---|---|
| a. Was definite or possible decompensated heart failure present at admission? | Y | N | U |

| | Yes | No | |
|---|---|---|---|
| 7. Was this event fatal? | Y | N → | Skip to Item 8 |

| | Yes | No | Unknown |
|---|---|---|---|
| a. Was decompensated heart failure the primary cause of death? | Y | N | U |

7b. Incident/Prevalent: Is there a history of

| | Yes | No/Unsure |
|---|---|---|
| 7.b.1. heart failure diagnosis listed? | Y | N |
| 7.b.2. prior hospitalization for heart failure? | Y | N |

8. Comments: _____