ARIC

Atherosclerosis Risk in Communities

COHORT EVENT ELIGIBILITY FORM

ID NUMBER: | | | | | | | | CONTACT YEAR: | | | FORM CODE: C E L **VERSION I DATE: 05/21/2026**

INSTRUCTIONS: This form should be completed for all Cohort deaths, hospitalizations, observation stays, and coronary revascularization procedures performed in the ambulatory surgery environment reported from Cohort Follow-Up**,** including hospital stays less than 24 hours. Assign an event ID number before completing this form, as all cohort events need an event ID number regardless of eligibility. Refer to this form's Q by Q instructions for information on entering numerical responses. For "multiple choice" and "yes/no" type questions, enter the letter corresponding to the most appropriate response.

A. IDENTIFYING INFORMATION

1. Last Name…… | | | | | | | | | | | | | | |

1a. First Name…..…….. | | | | | | | | | | | | | | |

1b. Middle Name…… | | | | | | | | | | | | | | |

Question 1c. deleted

2. Participant ID…….. | | | | | | | |

Question 3 deleted

4. Date of discharge or death……. | | | / | | | / | | | | |

Month Day Year

4a. Date of birth…… | | | / | | | / | | | | |

Month Day Year

5. Source to identify event?

Cohort Follow-up…… ☐F

Surveillance Procedures…….. .☐S

Other……..☐O

6. Is this event a death?

Yes..... ☐Y

No.. ..... ☐N→**If No, go to item 8a.**

6a. Was an autopsy performed?

Yes……..☐Y

No……...☐N

7. Is this event an out-of-hospital death, or a death for which hospitalization information cannot be located?

Yes…….. ☐Y→ **If Yes, go to item 14a.**

No.....☐N

8a. Hospital Code Number…… ☐☐

[If code 96-99, specify]:

8a.1. Hospital Name: ___ _____

8a.2 City and State: _____

8a.3 Has permission been granted to access the medical record for this event?

Yes……☐Y

No……..….☐N→ **If No, go to item 19a.**

N/A……..☐

8b. Can information on this hospitalization be located?

Yes……☐Y

No……..….☐N→ **If No, go to item 19a.**

Note: If 6=Yes and 7=No (i.e., this is an in-hospital death) go to item 9

8c. Is this event a hospital stay lasting less than 24 hours?

Yes……☐Y

No……..….☐N→ **If No, go to item 9.**

8d. Was a coronary revascularization procedure performed during this event?

Yes……☐Y→ **If Yes, complete items 9, 9a, 10, 19e, 20, and 21.**

No……..….☐N → **If No, complete items 20 and 21.**

B. INFORMATION FROM HOSPITAL DISCHARGE INDEX OR FACE SHEET

9. Hospital Record Number……... ☐☐☐☐☐☐☐☐☐☐☐

9a. How has need for abstraction been established for this cohort event?

Hospital Index……☐I

Face Sheet……☐F

Other……☐O

[If eligibility is “O”, specify: _____ _____]

10. HOSPITAL DISCHARGE DIAGNOSIS AND PROCEDURE CODES

Note: the fields below allow entry of diagnosis and procedure codes at a maximum of 8 characters in length, to accommodate ICD10 codes.

10a.									10a1.								
10b.									10b1								
10c.									10c1.								
10d.									10d1.								
10e.									10e1								
10f.									10f1								
10g.									10g1								
10h									10h1								
10i									10i1.								
10j.									10j1.								
10k.									10k1.								
10l.									10l1.								
10m.									10m1.								
10n.									10n1.								
10o.									10o1.								
10p.									10p1.								
10q.									10q1.								
10r.									10r1.								
10s									10s1								
10t.									10t1.								
10u.									10u1								
10v.									10v1.								
10w.									10w1.								
10x.									10x1.								
10y.									10y1.								
10z.									10z1.								

10a2.								
10b2								
10c2.								
10d2.								
10e2								
10f2.								
10g2.								
10h2								
10i2.								
10j2.								
10k2.								
10l2.								
10m2.								
10n2.								
10o2.								
10p2.								
10q2.								
10r2.								
10s2								
10t2.								
10u2.								
10v2.								
10w2.								
10x2.								
10y2.								
10z2.								

10a3.								
10b3.								
10c3								
10ld3								
10e3.								
10f3.								
10g3.								
10h3								
10i3.								
10j3.								
10k3.								
10l3.								
10m3.								
10n3.								
10o3.								
10p3.								
10q3.								
10r3.								
10s3								
10t3.								
10u3.								
10v3.								
10w3.								
10x3.								
10y3.								
10z3.								

NOTE: 11a, 11a1, 11b, 11b1, 11f, 11f1 will be auto filled when available.

11a. Are any of the following codes listed?

ICD 9 codes: 402, 410-414, 427, 428 or 518.4

ICD 10 codes: I11.x, I20.x, I21.x, I22.x, I24.x, I25.x, I46.x, I47.x, I48.x, I49.x, I50.x, J81.0, R00.1

Yes……☐Y→ **If Yes, go to 11b.**

No……..…..☐N

11a1. Are any of the following codes listed?

ICD 9 codes: 00.50-00.54, 00.61-00.66, 35-39, 88.5, 89.49, 99.10, 250, 390-459, 745-747, 794.3, 798, or 799

ICD 10 codes:

021x	039x	04Qx	069x	0JHGx	B42x	I12.x	I42.x	I74.x	Q24.x
025x	03Bx	04Rx	06Bx	0JHHx	B50x	I13.x	I43	I75.x	Q25.x
027x	03Cx	04Sx	06Cx	0JHLx	B51x	I15.x	I44.x	I76	Q26.x
028x	03Hx	04Ux	06Dx	0JHMx	B52x	I20.x	I45.x	I77.x	Q27.x
02Bx	03Jx	04Vx	06Hx	0JHNx	B54x	I21.x	I46.x	I78.x	Q28.x
02Cx	03Lx	051x	06Jx	0JHPx	B33.x	I22.x	I47.x	I79.x	R00.x
02Hx	03Nx	055x	06Lx	0JPx	B34.x	I23.x	I48.x	I80.x	R09.x
02JA3ZZ	03Px	057x	06Nx	0JWx	B97.x	I24.x	I49.x	I81	R41.x
02JY3ZZ	03Qx	059x	06Qx	0W3x	E10.x	I25.x	I50.x	I82.x	R45.x
02Kx	03Rx	05Bx	06Rx	0W9x	E11.x	I26.x	I51.x	I83.x	R53.81
02Lx	03Sx	05Cx	06Sx	0WCx	E12.x	I27.x	I52	I85.x	R58
02Nx	03Ux	05Dx	06Ux	0WJx	E13.x	I28.x	I60.x	I86.x	R64
02Px	03Vx	05Hx	06Vx	0X3x	E14.x	I30.x	I61.x	I87.x	R68.82
02Qx	03Wx	05Jx	0G5x	0Y3x	G45.x	I31.x	I62.x	I89.x	R69
02Rx	041x	05Lx	0G9x	3E0x	I00	I32	I63.x	I95.x	R94.x
02Sx	045x	05Nx	0GBx	4A0x	I01.x	I33.x	I65.x	I97.x	R96.x
02Tx	047x	05Qx	0GNx	4B02XTZ	I02.x	I34.x	I66.x	I99.x	R98
02Ux	049x	05Rx	0GQx	5A0x	I05.x	I35.x	I67.x	K64.x	R99
02Vx	04Bx	05Sx	0GTx	5A1x	I06.x	I36.x	I68.x	M30.x	
02Wx	04Cx	05Ux	0JH6x	8E023DZ	I07.x	I37.x	I69.x	M31.x	
02Yx	04Hx	05Vx	0JH7x	B20x	I08.x	I38	I70.x	Q20.x	
031x	04Jx	061x	0JH8x	B21x	I09.x	I39	I71.x	Q21.x	
035x	04Lx	065x	0JHDx	B24x	I10	I40.x	I72.x	Q22.x	
037x	04Nx	067x	0JHFx	B32x	I11.x	I41	I73.x	Q23.x	

Yes……☐Y

No……..…..☐N → **If No, go to 11b.**

11a2. Are any of the following mentioned or suggested in the discharge summary?

Yes……☐Y

No…..…….....☐N

Acute:	Or during this admission:
MI	CCU Care
Angina	Nitroglycerin
Chest Pain	Cardiac Catheterization,
Ischemic Heart Disease	CABG
CHD	Elevated cardiac enzymes
Unstable Angina	Coronary Angiography or Angioplasty
Cardiac Arrest	Thrombolytic therapy for coronary occlusion
Atherosclerotic Heart Disease	

11b. Are any of the following codes listed?

ICD 9 codes: 430-436

ICD 10 codes: G45.x, I60.x, I61.x, I62.x, I63.x

Yes……..☐Y→ **If Yes, go to 11f**

No……..……☐N

11b1. Are any of the following codes listed?

ICD 9 codes: 00.50-00.54, 00.61-00.66, 35-39, 88.5, 89.49, 99.10, 250, 390-459, 745-747, 794.3, 798, or 799

ICD 10 codes:

021x	039x	04Qx	069x	0JHGx	B42x	I12.x	I42.x	I74.x	Q24.x
025x	03Bx	04Rx	06Bx	0JHHx	B50x	I13.x	I43	I75.x	Q25.x
027x	03Cx	04Sx	06Cx	0JHLx	B51x	I15.x	I44.x	I76	Q26.x
028x	03Hx	04Ux	06Dx	0JHMx	B52x	I20.x	I45.x	I77.x	Q27.x
02Bx	03Jx	04Vx	06Hx	0JHNx	B54x	I21.x	I46.x	I78.x	Q28.x
02Cx	03Lx	051x	06Jx	0JHPx	B33.x	I22.x	I47.x	I79.x	R00.x
02Hx	03Nx	055x	06Lx	0JPx	B34.x	I23.x	I48.x	I80.x	R09.x
02JA3ZZ	03Px	057x	06Nx	0JWx	B97.x	I24.x	I49.x	I81	R41.x
02JY3ZZ	03Qx	059x	06Qx	0W3x	E10.x	I25.x	I50.x	I82.x	R45.x
02Kx	03Rx	05Bx	06Rx	0W9x	E11.x	I26.x	I51.x	I83.x	R53.81
02Lx	03Sx	05Cx	06Sx	0WCx	E12.x	I27.x	I52	I85.x	R58
02Nx	03Ux	05Dx	06Ux	0WJx	E13.x	I28.x	I60.x	I86.x	R64
02Px	03Vx	05Hx	06Vx	0X3x	E14.x	I30.x	I61.x	I87.x	R68.82
02Qx	03Wx	05Jx	0G5x	0Y3x	G45.x	I31.x	I62.x	I89.x	R69
02Rx	041x	05Lx	0G9x	3E0x	I00	I32	I63.x	I95.x	R94.x
02Sx	045x	05Nx	0GBx	4A0x	I01.x	I33.x	I65.x	I97.x	R96.x
02Tx	047x	05Qx	0GNx	4B02XTZ	I02.x	I34.x	I66.x	I99.x	R98
02Ux	049x	05Rx	0GQx	5A0x	I05.x	I35.x	I67.x	K64.x	R99
02Vx	04Bx	05Sx	0GTx	5A1x	I06.x	I36.x	I68.x	M30.x	
02Wx	04Cx	05Ux	0JH6x	8E023DZ	I07.x	I37.x	I69.x	M31.x	
02Yx	04Hx	05Vx	0JH7x	B20x	I08.x	I38	I70.x	Q20.x	
031x	04Jx	061x	0JH8x	B21x	I09.x	I39	I71.x	Q21.x	
035x	04Lx	065x	0JHDx	B24x	I10	I40.x	I72.x	Q22.x	
037x	04Nx	067x	0JHFx	B32x	I11.x	I41	I73.x	Q23.x	

Yes……..☐Y

No……☐N→ **If No, go to item 11f.**

11b2. Are any of the following mentioned or suggested in the discharge summary?

Yes……☐Y

No...……☐N

Acute: Stroke TIA Cerebral infarction Cerebrovascular disease
Aphasia Diplopia Cerebral embolus Lacunar (syndrome infarction)
Dysarthria Paralysis Cerebral hemorrhage Subarachnoid hemorrhage

Or during this admission:
Carotid endarterectomy
Cerebral angiography
CT/MRI scan showing cerebrovascular findings
Carotid stent placement
Neuro ICU care *[If in doubt, ask your surveillance MD.]*
Thrombolytic therapy for cerebral occlusion

11f. Are any of the following codes listed?

ICD 9 codes: 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 415.0, 416.9, 425.4, 428, 518.4, 786.0

ICD 10 codes: I09.81, I11.0, I13.0, I13.2, I26.0x, I27.81, I27.9, I42.0, I42.5, I42.8, I42.9, I50.x, J81.0, R06.x

Yes……..☐Y
No……☐N

If Yes, and neither of 11a nor 11a2 is Yes, go to 12.
Or if Yes, and either of 11a or 11a2 is Yes, go to 15a.

11f1. Are any of the following codes listed?

ICD 9 codes: 00.50-00.54, 00.61-00.66, 35-39, 88.5, 89.49, 99.10, 250, 390-459, 745-747, 794.3, 798, or 799

ICD 10 codes:

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027x	03Cx	04Sx	06Cx	0JHLx	B51x	I15.x	I44.x	I76	Q26.x
028x	03Hx	04Ux	06Dx	0JHMx	B52x	I20.x	I45.x	I77.x	Q27.x
02Bx	03Jx	04Vx	06Hx	0JHNx	B54x	I21.x	I46.x	I78.x	Q28.x
02Cx	03Lx	051x	06Jx	0JHPx	B33.x	I22.x	I47.x	I79.x	R00.x
02Hx	03Nx	055x	06Lx	0JPx	B34.x	I23.x	I48.x	I80.x	R09.x
02JA3ZZ	03Px	057x	06Nx	0JWx	B97.x	I24.x	I49.x	I81	R41.x
02JY3ZZ	03Qx	059x	06Qx	0W3x	E10.x	I25.x	I50.x	I82.x	R45.x
02Kx	03Rx	05Bx	06Rx	0W9x	E11.x	I26.x	I51.x	I83.x	R53.81
02Lx	03Sx	05Cx	06Sx	0WCx	E12.x	I27.x	I52	I85.x	R58
02Nx	03Ux	05Dx	06Ux	0WJx	E13.x	I28.x	I60.x	I86.x	R64
02Px	03Vx	05Hx	06Vx	0X3x	E14.x	I30.x	I61.x	I87.x	R68.82
02Qx	03Wx	05Jx	0G5x	0Y3x	G45.x	I31.x	I62.x	I89.x	R69
02Rx	041x	05Lx	0G9x	3E0x	I00	I32	I63.x	I95.x	R94.x
02Sx	045x	05Nx	0GBx	4A0x	I01.x	I33.x	I65.x	I97.x	R96.x
02Tx	047x	05Qx	0GNx	4B02XTZ	I02.x	I34.x	I66.x	I99.x	R98
02Ux	049x	05Rx	0GQx	5A0x	I05.x	I35.x	I67.x	K64.x	R99
02Vx	04Bx	05Sx	0GTx	5A1x	I06.x	I36.x	I68.x	M30.x	
02Wx	04Cx	05Ux	0JH6x	8E023DZ	I07.x	I37.x	I69.x	M31.x	
02Yx	04Hx	05Vx	0JH7x	B20x	I08.x	I38	I70.x	Q20.x	
031x	04Jx	061x	0JH8x	B21x	I09.x	I39	I71.x	Q21.x	
035x	04Lx	065x	0JHDx	B24x	I10	I40.x	I72.x	Q22.x	
037x	04Nx	067x	0JHFx	B32x	I11.x	I41	I73.x	Q23.x	

Yes……☐Y
No……☐N

If No, and neither of 11a nor 11a2 is Yes, go to item 12.
Or if No, and either of 11a or 11a2 is Yes, go to item 15a.

11f2. Are any of the following mentioned or suggested in the discharge summary?

Yes…..……☐Y

No……☐N

Acute: Heart Failure	Cardiomyopathy	Orthopnea
Congestive Heart Failure (CHF)	Ventricular Failure	Paroxysmal nocturnal dyspnea
Pump Failure	Impaired systolic function	Cardiomegaly
Pulmonary Edema	Jugular venous distension (JVD)	LV dysfunction (LVD)

Or during this admission: Heart Biopsy
Automatic Implantable Cardioverter Defibrillator (AICD) check
Implantation of cardiac resynchronization pacemaker (CRT)

If either of Items 11a or 11a2 is "Yes", go to item 15a.
Otherwise, continue with item 12.

12. Is this event an in-hospital death?

Yes……☐Y

No……☐N→ **If No, go to item 15a.**

C. INFORMATION FROM DEATH INDEX/CERTIFICATE

Question 13 deleted

14a. ICD-10 CODE for underlying cause of death…… ☐☐☐ . ☐☐☐☐

14b. Is the code above the following: E10 – E14, I10, I11, I20 – I25, I46 – I51, I70, I97 (exclude I97.2), J81, J96, R96, R98, or R99?

Yes……..……☐Y

No……..……...☐N

(*Automatically autofilled)*

D. FORMS TO ABSTRACT

15a. Needs hospitalized MI abstraction (CHI, HRA) Yes…… ☐Y

(Automatically filled "Y" if 11a or 11a2 =Y, or if 14b = Y and 12 = Y, otherwise missing) No……..☐N

15b. Needs hospitalized stroke abstraction (CHI copy materials for STR) Yes…….☐Y

(*Automatically filled "Y" if 11b or 11b.2 = Y, otherwise missing*) No……..☐N

15c. Needs hospitalized HF abstraction (CHI, HFA) Yes……..☐Y

(Automatically filled "Y" if 11f or 11f.2 = Y, otherwise missing) No……..☐N

15d. Needs out-of-hospital death investigation (IFI, PHQ, DTH) Yes……..☐Y

(*Automatically filled "Y" if 7 = Y and 14.b = Y, otherwise missing)* No……..☐N

15e. Needs death certificate abstraction (DTH) Yes……..☐Y

(Automatically filled "Y" if Q6=Y, otherwise missing) No……..☐N

15.f. Needs copy of autopsy report Yes……..☐Y

(Automatically filled "Y" if 6.a.=Y and 15.a or b or c or d = Y, otherwise missing) No……..☐N

E. SERUM CREATININE AND DISCHARGE SUMMARY:

Note: This section is skipped when this event is an out of hospital death or a death for which information cannot be found (item 7=Yes), or where permission is not granted to access the medical record (item 8a.3=No), or where information on this hospitalization cannot be located (item 8b=No) or if the hospitalization is < 24 hours (item 8c=Yes).

If the event is not eligible for CHD, HFA or Stroke abstraction (15a≠Yes and 15b≠Yes and 15c≠Yes), items 15g through 15j2 are skipped.

15g. Are there any serum creatinine values?

Yes……..…..☐Y

No……..☐N→ **If No, go to item 19a**

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

(mm/dd/yyyy)

15h1. First (if more than one) ☐☐.☐☐ 15h2. Date: ☐☐/☐☐/☐☐☐☐

15i1. Last (if more than one) ☐☐.☐☐ 15i2. Date: ☐☐/☐☐/☐☐☐☐

15j1. Highest of remaining values (if more than two) ☐☐.☐☐ 15j2. Date: ☐☐/☐☐/☐☐☐☐

15k. Was the discharge summary for this event available?

Yes……....☐Y→ **If Yes, go to Item 19a**

No…… ☐N→ **If No, go to Item 15l**

15l. If no, select a reason from the list below

Missing……. ☐M

Unable to gain permission……...☐P

Other……. .☐O

Note: Items 15k and 15l are completed only if the event is not eligible for CHD, HFA or Stroke abstraction (15a≠Yes, 15b≠Yes, and 15c≠Yes). However, please scan the discharge summary and transmit to the CC for ALL events with a >24hr hospitalization, regardless of whether the events are eligible for abstraction.

**16, *17, 18* Questions deleted **

F. COHORT FOLLOW UP INFORMATION

19a. Was this event reported in the corresponding Cohort Follow-Up for this participant?

Yes……..☐Y→ **If Yes, go to item 19b**

No……...☐N→ **If No, go to item 19e.**

19b. Contact Year of corresponding Cohort Follow-Up:……..…….. ☐☐

**Question 19c and 19d deleted*.*

G. INFORMATION FROM MEDICAL CHART

This section is completed for cohort events that are ineligible for HRA, HF or STR abstraction (in other words, a CHI form will not be completed). Enter the date of arrival for this hospitalization in 19e.

Note: Item 19e is skipped if 8a3=No or 8b=No or 8d=No.
Item 19e is skipped if 15a=Yes or 15b=Yes or 15c=Yes or 15d=Yes or 15e=Yes.

19e. Date of Arrival at this hospital…….. ☐☐/☐☐/☐☐☐☐
Month Day Year

H. ADMINISTRATIVE INFORMATION

20. Date of data collection:…… ☐☐/☐☐/☐☐☐☐
Month Day Year

21. Code number of person completing form: ..... ☐☐☐