

ARIC

NO FORM

Atherosclerosis Risk in Communities

ID NUMBER:

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VERSION: A DATE: 05/18/2007

INSTRUCTIONS: This form is to be completed when there is an entry on the 'abstraction' list that is not going to be abstracted. If the 'abstraction' list indicates an abstraction is needed for CHD and/or HF but the abstraction(s) will not be done due to ineligibility, please complete this form and record the letter corresponding to the most appropriate reason for not abstracting the record.

0.a. Hospital code number:

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0.b. Medical Record Number:

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0.c. Date of discharge (for nonfatal case) or death:

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Month

Day

Year

1. Type of requested abstraction deemed ineligible:

- C. CHD only \longrightarrow Skip Q. 3
H. HF only \longrightarrow Skip Q. 2
B. Both CHD and HF

2. Reason for ineligibility for CHD:

- A. Age for CHD is <35 or >84
B. Out of catchment area
C. < 24 hour hospitalization
D. Suggested cohort match but not a real cohort and not eligible for community abstraction
E. Other reason/s (Specify) _____

3. Reason for ineligibility for HF:

- A. Age for HF is <55
B. Out of catchment area
C. < 24 hour hospitalization
D. Suggested cohort match but not a real cohort and not eligible for community abstraction
E. Other reason/s (Specify) _____