



# MrOS CVD Report

Submit form to data system within 3 months of clinic notification of CVD Event.

MrOS ID#	Acrostic	Staff ID#	Initial Report Date
<input type="text" value="EC1ID"/>	<input type="text" value="EC1ACROS"/>	<input type="text" value="EC1STAFF"/>	<input type="text"/> / <input type="text"/> / <input type="text" value="EC1DATE"/>
			Month / Day / Year

1 Was a potential CVD event reported or discovered?  Yes  No → CVD Event Report is complete. **EC1EVENT**

1 ↓ 0

Was participant hospitalized?  Yes  No  Unknown **EC1HOSP**

1 ↓ 0 8

Start Date (mm/dd/yyyy): <input type="text" value="EC1ADMIDT"/> / <input type="text"/>	Was participant seen in ER or other setting? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>EC1OSET</b>
End Date: (mm/dd/yyyy) <input type="text" value="EC1DISCDT"/> / <input type="text"/>	1 ↓ 0 8
	First day seen (mm/dd/yyyy): <input type="text" value="EC1OTHDT"/> / <input type="text"/>

2 Was this CVD event fatal?  Yes  No  Unknown **EC1FATAL**

1 ↓ 0 8

A. Was the death certificate sent to the CC?  Yes  No **EC1DEATHC**

B. Was the fatal event non-hospitalized?  Yes  No **EC1FATNH**

1 ↓ 0

Was the Proxy Interview sent to the CC?  Yes  No **EC1PROXY**

0

Was the participant hospitalized in the 12 months before the CVD event?  Yes  No **EC112MHOS**

1 ↓ 0

Please collect the documentation below from the most recent hospitalization in the past 12 months.

3 Identify all documents that are being sent. If the CVD event was *fatal and non-hospitalized*, documents should be collected from the most recent hospitalization (within the past 12 months) and sent to the CC. Please explain if 'No' bubble was selected.

Admission H&P?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1ADMHX</b>
Hospital Discharge Summary?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1DISCHA</b>
ER Notes?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1ERNOTE</b>
Hospital ECG?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1HOSECG</b>
MrOS Sleep ECG?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1SLPECG</b>
Operative and Procedure Reports?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1OPPROC</b>
Radiology Report?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1RADIOL</b>
Total CK results?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1TOTCK</b>
CK-MB results?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1CKMB</b>
Troponin results?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1TROP</b>
Physician clinic notes/other out patient notes?	<input type="radio"/> Yes <input type="radio"/> No	<b>EC1CLNOTE</b>

**YES=1  
NO=0  
for all**

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*fatal=1, nonfatal=2 unless noted*

# MrOS Final CVD Adjudication



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MrOS ID#	Acrostic	Staff ID#	Initial	Report Date
<b>EC2ID</b>	<b>EC2ACROS</b>	<b>EC2STAFF</b>	/	<b>EC2DATE</b>

<b>EC2ACMIDT</b> /		Acute myocardial infarction	<b>EC2ACMIF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2STEMID</b> /		ST elevation MI (STEMI)	<b>EC2STEMIF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2NSTEMID</b> /		Non-ST elevation MI (NSTEMI)	<b>EC2NSTEMIF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2CHFD</b> /		Ischemic Congestive heart failure	<b>EC2CHFF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2CABGD</b> /		Coronary artery bypass surgery	<b>EC2CABGF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2CORVAD</b> /		Mechanical coronary revascularization	<b>EC2CORVAF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2ANGIND</b> /		Hospitalization for unstable angina	<b>EC2ANGINF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2EMBOLD</b> /		Pulmonary embolus	<b>EC2EMBOLF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2DVTD</b> /		Deep vein thrombosis	<b>EC2DVTF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2STROKD</b> /		Stroke (residual after 24 hours): 1 <input type="radio"/> Ischemic 2 <input type="radio"/> Hemorrhagic 3 <input type="radio"/> Unknown	<b>EC2STROKF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal <b>EC2STROKT</b>
<b>EC2TIAD</b> /		TIA (no residual after 24 hours)	<b>EC2TIAF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2AAOCCD</b> /		Acute arterial occlusion	<b>EC2AAOCCF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2AADISD</b> /		Acute arterial dissection	<b>EC2AADIF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2AARUPD</b> /		Acute arterial rupture	<b>EC2AARUF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2VASCD</b> /		Vascular surgery	<b>EC2VASCF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2SCDTHD</b> /		Sudden CHD death (<1 hr, non-traumatic)	<b>EC2CARDT</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal
<b>EC2OTHSD</b> /		Sudden death, not otherwise specified	<b>EC2SUDOTF</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal -1
<b>EC2OCHDD</b> /		Other CHD Event	<b>EC2OCHDE</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal <b>EC2OTHEF</b>
<b>EC2OTHERD</b> /		Other	<b>EC2OTHER</b> <input type="radio"/> Fatal <input type="radio"/> Non-fatal

Was there evidence of a clinically-relevant arrhythmia event? -1  Yes  
 If yes, please complete the Arrhythmia Adjudication Form.

**EC2ARFORM**

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# MrOS Clinically-relevant Arrhythmia Adjudication Form

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MrOS ID#	Acrostic	Staff ID#	Initial	Report Date
<b>EC3ID</b>	<b>EC3ACROS</b>	<b>EC3STAFF</b>		/ / <b>EC3DATE</b>

## Event date

## Event Adjudicated

**fatal=1,  
nonfat=2**

### Bradycardia events:

**EC3\$INUSD** / [ ] [ ] [ ] [ ]

Sinus node dysfunction

**EC3SINUSF**  Fatal  Non-fatal

**EC3AVBLOD** / [ ] [ ] [ ] [ ]

Atrioventricular (AV) block

**EC3AVBLOF**  Fatal  Non-fatal

### Tachycardia events:

**EC3\$SVTD** / [ ] [ ] [ ] [ ]

Supraventricular tachycardia (SVT)

**EC3SVTF**  Fatal  Non-fatal

**EC3ATFIBD** / [ ] [ ] [ ] [ ]

Atrial fibrillation

**EC3ATFIBF**  Fatal  Non-fatal

**EC3ATFLUD** / [ ] [ ] [ ] [ ]

Atrial flutter

**EC3ATFLUF**  Fatal  Non-fatal

**EC3VTD** / [ ] [ ] [ ] [ ]

Ventricular tachyarrhythmias (VT) not otherwise meeting criteria for sudden death

**EC3VTF**  Fatal  Non-fatal

### Device-related events:

**EC3ARRABD** / [ ] [ ] [ ] [ ]

Arrhythmia ablation

**EC3ARRABF**  Fatal  Non-fatal

**EC3IMPLAD** / [ ] [ ] [ ] [ ]

Permanent pacemaker implantation

**EC3IMPLAF**  Fatal  Non-fatal

**EC3ICDIMD** / [ ] [ ] [ ] [ ]

Cardioverter-defibrillator (ICD) implantation

**EC3ICDIMF**  Fatal  Non-fatal

**EC3PUGEND** / [ ] [ ] [ ] [ ]

Pulse generator change

**EC3PUGENF**  Fatal  Non-fatal

**EC3DEVRED** / [ ] [ ] [ ] [ ]

Device revision

**EC3DEVREF**  Fatal  Non-fatal

**EC3PACMED** / [ ] [ ] [ ] [ ]

Pacemaker-mediated tachycardia (PMT)

**EC3PACMEF**  Fatal  Non-fatal

**EC3SHOCKD** / [ ] [ ] [ ] [ ]

Inappropriate shock

**EC3SHOCKF**  Fatal  Non-fatal

### Other diagnoses:

**EC3OTHERD** / [ ] [ ] [ ] [ ]

Other arrhythmia (please specify):

**EC3OTHER2**

**EC3OTHERF**  Fatal  Non-fatal





# MrOS CVD Event Initial Notification

MrOS ID#	Acrostic	Staff ID#	Initial Report Date		
ECEID	ECEACROS	ECESTAFF	Month	Day	Year
					ECEDATE

Submit form to data system within 10 working days of clinic notification of CVD Event.

- 1 Did the cardiovascular event occur after the participant's enrollment date for the Sleep Study?  Yes  No **ECEAFTSLP**  
 1 ↓ 0

2 Date of CVD event: **ECEEVNTDT**    [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]  
 Month                      Day                      Year

3 Date clinic notified of CVD event: **ECENOTIDT**    [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]  
 Month                      Day                      Year

- 4 Source of CVD event report: **ECESOURCE**
- 1  Participant calls clinic
  - 2  Surrogate calls clinic
  - 3  Returned tri-annual questionnaire
  - 4  Follow-up telephone call for tri-annual questionnaire
  - 5  MrOS Clinic Visit (after sleep visit)
  - 6  Health care provider
  - 7  Hospital discharge record
  - 8  Death certificate
  - 9  Other, please specify:
- 

- 5 Please mark if the participant refused to provide information. **ECEREFU**  
 Refused to provide information

**ECEFATAL**

Was the potential event a fatal event?  
 Yes  No  Don't Know

**ONLY** send this form to CC. Do not complete CVD Report.

- 6 Complete Contact Information Worksheet and Proxy Interview (when required). Ensure source of report, and physician/medical records contact information is included.

