



## II History and Clinical Examination *multiple choice, tick (✓) on all applicable options*

10. Family History of  Positive Family History  No Family History

- (1) Diabetes  (2) Hypertension  (3) CAD   
 (4) Stroke  (5) Sudden Death  (6) Cardiomyopathy

11 Risk Factors (*darken* ● *the appropriate circle below*)

	Status			Duration in Years
	Current	Past	Never	
11.1 Tobacco Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11.2 Tobacco Smokeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11.3 Alcohol Intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11.4 History of Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No			

12. Etiology of Current Episode *multiple choice, tick (✓) on all applicable options*

- (1) Ischemic heart disease  (2) Cardiomyopathy   
 (3) Rheumatic Heart Disease  (4) Non Rheumatic VHD   
 (5) Hypertensive Heart Disease  (6) Tachyarrhythmias   
 (7) Congenital Heart Disease  (8) Inflammatory Myocarditis   
 (9) Miscellaneous (Specify).....  (88) Others (specify).....

13. (*only if 12.2 is selected*) In case of Cardiomyopathy being etiologic factor, define the type of cardiomyopathy *multiple choice, tick (✓) on all applicable options*

- Alcoholic  Dilated  Hypertrophic  Peripartum  Restrictive   
 Arrhythmogenic right ventricular cardiomyopathy  Others (Specify) .....

14. Co-morbidities *multiple choice, tick (✓) on all applicable options*

- (1) Diabetes  (2) Hypertension  (3) Anemia   
 (4) Chronic Kidney Disease  (5) COPD  (6) Hyperthyroidism   
 (7) Hypothyroidism  (8) HIV  (9) Sleep Apnea   
 (10) Takayasu Arteritis  (88) Others (Specify).....   
 (99) None

**Clinical Examination** (*in case, any vitals values are missing write 999*)

Vitals At Admission			Vitals At Discharge		
15. Weight ( in Kg.)			15.1. Weight ( in Kg.)		
16. Height ( in Cm.)					
17. Heart Rate (per minute)			17.1. Heart Rate (per minute)		
18. Systolic Blood Pressure (mmHg)			18.1. Systolic Blood Pressure (mmHg)		
19. Diastolic Blood Pressure (mmHg)			19.1. Diastolic Blood Pressure (mmHg)		
20. NYHA Class (I, II, III, IV)			20.1 NYHA Class (I, II, III, IV)		
<b>21. Clinical Symptoms and Signs at the time of diagnosis</b> <i>Tick (✓) wherever applicable</i>					
(1) Dyspnea			(9) S3 Sound		
(2) Peripheral Oedema			(10) Murmur		
(3) Paroxysmal Nocturnal Dyspnea			(11) Pleural Effusion/ Ascites		
(4) Orthopnea			(12) Elevated Jugular Venous Pressure		
(5) Fatigue			(13) Hepato Jugular Reflex		
(6) Palpitations			(14) Cardiomegaly		
(7) Lung Rales			(15) Hepatomegaly		

Clinical Diagnosis (darken ● the appropriate circle below)

22. Date of Diagnosis 

<i>dd</i>	<i>mm</i>	<i>yy</i>			

23. Type of HF;      Acute de novo HF       Acute Decompensated HF       Chronic HF

### III Diagnostic Workup

24. Date of Investigation 

<i>dd</i>	<i>mm</i>	<i>yy</i>			

*In case of any investigation not done write 999 in corresponding box (ex- Hb not done write 999)*

25. Complete Blood Count		27. Lipid Profile	
25.1 Hemoglobin (g/dL)		27.1 Cholesterol (mg/dl)	
25.2 Packed Cell Volume (%)		27.2 Triglycerides (mg/dl)	
25.3 RBC Count (million/mm <sup>3</sup> )		27.3 HDL (mg/dl)	
25.4 Total Leucocyte Count (1000/mm <sup>3</sup> )		27.4 LDL (mg/dl)	
25.5 Lymphocytes (%)		28. Urine Analysis	
25.6 Monocytes (%)		28.1 Micro Albumin (mg/dl)	
25.7 Neutrophils (%)		28.2 Albumin (mg/dl)	
25.8 Eosinophils (%)		28.3 Urine Sugar (Nil/Trace/+/+/++)	
25.9 Basophils (%)		29. Thyroid Hormones	
25.10 Random Blood Glucose (mg/dl)		29.1 T3 (ng/dl)	
25.11 Platelet Count (lakhs/mm <sup>3</sup> )		29.2 T4 (ng/dl)	
		29.3 Thyroid Stimulating Hormone (μIU/ml)	
26. Electrolytes		30. Biomarkers and Cardiac Enzymes	
26.1 Blood Urea Nitrogen (mEq/L)		30.1 BNP (pg/ml)	
26.2 Serum Creatinine (mg/dl)		30.2 NT-proBNP (pg/ml)	
26.3 Serum Sodium (mEq/L)		30.3 Creatinine Kinase – MB (IU/L)	
26.4 Serum Potassium (mEq/L)		30.4 Troponin T / Troponin I (ng/dl)	
26.5 Serum Chloride (mEq/L)		31. Iron Deficiency Anemia	
26.6 Bicarbonates (mEq/L)		31.1 Ferritin (ng/ml)	
26.7 Serum Magnesium (mEq/L)		31.2 Transferrin (mg/dl)	
26.8 Serum Calcium (mEq/L)			
32 Other tests if any done (Specify)			

33. Lead ECG date 

<i>dd</i>	<i>mm</i>	<i>yy</i>			

 (darken ● the appropriate circle below)

ECG Findings	
33.1 Rhythm	(1) Sinus Rhythm <input type="radio"/> (2) Atrial Fibrillation/Flutter <input type="radio"/> (3) Pacemaker Rhythm <input type="radio"/> (4) Complete Heart Block <input type="radio"/>
33.2 Bundle Branch	(1) None detected <input type="radio"/> (2) LBBB <input type="radio"/> (3) RBBB <input type="radio"/>
33.3 QRS Width	(1) 100-120 ms <input type="radio"/> (2) >120 ms <input type="radio"/>
33.4 QT Interval	(1) ≤400 ms <input type="radio"/> (2) >400 ms <input type="radio"/>
33.5 Left Ventricular Hypertrophy	(1) Yes <input type="radio"/> (2) No <input type="radio"/>
33.6 Right Ventricular Hypertrophy	(1) Yes <input type="radio"/> (2) No <input type="radio"/>

33.7 Left Atrial Enlargement	(1) Yes <input type="radio"/> (2) No <input type="radio"/>
33.8 Right Atrial Enlargement	(1) Yes <input type="radio"/> (2) No <input type="radio"/>
33.9 Premature Ventricular Contraction	(1) Yes <input type="radio"/> (2) No <input type="radio"/>

34. Chest X-ray, available , date 

dd	mm	yy		

  
not available  (if not available selected then skip to 35)

34.1 Chest X-ray findings (darken ● the appropriate circle below)		
(1) Normal <input type="radio"/> (2) Abnormal <input type="radio"/>		
(if Abnormal, multiple choice, tick (✓) on all applicable options)		
(1) Cardiomegaly <input type="checkbox"/>	(2) Pulmonary Congestion <input type="checkbox"/>	(3) Pleural Effusion <input type="checkbox"/>
(4) Pulmonary Hypertension <input type="checkbox"/>	(88) Others (Specify) ..... <input type="checkbox"/>	

35. Two Dimensional Echocardiogram with Doppler, Date 

dd	mm	yy		

Two dimensional Echocardiogram findings					
35.1 Left Ventricular EF value (%)					
35.2 Left Ventricular diastolic function <span style="color: red;">(darken ● the appropriate circle below)</span>	(1) Normal		<input type="radio"/>		
	(2) Grade I (abnormal relaxation pattern)		<input type="radio"/>		
	(3) Grade II (pseudo normal filling dynamics)		<input type="radio"/>		
	(4) Grade III (reversible restrictive filling)		<input type="radio"/>		
	(5) Grade IV (irreversible restrictive filling)		<input type="radio"/>		
35.3 Left ventricular wall motion <span style="color: red;">(darken ● the appropriate circle below)</span>	(1) Score 1 (Normokinesis) <input type="radio"/>		(2) Score 2 (Hypokinesis) <input type="radio"/>		
	(3) Score 3 (akinesis) <input type="radio"/>		(4) Score 4 (dyskinesis) <input type="radio"/>		
	(5) Score 5 (aneurysm) <input type="radio"/>		(9) Not Available <input type="radio"/>		
	35.4 Valve Dysfunction				
		Mitral Valve	Tricuspid Valve	Semilunar (Aortic)	Semilunar (Pulmonary)
35.4.1 Regurgitation (Test not done/None/Mild/Moderate/Severe)					
35.4.2 Stenosis (Test not done/None/Mild/Moderate/Severe)					
35.4.3 Mechanical Valve Dysfunction (Test not done/None/Mild/Moderate/Severe)					
35.5 Pericardial Effusion	(1) None <input type="radio"/>		(2) Mild <input type="radio"/>		
	(3) Moderate <input type="radio"/>		(4) Severe <input type="radio"/>		
Echo Dimensions (in case any dimensions not available write 999 in corresponding box)					
35.6 LVDD (mm)			35.7 LVSD (mm)		
				35.8 IVS (mm)	
35.9 LVPWD (mm)			35.10 LV mass (g)		
				35.11 LAD (mm)	

36. Coronary angiogram, done Yes  No  (If No selected skip to 37)

36.1 Left Coronary Artery (LCA),  
Normal  Abnormal (Specify)  .....

36.2 Right Coronary Artery (RCA),

Normal  Abnormal (Specify)  .....

36.3 Left Anterior Descending Artery (LAD),

Normal  Abnormal (Specify)  .....

36.4 Circumflex Artery (LCX),

Normal  Abnormal (Specify)  .....

36.5 Please mention final impression of the coronary angiogram report

.....  
.....

37. Other investigations (MRI/CT Scan), done Yes  No  (*If No selected skip to 38*)

If yes mention the findings (MRI, CT Scan) (*Please mention final impression of the report*)

.....  
.....  
.....  
.....

38. Final Diagnosis (before treatment initiation) .....

.....  
.....

38.1 How was diagnosis of HF, confirmed (*multiple choice, tick (✓) on all applicable options*)

Clinically

Echocardiogram

Biomarker

#### IV HF Directed Treatment

39. Pharmacologic / Implantable devices Treatment (Tick (✓) wherever applicable) applicable to admitted patients only			
(1) Loop Diuretics		(10) Digoxin	
(2) ACE Inhibitors		(11) Statins	
(3) β Blockers		(12) Nitrates	
(4) Angiotensin Receptor Blocker		(13) Anticoagulants	
(5) Mineralocorticoid Receptor Antagonist		(14) Inotropic Support	
(6) Angiotensin Receptor-Nepriylsin Inhibitor (ARNI)		(15) Cardiac resynchronization therapy	
(7) Ivabradine		(16) Implantable Defibrillator	
(8) Hydralazine		(17) Pacemakers	
(9) Other Diuretics		(88) Others (Specify) .....	

40. Pharmacologic Treatment at discharge / OPD (Tick (✓) wherever applicable)			
(1) Loop Diuretics		(9) Other Diuretics	
(2) ACE Inhibitors		(10) Digoxin	
(3) β Blockers		(11) Statins	
(4) Angiotensin Receptor Blocker		(12) Nitrates	
(5) Mineralocorticoid Receptor Antagonist		(13) Anticoagulants	
(6) Angiotensin Receptor-Nepriylsin Inhibitor (ARNI)		(14) Inotropic Support	
(7) Ivabradine		(88) Others (Specify) .....	
(8) Hydralazine			

41. Non Pharmacologic Treatment (Tick (✓) wherever applicable)			
(1) Education of monitoring symptoms		(7) Education on physical activity	
(2) Education on Wt. Maintenance		(8) Physiotherapy	
(3) Sodium restriction		(9) Social Support	
(4) Cardiac Rehabilitation		(10) Fluid Restriction	
(5) Continuous Positive Airway Pressure		(88) Others (Specify) .....	
(6) Compliance with medication			

**V Outcome**

42. Outcome - (*darken* ● *the appropriate circle below*)

OP Consultation and Send back  Discharge  Death

42.1 Date of Discharge 

<i>dd</i>	<i>mm</i>	<i>yy</i>		

42.2 Date of Death 

<i>dd</i>	<i>mm</i>	<i>yy</i>		

In case of death, please mention

- 42.2.1 Cause of Death – Heart Failure  Not Related to Heart Failure   
 Sudden Cardiac  Sudden Non Cardiac   
 Unknown  Others (Specify)  .....

42.2.2 Cause of Death as per Medical Certificate of Cause of Death (MCCD)

**Immediate cause** .....  
 State the disease, injury or complication due to (or as a consequence of) which caused death, not the mode of dying such as heart failure, asthenia, etc.

**Antecedent cause** .....  
 Morbid conditions, if any, giving rise to (or as a consequence of) the above Cause, stating underlying conditions

**Other significant conditions** contributing to the death but not related to the disease or conditions causing it  
 .....

42.2.3. Was the patient infected with COVID-19?

Yes  No  Probable/Suspected  Unknown

43. Name of Person Completing Form (in capitals) .....

43.1 Signature of PI/Co-PI..... 43.2 Date 

<i>dd</i>	<i>mm</i>	<i>yy</i>			

**NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH**

Indian Council of Medical Research, Bengaluru

*(A Study on the Magnitude and Pattern of Causes of Heart Failure – A Feasibility Study)**[Follow-up form]***I IDENTIFYING INFORMATION**1. Name of Participating Centre ..... Centre Code 2. HF Registration Number   
(Use the number allocated during admission to the patient)

3. Full Name of the Patient (at least one name is compulsory)

.....  
First Name Second Name Last Name**II FOLLOW-UP DETAILS** (*darken* ● *the appropriate circle below*)

4. Follow up within 30 days of registration episode	5. Follow up between 31 – 90 days of registration episode	6. Follow up between 91 < 180 days of registration episode
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4.1 Follow-up date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yy	5.1 Follow-up date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yy	6.1 Follow-up date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yy
4.2 Method of follow-up Hospital <input type="radio"/> Home <input type="radio"/> Telephone <input type="radio"/> Postal <input type="radio"/>	5.2 Method of follow-up Hospital <input type="radio"/> Home <input type="radio"/> Telephone <input type="radio"/> Postal <input type="radio"/>	6.2 Method of follow-up Hospital <input type="radio"/> Home <input type="radio"/> Telephone <input type="radio"/> Postal <input type="radio"/>
4.3 Status of Patient at follow-up Alive <input type="radio"/> Dead <input type="radio"/> Not Known <input type="radio"/>	5.3 Status of Patient at follow-up Alive <input type="radio"/> Dead <input type="radio"/> Not Known <input type="radio"/>	6.3 Status of Patient at follow-up Alive <input type="radio"/> Dead <input type="radio"/> Not Known <input type="radio"/>

If Dead selected as status at follow up in 4.3/5.3/6.3, skip to 7.1 and mention the date of death and ascertain the cause of death. For Not known cases at 4.3/5.3/6.3 skip to 8 and end the form

4.4 NYHA classification Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV <input type="radio"/>	5.4 NYHA classification Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV <input type="radio"/>	6.4 NYHA classification Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV <input type="radio"/>
4.5 If Echo done at follow-up, mention Ejection fraction (%) <input type="text"/> <input type="text"/> <input type="text"/>	5.5 If Echo done at follow-up, mention Ejection fraction (%) <input type="text"/> <input type="text"/> <input type="text"/>	6.5 If Echo done at follow-up, mention Ejection fraction (%) <input type="text"/> <input type="text"/> <input type="text"/>
4.6 Current Medication (1) Loop Diuretics <input type="checkbox"/> (2) ACE Inhibitors <input type="checkbox"/> (3) β Blockers <input type="checkbox"/> (4) Angiotensin Receptor Blocker <input type="checkbox"/>	5.6 Current Medication (1) Loop Diuretics <input type="checkbox"/> (2) ACE Inhibitors <input type="checkbox"/> (3) β Blockers <input type="checkbox"/> (4) Angiotensin Receptor Blocker <input type="checkbox"/>	6.6 Current Medication (1) Loop Diuretics <input type="checkbox"/> (2) ACE Inhibitors <input type="checkbox"/> (3) β Blockers <input type="checkbox"/> (4) Angiotensin Receptor Blocker <input type="checkbox"/>

Follow up at < 30 days	Follow up at 31 - 90 days	Follow up at 91 ≤ 180 days																																				
(5) Mineralocorticoid Receptor Antagonist <input type="checkbox"/> (6) ARNI <input type="checkbox"/> (7) Ivabradine <input type="checkbox"/> (8) Hydralazine <input type="checkbox"/> (9) Other Diuretics <input type="checkbox"/> (10) Digoxin <input type="checkbox"/> (11) Statin <input type="checkbox"/> (12) Nitrates <input type="checkbox"/> (13) Anticoagulants <input type="checkbox"/> (14) Inotropic Support <input type="checkbox"/>	(5) Mineralocorticoid Receptor Antagonist <input type="checkbox"/> (6) ARNI <input type="checkbox"/> (7) Ivabradine <input type="checkbox"/> (8) Hydralazine <input type="checkbox"/> (9) Other Diuretics <input type="checkbox"/> (10) Digoxin <input type="checkbox"/> (11) Statin <input type="checkbox"/> (12) Nitrates <input type="checkbox"/> (13) Anticoagulants <input type="checkbox"/> (14) Inotropic Support <input type="checkbox"/>	(5) Mineralocorticoid Receptor Antagonist <input type="checkbox"/> (6) ARNI <input type="checkbox"/> (7) Ivabradine <input type="checkbox"/> (8) Hydralazine <input type="checkbox"/> (9) Other Diuretics <input type="checkbox"/> (10) Digoxin <input type="checkbox"/> (11) Statin <input type="checkbox"/> (12) Nitrates <input type="checkbox"/> (13) Anticoagulants <input type="checkbox"/> (14) Inotropic Support <input type="checkbox"/>																																				
4.7 Outcome at follow-up OP Consultation & sent back <input type="radio"/> Re-admission <input type="radio"/> Date of Readmission <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;"><i>dd</i></td> <td style="text-align: center;"><i>mm</i></td> <td colspan="2"></td> <td style="text-align: center;"><i>yy</i></td> <td></td> </tr> </table> IPD Number ..... Same Hospital <input type="radio"/> Other Hospital <input type="radio"/>							<i>dd</i>	<i>mm</i>			<i>yy</i>		5.7 Outcome at follow-up OP Consultation & sent back <input type="radio"/> Re-admission <input type="radio"/> Date of Readmission <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;"><i>dd</i></td> <td style="text-align: center;"><i>mm</i></td> <td colspan="2"></td> <td style="text-align: center;"><i>yy</i></td> <td></td> </tr> </table> IPD Number ..... Same Hospital <input type="radio"/> Other Hospital <input type="radio"/>							<i>dd</i>	<i>mm</i>			<i>yy</i>		6.7 Outcome at follow-up OP Consultation & sent back <input type="radio"/> Re-admission <input type="radio"/> Date of Readmission <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;"><i>dd</i></td> <td style="text-align: center;"><i>mm</i></td> <td colspan="2"></td> <td style="text-align: center;"><i>yy</i></td> <td></td> </tr> </table> IPD Number ..... Same Hospital <input type="radio"/> Other Hospital <input type="radio"/>							<i>dd</i>	<i>mm</i>			<i>yy</i>	
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4.8 Any other comments <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	5.8 Any other comments <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	6.8 Any other comments <div style="border: 1px solid black; height: 60px; width: 100%;"></div>																																				
4.9 COVID-19 infection status Yes <input type="radio"/> No <input type="radio"/> Probable/Suspected <input type="radio"/> Unknown <input type="radio"/>	5.9 COVID-19 infection status Yes <input type="radio"/> No <input type="radio"/> Probable/Suspected <input type="radio"/> Unknown <input type="radio"/>	6.9 COVID-19 infection status Yes <input type="radio"/> No <input type="radio"/> Probable/Suspected <input type="radio"/> Unknown <input type="radio"/>																																				

If readmission selected in 4.7/5.7/6.7 then enter the date of readmission along with IPD number and fill the new form for the particular readmission event with same HF registration number and skip to 8 and end the current form.

7. In case of death please provide the following information (*darken* ● *the appropriate circle below*)

7.1 Date of Death 

<i>dd</i>	<i>mm</i>			<i>yy</i>	

7.2 Cause of Death – Progressive Heart Failure  Not Related to Heart Failure   
 Sudden Cardiac  Sudden Non Cardiac  Unknown   
 Others (Specify)  .....



7.3 Cause of Death as per Medical Certificate of Cause of Death (MCCD)

**Immediate cause** .....

**Antecedent cause** .....

**Other significant conditions** contributing to the death but not related to the disease or conditions causing it .....

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8. Name of Person Completing Form (in capitals) .....

8.1 Signature of PI/Co-PI.....

8.2 Date

<i>dd</i>		<i>mm</i>		<i>yy</i>	

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