

A1. Patient ID: _____ - _____ - _____

A2. Date of recruitment: ____ / ____ / ____



NATIONAL HEART FAILURE REGISTRY OF INDIA - DATA COLLECTION FORM

Inclusion criteria checklist *(All must be yes for each type of HF)*

Any admission with acute decompensated heart failure must be screened

For all	Yes	No	A3. Age \geq 18 years
	Yes	No	A4. Indian citizen
	Yes	No	A5. Consented for the study
A6.1 Heart failure with reduced ejection fraction (HFrEF)			
	Yes	No	A6.1a Symptoms \pm Signs
	Yes	No	A6.1b LVEF < 40%
A6.2 Heart failure with mid-range ejection fraction (HFmrEF)			
	Yes	No	A6.2a Symptoms \pm Signs
	Yes	No	A6.2b LVEF 40% - 49%
A6.3 Heart failure with preserved ejection fraction (HFpEF)			
	Yes	No	A6.3a Symptoms \pm Signs
	Yes	No	A6.3b LVEF \geq 50%
	Yes	No	A6.3c Structural heart disease by echo (LVH or LAE) or LV diastolic dysfunction
	Yes	No	A6.3d Elevated levels of natriuretic peptides (BNP > 100 pg/ml or NT-proBNP >300 pg/ml) <i>[If available]</i>
A6.4 Isolated right heart failure			

BASELINE DATA *(At the time of current admission)*

B1	Hospital number:																					
B2	Full name of the patient:																					
B3	Age in completed years			B4 Date of birth																		
				D	D	M	M	Y	Y	Y	Y	Y	Y									
B5	Sex	1. Male		2. Female																		
B6	House/Flat name or number																					
B7	Street/locality/sector																					
B8	Post office																					
B9	District																					
B10	State/UT																					
B11	PIN Code																					
B12	ADHAAR No																					
B13	Patient's mobile phone number										0											
B14	Patient's secondary phone number										0											
B15	Relative's or caregiver's phone number										0											
B16	Relative's or caregiver's secondary phone number										0											

Participant ID: ___ - ___ - ___ - ___

B17	Total number of years of education completed (Zero for illiterate)												<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>											
B18	Date of confirmation of HF												<table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																	
B19	Signs and symptoms: <i>(Tick all applicable)</i>																							
	Symptoms						Signs																	
	B19.1	B19.2	B19.3	B19.4	B19.5	B19.6	B19.7	B19.8	B19.9	B19.10	B19.11	B19.12	B19.13											
	Dyspnoea / PND / Orthopnoea	Fatigue / ↓effort tolerance	H/o oedema	Palpitation	Angina	Ascites	Lung rales	Pleural effusion /ascites	↑JVP	S3	Dependent oedema	Hepatomegaly	Cardiomegaly											
B20	Type of heart failure																							
	1. HF with reduced EF (<40%)			2. HF with mid-range EF (40-49%)			3. HF with preserved EF (≥ 50%)			4. Isolated right heart failure														
B21	Full diagnosis: <i>(to be written)</i>																							
B22	Etiology of HF <i>(Tick all applicable)</i>																							
	B22.1	B22.2	B22.3	B22.4	B22.5	B22.6	B22.7	B22.8	B22.9	B22.10	B22.11	B22.12												
	Ischemic Heart Disease	Rheumatic heart disease	Non rheumatic valvular heart disease	Dilated cardio myopathy	Hypertrophic cardio myopathy	Restrictive cardio myopathy	Congenital heart disease	Right heart failure	Peripartum cardio myopathy	Myocarditis	Infective endocarditis	Others Specify												
B23	Risk factors <i>(Tick all applicable)</i>																							
	B23.1	B23.2	B23.3	B23.4	B23.5	B23.6	B23.7	B23.8	B23.9	B23.10	B23.11	B23.12	B23.13											
	Tobacco use (current or ex)	Alcohol use (current or ex)	Hypertension	Diabetes mellitus	Atrial Arrhythmia	Hypothyroidism	Hyperthyroidism	H/o Stroke/ TIA	COPD	CKD	Chemotherapy / Drugs / radiation	Anaemia	Others Specify											

Participant ID: ___ - ___ - ___ - ___

B24	Previous HF admission	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No													
B25	If Yes, last HF admission date	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y							
B26	Number of previous HF admissions in the last 12 months excluding current admission								<input type="text"/>							
B27	Procedures performed previously or in this admission (<i>tick all applicable and enter the date</i>)															
	Procedure	Date							Procedure	Date						
	B27.1 CAG 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	B27.8 MVR/ AVR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	B27.2 CAG 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	B27.9 CRT-D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	B27.3 PCI 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	B27.10 AICD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	B27.4 PCI 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	B27.11 PPI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	B27.5 BMV/BAV 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	B27.12 Specify 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	B27.6 BMV/BAV 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	B27.13 Specify 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	B27.7 CABG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	B27.14 Specify 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B28	Current admission date								<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
B29	NYHA Class	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Class IV											
B30	Heart rate (Beats per minute) At admission	<input type="text"/>	<input type="text"/>	<input type="text"/>												
B31	SBP (mm of Hg) At admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	B32 DBP (mm of Hg) At admission	<input type="text"/>	<input type="text"/>	<input type="text"/>								
B33	JVP	<input type="checkbox"/> 1. Elevated	<input type="checkbox"/> 2. Not elevated	B34 Any Ventricular arrhythmia (VT/VF)				<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No							
B35	Peak Trop-T ng/L	<input type="text"/>	<input type="text"/>	<input type="text"/>	Positive	B36 Peak Trop-I ng/L	<input type="text"/>	<input type="text"/>	<input type="text"/>	Positive						
					Negative					Negative						
B37	Hb (g/dl) (lowest)	<input type="text"/>	<input type="text"/>	<input type="text"/>	B38 Serum creatinine mg/dl (highest)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
B39	Serum urea mg/dL (highest)	<input type="text"/>	<input type="text"/>	<input type="text"/>	B40 BUN mg/dL (highest)	<input type="text"/>	<input type="text"/>	<input type="text"/>								
B41	Serum Na (mEq/L) at admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	B42 Serum K (mEq/L) at admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
B43	BNP pg/ml At admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	B43a NT Pro BNP pg/ml At admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
B44	BNP pg/ml At discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>	B44a NT Pro BNP pg/ml At discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
B45	ECG - Rhythm (tick all applicable)	<input type="checkbox"/> 1. SR	<input type="checkbox"/> 2. AF	<input type="checkbox"/> 3. Paced	<input type="text"/> 4. Others Specify:											
B46	QRS complex	<input type="checkbox"/> 1. Normal	<input type="checkbox"/> 2. LBBB	<input type="checkbox"/> 3. RBBB	<input type="checkbox"/> 4. IVCD											
B47	Echo - EF %	<input type="text"/>	<input type="text"/>	B48 RVSP: mm of Hg	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								

Participant ID: ___ - ___ - ___ - ___

B49	LV diastolic dysfunction	1. No	2. Mild	3. Moderate	4. Severe
B50	MR	1. No	2. Mild	3. Moderate	4. Severe
B51	Echo - any other descriptive finding				
B52	Ventilation during current admission	1. No	2. NIV	3. Invasive	
B53	Mechanical circulatory support during current admission	1. No	2. IABP	3. VAD	
B54	Weight at admission in Kgs	<input type="text"/>	<input type="text"/>	<input type="text"/>	• <input type="text"/>
	B55 Weight at discharge in Kgs	<input type="text"/>	<input type="text"/>	<input type="text"/>	• <input type="text"/>
B56	Height in cm	<input type="text"/>	<input type="text"/>	<input type="text"/>	• <input type="text"/>
B57	Other investigation Specify (TSH, HbA1c)				
MEDICATION <i>(Tick all applicable drugs)</i>					
	Drugs <i>(Write generic name and dose for 58,59,60)</i>	Admission	Discharge	Specify reason for not prescribing 58,59,60	
B58	Beta-blocker <i>Specify:</i>	Dose	Dose		
B59	ACEI / ARB <i>Specify:</i>	Dose	Dose		
B60	Aldosterone blocker	<i>Eplerenone</i> <input type="text"/>	Dose	Dose	
		<i>Spironolactone</i> <input type="text"/>			
B61	Diuretic - Thiazide			Intravenous drugs <i>(Tick more than one if needed)</i>	During hospitalization
B62	Diuretic - Loop diuretic				
B63	Diuretic - Others			B75	Epinephrine
B64	Digoxin			B76	Norepinephrine
B65	ARNI			B77	Dopamine
B66	Nitrates			B78	Dobutamine
B67	Other vasodilator <i>Specify</i>			B79	Milrinone
B68	Ca channel blocker			B80	Levosimendan
B69	Heparin/ LMWH			B81	NTG
B70	OAC			B82	Diuretic
B71	Ivabradine			B83 Other cardiac drugs (Oral/IV)	
B72	Pulmonary vasodilator				
B73	Antiplatelet				
B74	Antibiotic				
B84	Outcome	1. Discharge	2. Death	3. Referred	
B85	If death, cause of death	1. SCD	2. Pump failure	3. MODS	4. Others-Specify:
B86	Date of discharge/death/referral	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>