

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		
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)																			
B18	Date of confirmation of HF												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"/> 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	B27.8 MVR/ AVR					
	B27.2 CAG 2		<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	B27.9 CRT-D					
	B27.3 PCI 1		<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	B27.10 AICD					
	B27.4 PCI 2		<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	B27.11 PPI					
	B27.5 BMV/BAV 1		<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	B27.12 Specify 1					
	B27.6 BMV/BAV 2		<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	B27.13 Specify 2					
	B27.7 CABG		<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	B27.14 Specify 3					
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						
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"/>								
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"/>								
B43	BNP pg/ml At admission	<input type="text"/>	<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"/>	<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="checkbox"/> 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"/>									

Participant ID: ___ - ___ - ___ - ___

B49	LV diastolic dysfunction	<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Mild	<input type="checkbox"/> 3. Moderate	<input type="checkbox"/> 4. Severe
B50	MR	<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Mild	<input type="checkbox"/> 3. Moderate	<input type="checkbox"/> 4. Severe
B51	Echo - any other descriptive finding				
B52	Ventilation during current admission	<input type="checkbox"/> 1. No		<input type="checkbox"/> 2. NIV	<input type="checkbox"/> 3. Invasive
B53	Mechanical circulatory support during current admission	<input type="checkbox"/> 1. No		<input type="checkbox"/> 2. IABP	<input type="checkbox"/> 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	<input type="checkbox"/> 1. Discharge		<input type="checkbox"/> 2. Death	
		<input type="checkbox"/> 3. Referred			
B85	If death, cause of death	<input type="checkbox"/> 1. SCD	<input type="checkbox"/> 2. Pump failure	<input type="checkbox"/> 3. MODS	<input type="checkbox"/> 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"/>

Patient ID: _____



NHFR INDIA FOLLOW-UP FORM

C1	Follow-up visit	Three months	Six months	One year									
C2	Date of follow-up visit	D	D	M	M	Y	Y	Y	Y				
C3	Type of follow-up visit: 1. Clinic visit 2. Telephonic follow-up 3. Medical record search 4. By proxy	<input type="checkbox"/>											
C4	Status at the time of follow-up: 1. Alive 2. Died 3. Lost to follow-up	<input type="checkbox"/>											
C5	If died, died in the hospital?	1. Yes	2. No	3. Unknown									
C6	If died, cause of death?	1. CVD	2. Non-CVD	3. Unknown									
C7	If CVD, specify	1. SCD	2. Pump failure	3. MODS	4. Stroke	5 CKD	6. Others-Specify:						
C8	If died, date of death <i>(most accurate/approximate)</i>	D	D	M	M	Y	Y	Y	Y				
C9	If died, please narrate the event												
C10	If lost to follow-up, date last known alive	D	D	M	M	Y	Y	Y	Y				
C11	Readmission since discharged from the recruited hospital	1. Yes	2. No	C12 If yes, number of readmissions since discharged from the recruited hospital				<input type="text"/>					
C13	Procedures since the last follow-up with dates												
C14	NYHA Class	Class I	Class II	Class III	Class IV	C15 Echo - EF %		<input type="text"/>					
C16	Heart rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	C17 SBP	<input type="text"/>	<input type="text"/>	<input type="text"/>	C17a DBP	<input type="text"/>	<input type="text"/>	<input type="text"/>	
C18	BNP pg/ml	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C18a NT Pro BNP pg/ml		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
C19	Serum creatinine mg/dl	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	C20 Weight in Kgs		<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
MEDICATION <i>(Tick all applicable drugs)</i> Write generic name and dose for 21,22,23													
C21	Beta-blocker Specify:	Dose		C24 Diuretic									
C22	ACEI / ARB Specify:	Dose		C25 ARNI									
C23	Aldosterone blocker	<i>Eplerenone</i> <input type="text"/>		Dose		C26 Digoxin							
Morisky, Green and Levine medication adherence scale													
	Question	Strongly agree	Agree	Disagree	Strongly disagree	Don't know							
C27	I sometimes forget to take my medicines.												
C28	I am sometimes careless about taking my medicines.												
C29	When I feel better, I sometimes stop taking my medicines.												
C30	If I feel worse when I take my medicine, sometimes I stop taking it.												