**Unstable Angina Validation Form**

1.1 Date of event

1.2 Did she have prolonged chest pain lasting at least half an hour?
   - Yes □
   - No □
   - Uncertain □

1.3 If not, how did she present?

2.1 Did she have an ECG:
   - Yes, evidence of ST segment changes □
   - Yes, no evidence of ST segment changes □
   - No ECG done □

3.1 Did she have routine cardiac enzyme levels measured?
   - Yes, raised □
   - Yes, normal □
   - Not done □

4.1 Did she have troponin enzyme levels measured?
   - Yes, raised □
   - Yes, normal □
   - Not done □

5.1 Was she admitted to hospital?
   - Yes □
   - No □

6.1 If yes, which hospital

7.1 Do you have a hospital letter confirming a diagnosis of unstable angina?
   - Yes □
   - No □

8.1 Comments:

Reviewers Name: …………………………………………………………Date: ……/……/……….
Please return to:
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