



British Women's Heart and Health Study



Name:

Address:

Date of birth:

NHS Number:

Postcode:

Practice ID:

Please attach a photocopy of the hospital letter or discharge summary
Or fill in this whole form, for the event on this date

Myocardial Infarction Validation Form

1.1 Date of event

«w1rr_source_derived_date_event»

1.2 Did she have prolonged chest pain lasting at least half an hour?

Yes 1

No 2

Uncertain 3

1.3 If not, how did she present?

2.1 Did she have an ECG?

Yes, evidence of MI 1

Yes, no evidence of MI 2

No ECG done 3

4.1 Did she have routine cardiac enzyme levels measured?

Yes, raised 1

Yes, normal 2

Not done 3

5.1 Did she have troponin enzyme levels measured?

Yes, raised 1

Yes, normal 2

Not done 3

6.1 Was she admitted to hospital?

Yes 1

No 2

7.1 If yes, which hospital

8.1 Do you have a hospital letter confirming a diagnosis of myocardial infarction?

Yes 1

No 2

9.1 Comments:

Reviewers Name:Date:/...../.....

Study ID:

Please return to:
British Women's Heart and Health Study
UCL The Farr Institute of Health Informatics Research
222 Euston Road
London
NW1 2DA