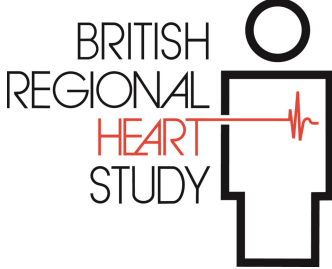


VALIDATION FORM: HEART FAILURE

Study No:	
Name:	
Address:	
DOB:	
NHS:	

Dear Doctor,

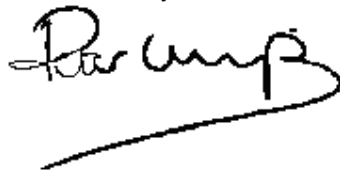
Thank you for supplying information on the above patient who took part in the British Regional Heart Study. We are seeking further information about diagnoses of heart failure, particularly to take account of the results of investigations (particularly echocardiograms) performed. We note from our records that this patient has had a diagnosis of heart failure and would be most grateful if you could complete the enclosed brief enquiry to provide documentation for our records, **or send us a photocopy of the hospital letter or discharge summary.** This information is critical for the validation of our case criteria.

RE: Heart Failure	Date of Diagnosis: _____
	Yes No
1. Was an echocardiogram (cardiac ultrasound) performed?	<input type="checkbox"/> <input type="checkbox"/>
2. If yes, did it show a diminished left ventricular ejection fraction?	<input type="checkbox"/> <input type="checkbox"/>
3. Left ventricular ejection fraction (if available) _____ %	
4. If other factors were important in making the diagnosis of heart failure, please indicate which:- (please tick if important)	
Good response to diuretic treatment	<input type="checkbox"/>
Chest X-ray result	<input type="checkbox"/>
Radionuclide scan result	<input type="checkbox"/>
Cardiac catheterisation result	<input type="checkbox"/>
Other (please give details) _____	
5. Cause of heart failure Please write the cause of heart failure below if known - if not known please write 'not known'	

	Yes No
6. Is there a hospital diagnosis of heart failure?	<input type="checkbox"/> <input type="checkbox"/>

We are extremely grateful for the co-operation we have received from so many GPs and hope to provide valuable information for the treatment and prevention of cardiovascular disease in the future.

Yours sincerely



Prof Peter H Whincup
Professor of cardiovascular Epidemiology