



Items marked with a * are mandatory, i.e. you cannot save the record without a legal value. For numerical fields, enter a '0' if the value is unknown or '-1' if the test was not done.

Patient registration	
Hospital (name) identifier	
*Local patient identifier (CRN)	
* NHS Number	
*Patient name (Surname)	
*Patient name (Forename)	
*Date of birth	dd / mm / yyyy
*Patient sex	Not Known / Male / Female / Not specified
*Postcode (of usual address)	

Admission details	
*Date of admission	dd / mm / yyyy
*Is this an emergency admission for Heart Failure?	0. No 1. Yes 9. Unknown
*Is this an elective admission?	0. No 1. Yes 9. Unknown
*Main place of care	1. Cardiology 2. General Medicine 3. Other 4. Care of the elderly 5. Ambulatory care/ Diuretic Lounge 9. Unknown
*Specialist input	1. Consultant cardiologist with interest in HF 2. Other consultant with interest in HF 3. HF Specialist nurse 4. Other heart failure specialist 5. Cardiology SpR 6. Other consultant cardiologist 7. HF Specialist Pharmacist 8. None 9. Unknown
*Breathlessness (on admission)	1. No limitation of physical activity 2. Slight limitation of ordinary physical activity 3. Marked limitation of ordinary physical activity 4. Symptoms at rest or minimal activity 9. Unknown
*Peripheral oedema (on admission)	0. No

	1. Mild 2. Moderate 3. Severe 9. Unknown
Medical history	
*IHD	Yes / No / Unknown
*Device therapy (prior to or during this admission)	0. None 1. CRT-D 2. CRT-P 3. ICD 4. PM 5. No indication for device 9. Unknown 12. Declined by patient
*Valve disease	Yes / No / Unknown
*Congenital heart disease	Yes / No / Unknown
*Hypertension	Yes / No / Unknown
*Atrial fibrillation/ flutter	0. Not on admission, has past history 1. Yes - On admission 2. Never 9. Unknown
*Diabetes	Yes / No / Unknown
*Asthma	Yes / No / Unknown
*Cerebral vascular accident (CVA)	Yes / No / Unknown
*COPD	Yes / No / Unknown
*Cardiomyopathy	0. No 1. Dilated cardiomyopathy 2. Hypertrophic cardiomyopathy 3. Restrictive cardiomyopathy 4. Cancer & chemotherapy induced cardiomyopathy 5. Viral myocarditis 6. Alcohol related cardiomyopathy 7. Other inherited cardiomyopathy 8. Toxic / Other metabolic cardiomyopathy 9. Unknown
*Previous Malignancy	Yes / No / Unknown
*Current malignancy	Yes / No / Unknown
*Amyloid	Yes / No / Unknown
Physical examination	
*Weight (kg) (on admission/first recorded)	If unknown, record as 0. If not measured, record as -1.
*Weight (kg) (on discharge/last recorded)	If unknown, record as 0. If not measured, record as -1.
*Heart rate (bpm) (on admission/first recorded)	If unknown, record as 0. If not measured, record as -1.
*Heart rate (bpm) (on discharge/last recorded)	If unknown, record as 0. If not measured, record as -1.

*Systolic blood pressure (mmHg) (on admission/first recorded)	If unknown, record as 0. If not measured, record as -1.
*Systolic blood pressure (mmHg) (on discharge/last recorded)	If unknown, record as 0. If not measured, record as -1.
Investigations	
*Creatinine ($\mu\text{mol/L}$) (on admission)	unknown, record as 0. If not measured, record as -1.
Investigations (all on discharge/last recorded)	
*Hb (g/L)	If unknown, record as 0. If not measured, record as -1.
*Urea (discharge) (mmol/L)	If unknown, record as 0. If not measured, record as -1.
*Creatinine (umol/L)	If unknown, record as 0. If not measured, record as -1.
*Serum Sodium (mmol/L)	If unknown, record as 0. If not measured, record as -1.
*Serum Sodium (discharge) (mmol/L)	If unknown, record as 0. If not measured, record as -1.
*Serum Potassium (discharge) (mmol/L)	If unknown, record as 0. If not measured, record as -1.
*BNP	If unknown, record as 0. If not measured, record as -1.
*NT-proBNP (pg/ml)	If unknown, record as 0. If not measured, record as -1.
*ECG	<ol style="list-style-type: none"> 1. Sinus rhythm 2. Atrial fibrillation/ flutter 3. LBBB 4. Previous MI 5. RBBB 8. Other 9. Unknown 10. No ECG
*QRS duration (ms)	If unknown, record as 0.
*Echocardiography, or other gold standard test (including MRI, nuclear scan, angiogram, and CT scan), from which LVEF measured or estimated, recorded during this admission or in the 12 months prior to admission	<ol style="list-style-type: none"> 0. Normal 1. Significant LV systolic dysfunction (LVEF \leq 40%) 2. LV hypertrophy 3. Valve disease 4. Diastolic dysfunction 5. Increased left atrial size 6. Cor Pulmonale/Right Heart failure due to lung disease 8. Other 9. Unknown 10. No echo 11. Mild systolic dysfunction (LVEF (41% - 49%))
*LVEF (Most recent, either measured or visually estimated)	<ol style="list-style-type: none"> 1. \geq50% (normal/low normal) 2. $>$40% and $<$50% (mild) 3. $>$35% and \leq40% (moderate) 4. \leq35% (severe) 9. Unknown
*Date of most recent Echo or other gold standard test (including MRI, nuclear scan, angiogram and CT scan), from which the LVEF was measured or	dd / mm / yyyy



estimated, recorded during this admission or in the 12 months prior to admission	
Diagnosis	
*Confirmed diagnosis of heart failure	Yes / No / Unknown
*Heart Failure diagnosis	1. New diagnosis 2. Known previous diagnosis
Discharge	
*Date of discharge or death	dd / mm / yyyy
*Death in hospital	Yes / No
If patient survived to discharge: Treatment on discharge	
*ACE inhibitor (discharge)	0. No 1. Captopril 2. Enalapril 3. Lisinopril 4. Perindopril 5. Ramipril 7. Other ACEI 8. Not applicable 9. Unknown 10. Drug therapy stopped 11. Contraindicated 12. Declined by patient
ACE inhibitor dose (mg/day)	
*ARB (discharge)	0. No 1. Candesartan 2. Losartan 3. Valsartan 4. Other ARB 8. Not applicable 9. Unknown 10. Drug therapy stopped 11. Contraindicated 12. Declined by patient
ARB dose (mg/day)	
*ARNI (discharge)	0. No 1. Sacubitril/Valsartan 4. Other ARNI 8. Not applicable 9. Unknown 10. Drug therapy stopped 11. Contraindicated 12. Declined by patient
ARNI dose (discharge) (mg/day)	

*Beta blocker (discharge)	0. No 1. Bisoprolol 2. Carvedilol 3. Nebivolol 4. Other Beta blocker 8. Not applicable 9. Unknown 10. Drug therapy stopped 11. Contraindicated 12. Declined by patient
Beta blocker dose (mg/day)	
*Loop diuretic (discharge)	0. No 1. Bumetanide 2. Ethacrynic acid 3. Furosemide 4. Torasemide 5. Other loop diuretic 8. Not applicable 9. Unknown 10. Drug therapy stopped 11. Contraindicated 12. Declined by patient
Loop dose (mg/day)	
*Thiazide or metolazone (discharge)	0. No 1. Bendroflumethiazide 2. Metolazone 3. Other thiazide/metolazone 8. Not applicable 9. Unknown 10. Drug therapy stopped 11. Contraindicated 12. Declined by patient
Thiazide or metolazone dose (discharge) (mg/day)	
*MRA (discharge)	0. No 1. Eplerenone 2. Spironolactone 3. Other MRA 8. Not applicable 9. Unknown 10. Drug therapy stopped 11. Contraindicated 12. Declined by patient



MRA dose (mg/day)	
*Digoxin (discharge)	0. No 1. Yes 8. Not applicable 9. Unknown 10. Drug therapy stopped 11. Contraindicated 12. Declined by patient
Digoxin dose (discharge) (mg/day)	
*Warfarin (discharge)	Yes / No / Unknown / Drug therapy stopped
*Other oral anticoagulant (discharge)	0. No 1. Dabigatran 2. Rivaroxaban 3. Other oral anticoagulant 4. Apixaban 5. Edoxaban 9. Unknown 10. Drug therapy stopped
*Diabetes therapy (discharge)	0. No 1. Dietary control 2. Metformin 3. Sulphonylurea 4. Glitazones 5. SGLT2 inhibitors 6. Insulin 7. GLP agonists 8. DPP4 inhibitors 9. Unknown 10. Other
SGLT2 inhibitors (discharge)	0. No 1. Canagliflozin 2. Dapagliflozin 3. Empagliflozin 4. Other 8. Not applicable 9. Unknown 10. Drug therapy stopped 11. Contraindicated 12. Declined by patient
*Ivabradine (discharge)	Yes / No / Unknown / Drug therapy stopped
If patient survived to discharge: Discharge and referral	

*Was the patient transferred to another hospital?	Yes / No
*Is a heart failure pre-discharge management plan in place?	Yes / No / Unknown
*Has a heart-failure management plan been discussed with the patient?	Yes / No / Unknown
*Has a heart failure management plan been communicated to the primary care team?	Yes / No / Unknown
*Is the first HF follow-up appointment within 2 weeks?	Yes / No / Unknown
*Was a review appointment with the specialist multidisciplinary HF team made?	Yes / No / Unknown
*Was the patient stable on oral therapy after discharge planning?	Yes / No / Unknown / Not applicable
*Was a referral to the hospital heart failure nurse follow-up made?	Yes / No / Unknown
*Was a referral to the community HF nurse follow-up made?	Yes / No / Unknown
*Was a referral to cardiology follow-up made?	Yes / No / Unknown
*Was a referral to HF cardiologist follow-up made?	Yes / No / Unknown
*Was a referral to geriatrician with interest in HF made?	Yes / No / Unknown
*Was a referral to HF specialist pharmacist follow-up made?	Yes / No / Unknown
*Was a referral to GP with special interest in HF made?	Yes / No / Unknown
*Was a referral to cardiac rehabilitation made?	Yes / No / Not applicable / Unknown / Declined by patient
*Was a referral to palliative care made?	Yes / No / Not applicable / Unknown
*Was a referral for cardiothoracic surgery made?	Yes / No / Unknown
*Was a referral for transplant made?	Yes / No / Unknown
*Date of Review appointment	

Please note: If date of review appointment is unknown, please use the patient's date of admission (field 2.00).