



Items marked with a \* are Core 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 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)	
Ethnic category	0. White 1. Mixed/Multiple ethnic groups 2. Asian/Asian British 3. Black/African/Caribbean/Black British 4. Other ethnic group 9. Unknown
GP name	

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
<b>Medical history</b>	
* 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
Device mode (prior to or during this admission)	1. AAI 2. AAIR 3. DDD 4. DDDR 5. OOO 6. VVI 7. VVIR
*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
* Chronic obstructive pulmonary disease (COPD)	Yes / No / Unknown
* Cardiomyopathy	0. No 1. Dilated cardiomyopathy

	<ol style="list-style-type: none"> <li>2. Hypertrophic cardiomyopathy</li> <li>3. Restrictive cardiomyopathy</li> <li>4. Cancer &amp; chemotherapy induced cardiomyopathy</li> <li>5. Viral myocarditis</li> <li>6. Alcohol related cardiomyopathy</li> <li>7. Other inherited cardiomyopathy</li> <li>8. Toxic / Other metabolic cardiomyopathy</li> <li>9. Unknown</li> </ol>
*Previous Malignancy	Yes / No / Unknown
*Current malignancy	Yes / No / Unknown
*Amyloid	Yes / No / Unknown
Smoking history	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Ex</li> <li>3. Never</li> <li>9. Unknown</li> </ol>
<b>Treatment on admission</b>	
ACE Inhibitor (admission)	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Captopril</li> <li>2. Enalapril</li> <li>3. Lisinopril</li> <li>4. Perindopril</li> <li>5. Ramipril</li> <li>7. Other ACEI</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>11. Contraindicated</li> </ol>
ACE Inhibitor dose (admission) (mg/day)	
ACE I contraindication (admission)	<ol style="list-style-type: none"> <li>1. Cough (severe)</li> <li>2. Symptomatic Hypotension</li> <li>3. Unacceptable renal dysfunction</li> <li>4. Other intolerance to ACE I</li> <li>6. Hyperkalaemia</li> <li>7. Angioedema</li> </ol>
ARB (admission)	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Candesartan</li> <li>2. Losartan</li> <li>3. Valsartan</li> <li>4. Other ARB</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ol>



ARB dose (admission) (mg/day)	
ARNI (admission)	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Sacubitril/valsartan</li> <li>4. Other ARNI</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>10. Drug therapy stopped</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ul>
ARNI dose (admission) (mg/day)	
ARNI contraindication (admission)	<ul style="list-style-type: none"> <li>1. Cough (severe)</li> <li>2. Symptomatic hypotension</li> <li>3. Unacceptable renal dysfunction</li> <li>4. Other intolerance to ARNI</li> <li>6. Hyperkalaemia</li> <li>7. Angioedema</li> </ul>
Beta blocker (admission)	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Bisoprolol</li> <li>2. Carvedilol</li> <li>3. Nebivolol</li> <li>4. Other Beta blocker</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ul>
Beta blocker dose (admission) (mg/day)	
Beta blocker contraindication (admission)	<ul style="list-style-type: none"> <li>1. Bradycardia or Heart Block</li> <li>2. Symptomatic Hypotension</li> <li>3. Worsening Heart Failure</li> <li>4. Intolerable Fatigue</li> <li>6. Other Intolerance</li> <li>8. Asthma</li> <li>9. COPD</li> </ul>
Loop diuretic (admission)	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Bumetanide</li> <li>2. Ethacrynic acid</li> <li>3. Furosemide</li> <li>4. Torasemide</li> <li>5. Other loop diuretic</li> <li>9. Unknown</li> </ul>
Loop diuretic dose (admission) (mg/day)	
	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Bendroflumethiazide</li> </ul>



Thiazide or Metolazone (admission)	2. Metolazone 3. Other Thiazide/Metolazone 9. Unknown
Thiazide or Metolazone dose (admission) mg/day	
MRA (admission)	0. No 1. Eplerenone 2. Spironolactone 8. Not applicable 9. Unknown 11. Contraindicated
MRA dose (admission) (mg/day)	
MRA contraindication (admission)	1. Hyperkalaemia 2. Unacceptable renal dysfunction 3. Gynaecomastia 4. Other intolerance
Digoxin (admission)	Yes / No / Unknown
Digoxin dose (admission) (mg/day)	
Aspirin (admission)	Yes / No / Unknown
Aspirin dose (admission) (mg/day)	
Other oral anti-platelet (admission)	Yes / No / Unknown
CCB (admission)	0. No 1. Amlodipine 2. Felodipine 3. Diltiazem 4. Verapamil 5. Other CCB 6. Nifedipine 9. Unknown
CCB dose (admission) (mg/day)	
Statin (admission)	Yes / No / Unknown
Statin dose (admission) (mg/day)	
Warfarin (admission)	Yes / No / Unknown
INR (admission)	
Other oral anticoagulant (admission)	0. No 1. Dabigatran 2. Rivaroxaban 3. Other oral anticoagulant 4. Apixaban 5. Edoxaban 9. Unknown
Other oral anticoagulant dose (admission) (mg/day)	



Amiodarone (admission)	Yes / No / Unknown
Amiodarone dose (admission) (mg/day)	
Allopurinol (admission)	Yes / No / Unknown
Allopurinol dose (admission) (mg/day)	
NSAID (admission)	Yes / No / Unknown
Oral nitrates (admission)	0. No 1. ISDN 2. ISMN 9. Unknown
Oral nitrate dose (admission) (mg/day)	
Bronchodilators (admission)	Yes / No / Unknown
Diabetes therapy (admission)	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 (admission)	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 (admission)	Yes / No / Unknown
Ivabradine dose (admission) (mg/day)	
Hydralazine (admission)	Yes / No / Unknown
Hydralazine dose (admission) (mg/day)	
<b>Physical examination</b>	
Height (cm)	If unknown, record as 0. If not measured, record as -1.
*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.
<b>Investigations</b>	
*Creatinine (µmol/L) (admission)	If unknown, record as 0. If not measured, record as -1.
<b>Investigations (all on discharge/last recorded)</b>	
*Hb (discharge)(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 (discharge) (µmol/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 (pg/ml)	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"> <li>1. Sinus rhythm</li> <li>2. Atrial fibrillation/ flutter</li> <li>3. LBBB</li> <li>4. Previous MI</li> <li>5. RBBB</li> <li>8. Other</li> <li>9. Unknown</li> <li>10. No ECG</li> </ol>
*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"> <li>0. Normal</li> <li>1. Significant LV systolic dysfunction (LVEF ≤ 40%)</li> <li>2. LV hypertrophy</li> <li>3. Valve disease</li> <li>4. Diastolic dysfunction</li> <li>5. Increased left atrial size</li> <li>6. Cor Pulmonale/Right Heart failure due to lung disease</li> <li>8. Other</li> <li>9. Unknown</li> <li>10. No echo</li> <li>11. Mild systolic dysfunction (LVEF (41% - 49%)</li> </ol>
*LVEF (Most recent, either measured or visually estimated)	<ol style="list-style-type: none"> <li>1. ≥50% (normal/low normal)</li> <li>2. &gt;40% and &lt;50% (mild)</li> <li>3. &gt;35% and ≤40% (moderate)</li> <li>4. ≤35% (severe)</li> <li>9. Unknown</li> </ol>
* Date of most recent Echo/Test/MRI/Scan	dd / mm / yyyy



(measured or visually estimated and recorded within 12 months of admission) 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 estimated, recorded during this admission or in the 12 months prior to admission	
MRI systolic dysfunction	Yes / No / Unknown
Chest x-ray cardiothoracic ratio	
Chest x-ray pulmonary oedema	Yes / No / Unknown
<b>Diagnosis</b>	
*Confirmed diagnosis of heart failure	Yes / No / Unknown
*Heart Failure diagnosis	1. New diagnosis 2. Known previous diagnosis
<b>Discharge</b>	
*Date of discharge or death	dd / mm / yyyy
*Death in hospital	Yes / No
<b>If patient survived to discharge: Treatment on discharge</b>	
*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 (discharge) (mg/day)	
ACE I contraindication (discharge)	1. Cough severe 2. Symptomatic Hypotension 3. Unacceptable renal dysfunction 4. Other intolerance to ACE I 6. Hyperkalaemia 7. Angioedema
*ARB (discharge)	0. No 1. Candesartan 2. Losartan 3. Valsartan 4. Other ARB





	<ul style="list-style-type: none"> <li>8. Not applicable</li> <li>9. Unknown</li> <li>10. Drug therapy stopped</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ul>
ARB dose (mg/day)	
*ARNI (discharge)	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Sacubitril/Valsartan</li> <li>4. Other ARNI</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>10. Drug therapy stopped</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ul>
ARNI dose (discharge) (mg/day)	
ARNI contraindication (discharge)	<ul style="list-style-type: none"> <li>1. Cough (severe)</li> <li>2. Symptomatic hypotension</li> <li>3. Unacceptable renal dysfunction</li> <li>4. Other intolerance to ARNI</li> <li>6. Hyperkalaemia</li> <li>7. Angioedema</li> </ul>
*Beta blocker (discharge)	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Bisoprolol</li> <li>2. Carvedilol</li> <li>3. Nebivolol</li> <li>4. Other Beta blocker</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>10. Drug therapy stopped</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ul>
Beta blocker dose (mg/day)	
Beta blocker contraindication (discharge)	<ul style="list-style-type: none"> <li>1. Bradycardia or Heart Block</li> <li>2. Symptomatic Hypotension</li> <li>3. Worsening Heart Failure</li> <li>4. Intolerable Fatigue</li> <li>6. Other Intolerance</li> <li>8. Asthma</li> <li>9. COPD</li> </ul>
*Loop diuretic (discharge)	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Bumetanide</li> <li>2. Ethacrynic acid</li> </ul>



	<ul style="list-style-type: none"> <li>3. Furosemide</li> <li>4. Torasemide</li> <li>5. Other loop diuretic</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>10. Drug therapy stopped</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ul>
Loop dose (discharge) (mg/day)	
*Thiazide or Metolazone (discharge)	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Bendroflumethiazide</li> <li>2. Metolazone</li> <li>3. Other thiazide/metolazone</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>10. Drug therapy stopped</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ul>
Thiazide or metolazone dose (discharge) (mg/day)	
*MRA (discharge)	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Eplerenone</li> <li>2. Spironolactone</li> <li>3. Other MRA</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>10. Drug therapy stopped</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ul>
MRA dose (discharge) (mg/day)	
MRA contraindication (discharge)	<ul style="list-style-type: none"> <li>1. Hyperkalaemia</li> <li>2. Unacceptable renal dysfunction</li> <li>3. Gynaecomastia</li> <li>4. Other</li> </ul>
*Digoxin (discharge)	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>10. Drug therapy stopped</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ul>
Digoxin dose (discharge) (mg/day)	

Aspirin (discharge)	Yes / No / Unknown / Drug therapy stopped
Aspirin dose (discharge) (mg/day)	
Other oral anti-platelet (discharge)	Yes / No / Unknown / Drug therapy stopped
CCB (discharge)	0. No 1. Amlodipine 2. Felodipine 3. Diltiazem 4. Verapamil 5. Other CCB 6. Nifedipine 9. Unknown 10. Drug therapy stopped
CCB dose (discharge) (mg/day)	
Statin (discharge)	Yes / No / Unknown / Drug therapy stopped
Statin dose (discharge) (mg/day)	
*Warfarin (discharge)	Yes / No / Unknown / Drug therapy stopped
Warfarin dose (discharge) (mg/day)	
INR (discharge) (mg/day)	
*Other oral anticoagulant (discharge)	0. No 1. Dabigatran 2. Rivaroxaban 3. Other oral anticoagulant 4. Apixaban 5. Edoxaban 9. Unknown 10. Drug therapy stopped
Other oral anticoagulant dose (discharge) (mg/day)	
Amiodarone (discharge)	Yes / No / Unknown / Drug therapy stopped
Amiodarone dose (discharge) (mg/day)	
Allopurinol (discharge)	Yes / No / Unknown / Drug therapy stopped
Allopurinol dose (discharge) (mg/day)	
NSAID (discharge)	Yes / No / Unknown / Drug therapy stopped
Oral nitrates (discharge)	0. No 1. ISDN 2. ISMN 9. Unknown 10. Drug therapy stopped
Oral nitrate dose (discharge) (mg/day)	
	0. No 1. Dietary control

*Diabetes therapy (discharge)	<ul style="list-style-type: none"> <li>2. Metformin</li> <li>3. Sulphonylurea</li> <li>4. Glitazones</li> <li>5. SGLT2 inhibitors</li> <li>6. Insulin</li> <li>7. GLP agonists</li> <li>8. DPP4 inhibitors</li> <li>9. Unknown</li> <li>10. Other</li> </ul>
*SGLT2 inhibitors (discharge)	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Canagliflozin</li> <li>2. Dapagliflozin</li> <li>3. Empagliflozin</li> <li>4. Other</li> <li>8. Not applicable</li> <li>9. Unknown</li> <li>10. Drug therapy stopped</li> <li>11. Contraindicated</li> <li>12. Declined by patient</li> </ul>
*Ivabradine (discharge)	Yes / No / Unknown / Drug therapy stopped
Ivabradine dose (discharge) (mg/day)	
Hydralazine (discharge)	Yes / No / Unknown / Drug therapy stopped
Hydralazine dose (discharge) (mg/day)	
<b>If patient survived to discharge: Discharge and referral</b>	
*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).