Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number ___ ___ - ___ ___ ___ ___ ___ - ___

A2. Acrostic Identifier ___ ___ ___ ___ ___

A3. Study visit
STUDY VISIT 6 (3 yr.)……6
STUDY VISIT 7 (4 yr.)……7
STUDY VISIT 8 (5 yr.)……8
STUDY VISIT 9 (6 yr.)……9

A4. Date of form completion ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A5. Name of person completing form _____ ____ ____ ____
PRINT FULL NAME INITIALS

Section B: CLASSIFICATION OF HEART FAILURE

B1. Age of patient at time of this assessment:

< 5 YEARS.....1 (**B2**) ≥ 5 YEARS .....2 (**B3)**

B2. Ross Classification of Congestive Heart Failure (Circle one)
COMPLETE IF CURRENT AGE IS < 5 YEARS

CLASS I (NO LIMITATIONS OR SYMPTOMS).....1 **(END)**

CLASS II (SYMPTOMS BUT NO GROWTH FAILURE*).....2 **(B2a)**

CLASS III (GROWTH FAILURE* AND PROLONGED FEEDING TIME).....3 **(B2b)**

CLASS IV (GROWTH FAILURE* AND SYMPTOMATIC AT REST.....4 **(B2c)**
WITH ≥1 SYMPTOM LISTED IN B2c BELOW)

*** Growth failure is defined as weight-for-age < 5th percentile**

a. If Class II, indicate signs and symptoms present

		YES	NO
1.	Mild tachypnea with feeds	1	2
2.	Mild diaphoresis with feeds	1	2
3.	Dyspnea on exercise	1	2

b. If Class III, indicate signs and symptoms present

		YES	NO
1.	Marked tachypnea with feeds or exertion	1	2
2.	Marked diaphoresis with feeds or exertion	1	2

c. If Class IV, indicate signs and symptoms present

		YES	NO
1.	Tachypnea	1	2
2.	Retractions	1	2
3.	Grunting	1	2
4.	Diaphoresis	1	2

B3. New York Heart Association (NYHA) Classification of Congestive Heart Failure (COMPLETE IF CURRENT AGE IS ≥ 5 YEARS)

CLASS I (NO LIMITATION OF ACTIVITIES; NO SYMPTOMS FROM ORDINARY ACTIVITIES).....1

CLASS II (SLIGHT, MILD LIMITATION OF ACTIVITY; COMFORTABLE WITH REST OR WITH MILD EXERTION)……...2

CLASS III (MARKED LIMITATION OF ACTIVITY; COMFORTABLE ONLY AT REST)……..3

CLASS IV (SHOULD BE AT COMPLETE REST, CONFINED TO BED OR CHAIR; ANY PHYSICAL ACTIVITY BRINGS ON DISCOMFORT AND SYMPTOMS OCCUR AT REST)…….4

END OF FORM