







8.3. Employer's Street Address:


8.4. City:


8.5. State/Province.....

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8.6. Country:

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8.7. Zip Code/Canadian or European Postal Code:

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8.8. Employer's Telephone Number:

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Participant Information

9. Sex.....Male M  
Female F

10. Ethnic Identity.....American Indian 1  
Asian 2  
Black 3  
Caucasian 4  
Hispanic 5  
Other 6

11. Date of Birth:


Month Day Year

11.1. Marital Status.....Married 1  
Divorced/Separated 2  
Widowed 3  
Never married 4

12. Social Security Number:

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13.4. Is the qualifying Ejection Fraction the most recent?.....Yes Y  
No N

B. ENTRY CRITERION

13.1. Qualifying Ejection Fraction (EF) Percentage.....

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14.1. Most recent Ejection Fraction Percentage.....

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13.2. Date of Ejection Fraction Measurement:


Month Day Year

14.2. Date of most recent Ejection Fraction measurement:


Month Day Year

13.3. Method Utilized.....

Radionuclide R  
Contrast Angiography A  
2-D Echo E

14.3. Method utilized for the most recent Ejection Fraction measurement....

Radionuclide R  
Contrast Angiography A  
2-D Echo E

If Yes, go to Question 15.1. on page 5.

C. EXCLUSION CRITERIA (Circle the appropriate response for each item. All items must be indicated.)

	Yes	No		Yes	No
15.1. History of intolerance to enalapril.....	Y	N	15.6. Complex congenital heart disease.....	Y	N
15.2. Currently taking ACE inhibitor and unable to discontinue.....	Y	N	15.7. Syncopal episodes presumed to be due to life threatening arrhythmias.....	Y	N
15.3. Myocardial Infarction within 30 days of expected date of randomization.....	Y	N	15.8. Any major cardiac surgery likely.	Y	N
15.4. Hemodynamically significant valvular or outflow tract obstruction.....	Y	N	15.9. Unstable angina pectoris.....	Y	N
15.5. Constrictive Pericarditis.....	Y	N	15.10. Uncontrolled hypertension.....	Y	N
			15.11. Cor Pulmonale.....	Y	N
			15.12. Advanced pulmonary disease.....	Y	N

C. EXCLUSION CRITERIA (Circle the appropriate response for each item. All items must be indicated.)

	Yes	No		Yes	No
15.13. Major neurological disease.....	Y	N	15.21. Significant primary liver disease.....	Y	N
15.14. Cerebrovascular disease.....	Y	N	15.22. Likely to be nonadherent (alcoholism, drug addiction, lack of a fixed address, etc.)..	Y	N
15.15. Collagen vascular disease.....	Y	N	15.23. Other life-threatening disease or not realistically expected to be discharged alive.	Y	N
15.16. Suspected significant renal artery stenosis.....	Y	N	15.24. Woman likely to bear children...	Y	N
15.17. Renal failure.....	Y	N	15.25. Other investigational drug protocols..... (except compassionate use)	Y	N
15.18. Cancer.....	Y	N	15.26. Failure to give consent.....	Y	N
15.19. Immunosuppressive therapy.....	Y	N			
15.20. Active myocarditis.....	Y	N			

D. INITIALS OF PERSON COMPLETING THIS FORM

16. Initials.....

If Yes (the participant is suitable for SOLVD), continue with F. PHYSICAL EXAMINATION, Question 18.1.

If No, EXIT THE FORM

E. STUDY SUITABILITY

17. Is the participant suitable for participation in SOLVD?.....Yes Y  
 No N

**NOTE:** The participant is suitable for SOLVD only if all of the responses to questions 15.1. thru 15.26. (C. EXCLUSION CRITERION) are N (No).

F. PHYSICAL EXAMINATION

Blood Pressure (supine)

18.1. Systolic.....    mm Hg

18.2. Diastolic.....    mm Hg

Blood Pressure (sitting)

19.1. Systolic.....    mm Hg

19.2. Diastolic.....    mm Hg

Heart rate (beats per minute)

20.1. Supine.....

20.1. Sitting.....

23. Sodium (Na).....    meq/l

24. Potassium (K).....   meq/l

25. Blood Urea Nitrogen (BUN)..   mg/dl

26. Creatinine.....   mg/dl

G. LABORATORY DATA

21. Hematocrit (HCT).....   %

22.1. Total White Blood Count (WBC x1000).....

22.2. Percent Neutrophils.....

22.3. Percent Lymphocytes.....

27a. Proteinuria.....negative 0  
 trace or + 1  
 ++ 2  
 +++ 3  
 ++++ 4



31. New York Heart Association  
CHF Classification..... 1

2  
3  
4

32. Is the participant's  
known Sodium (Na) level  
less than 130 meq/l ?.....Yes Y  
No N

32.1. For which Trial is this  
participant eligible?.....Prevention P  
Treatment T

**NOTE:** If the participant is taking a vasodilator for heart failure (other than oral nitrate) or is NYHA Class 4 or has known Sodium (Na) less than 130 meq/l, then the participant is to be hospitalized for 24 hrs. for blood pressure monitoring. Complete the SOLVD Medication Monitoring Form.

33.1a. Is the participant presently taking hydralazine or isosorbide medication?.....Yes Y  
No N

If Yes, go to OPTIONAL DATA FOR LOCAL CLINIC USE ONLY below.

33.2a. If No (not taking hydralazine or isosorbide), what is the likelihood that these drugs would be used if the participant's condition worsens?...

Likely A  
Unlikely B

OPTIONAL DATA FOR LOCAL CLINIC USE ONLY

a) Number of pills dispensed at this visit.....

1st attempt

2nd attempt

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b) Scheduled date of Visit 2:

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Month

Day

Year