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Appendix A

Data Collection Form

Code for fill-in blanks: 9 = missing, unknown or not performed, 8 = can not evaluate

Demographic data and baseline

Code No Name hospital No	
1. Code No_	1.[][]
2. Hospital No	2.[][][][][][
Ĭ	
3. $Sex_{}$ $1 = M 0 = F$	3.[]
4. Hospitalization days	4. [] [] []
5. Weightkg	5. [] []. []
6. Dosage of Digoxinmg/kg/day	6. []. [] [] []
7. Categories of cause of CHF1=congenital Heart disea	
0=Impaired cardiac funct	
	7. []
8. Serum sodiummmol/L	8. [] [] . []
9. Serum potassiummmol/L	9. []. []
10. Serum ureamg/dl	10. [] []
11. Serum creatininemg/dl	11.[][]
Outcome	
12. Left ventricualar end-systolic wall stress(g/cm²)	12.[][].[]
13. Rate-corrected velocity of fiber shortening (circ/s)	13. [] []. []
14. Heart rate (bpm)	14. [] [] []
15. Respiratory rate(RR/Min)	15. [][]
16. Liver size (cm)	16. []. []
17. Cardiothorecic ratio(%)	17 []. []
18. Eligible for further cardiac surgery 1=yes, 0=no	18. []
	. ,
0.1	
Side effects	10 []
19. Hypotension 1 = yes, 0= no	19. []
20. Syncope 1= yes, 0 = no	20. []
21. Abnormal renal function 1 = yes, 0= no	21.[]
22. Cough 1=yes, 2=no	22. []

Appendix B

Diagnostic Criteria for Congestive Heart Failure

- 1. Tachypnea: Respiratory rate >40 times/min;
- 2. Tachycardia: Heart rate >120 times/min;
- 3. Cardiomegaly(presented by chest X ray, or physical exam, or echocardiography)
- Orthopnea on exertion, distended neck veins and ankle edema, cold wet skin, decrease of the volume of urine. (at least two items existed)
- 5*. Hepatomegaly: Liver > 1cm under the right coastal margin;
- 6*. Pulmonary congestion.
- 7*. Gallop rhythm

When first 4 items present, CHF is considerable. When 1-4 items plus one of 5-7 items present or two of 1-4 items plus two of 5-7 items present, CHF can be clinically confirmed.

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VITAE

Dr. Yonghao Gui was born on October 7, 1958 in Shanghai, P.R.China. He graduated from Shanghai Medical University in1982 after accomplished of 5 years of undergraduate study (Faculty of Medicine). After 3 years medical residency program and 2 years sub-specialty training program in Children's Hospital of Shanghai Medical University, he was appointed as an attending pediatric cardiologist in Children's Hospital of Shanghai Medical University. Due to his hard work, commitment, and achievement, in 1995 he was qualified as an Associate Professor of Pediatrics. During 1991 to 1995, he was received exchange fellowship from Children's Hospital of Philadelphia, University of Pennsylvania. In 1997, he has been admitted in the Master Degree Program of Clinical Epidemiology in School of Medicine, Chulalongkorn University, Bangkok, Thailand. Dr. Gui was selected and supported in this course by Thai CERTC (Clinical Epidemiology Regional Training Center) Consortium of INCLEN (International Clinical Epidemiology Network), principally sponsored by the Rockefeller Foundation, New York, USA.

His principle interest in medical field is pediatric cardiology clinical practice and the research of heart diseases in child population. Recent years, he has been working on several medical research projects related congenital heart disease and congestive heart failure in children. These projects are partly supported by the Ministry of Public Health of china, China Natural Science Foundation and Shanghai Medical University. During this course, he designed and conducted a clinical trial on studying the hemodynamic and clinical effects of Enalapril in management of children with congestive heart failure.

Dr. Gui recently was appointed as the associate director of Children's Hospital of Shanghai Medical University, mainly in charge of education and research programs of the hospital. He also is working as a deputy chief of Cardiovascular Center in Children's Hospital of Shanghai Medical University. This clinical epidemiology training course will enable him in the future to involve more teaching and research programs at Clinical Epidemiology Unit of Shanghai Medical University.