1. Patient personal details

Name:
Insurance number:……………………………………………… Country:
Date of birth:...City:
Telephone   number: …………………………………………Institute:
Gender: man/woman   **Examining Physician**
Race: White/Gipsy/Black/Indian/Asian/Other:............   Blood sample code:
Prospective/ Retrospective
Who has written the statement of consent? patient/caregiver/relative/no written consent
Date of examination:.............(day/month/year)

2. Details from the medical history

Allergies: yes / no
        if yes: specify:…………………………………………

Smoking: yes / no
        if yes: amount (cigarettes/day):…………………
                For how many years?   …………………………

        if not: Did he/she smoke earlier?   yes/no/ N/A
                if yes: amount (cigarettes/day):………………………………
                        For how many years?………………………………………
                        Number of years since quit: ……………………………….
                        Did the physician provide smoking cessation guidance to patient?   yes/no/ N/A

Does the patient suffer from secondhand smoke?   yes/no/ N/A

Alcohol consumption: yes / no
        if yes: frequency: occasionally/monthly/weekly/daily
                amount (g/day):…………………………………
                since when? (years):……………………….
         Alcohol consumption in the last 2 weeks: …………………..
        if not:
        Did you drink alcohol earlier?   yes / no
                if yes: frequency: occasionally/monthly/weekly/daily
                        amount (g/occasion):…………………………………
                        For how many years?………………………………………
                        How long ago did you stop drinking alcohol?.........................
Guide for estimation of the amount:
        1 dl beer (4.5 vol. %) = ~3.5 g alcohol
        1 dl wine (12.5 vol. %) = ~10 g alcohol
        1 dl hard drink (50 vol. %) = ~40 g alcohol

Physical activity: none / occasionally / regularly / intensely
None: no exercise or exercise for < 3 hours/week for < 2 years
Occasionally: < 3 hours/week for >= 2 years

Regularly: > 3 hours/week for >= 2 years
Intensely: > 7 hours/week for>= 2 years

Drug abuse: yes / no   *Prescribed medication should not be included here.*
        if yes: type of drug:…………………………………. amount:
                …………………………………………….
                for how many years:……………………………

Family history of premature coronary artery disease (CAD):   yes/no
                        if yes, relationship to patient :
                                female <60 years: yes/no
                                male < 55 years: yes/no

Patient history of COPD: yes/no
year of diagnosis:..................
Patient history of cancer: yes/no
year of diagnosis:..................
Patient history of anemia   yes/no
(Baseline hematocrit< 39% for men, <36% for women)
year of diagnosis:..................
Other known chronic diseases: yes/no
if yes, please specify: (többszörösen legördülő) …………………………
year of diagnosis:..................

* **relationship:** father / mother / sibling / child / paternal grandfather / paternal grandmother / maternal grandmother / maternal grandfather / paternal cousin / maternal cousin / father sibling (uncle, aunt) / mother sibling (uncle, aunt) / siblings child (nephew, niece) / grandchild / paternal grandfathers sibling / paternal grandmothers sibling / maternal grandfathers sibling / maternal grandmothers sibling / other blood relation / spouse (husband, wife, other not blood relation)

Medication taken regularly:
Please specify the name of the active substance (e.g. "acetylsalicylic acid").
Please specify the amount using the International System of Units –SI (e.g. milligram, gram)
        Name of medication:………..……..
        active substance:………………
        dose: …………. (number only!)
        unit: g / mg / IU
        if fluid, concentration (e.g. 10%, 1g/2ml, etc.)……………………
        how many times per day (e.g. 3): ………….
        method of administration: intravenous / oral / enteral / subcutan
        other notes: ……………………………………

Angiotensin-converting-enzyme inhibitor (ACE inhibitor)   yes/no

Angiotensin II receptor blocker (ARB)   yes/no
Beta blocker   yes/no
Acetylsalicylic acid   yes/no
Clopidogrel   yes/no
Prasugrel   yes/no
Ticagrelor   yes/no
Statin   yes/no
Ezetimibe   yes/no
PCSK9 inhibitor   yes/no

if yes: details
if drop down, please indicate **(többszörösen legördülő)**

    Name of medication:………..……..
active substance:………………
dose: …………. (number only!)
unit: g / mg / IU
if fluid, concentration (e.g. 10%, 1g/2ml, etc.)……………………
how many times per day (e.g. 3): ………….
method of administration: intravenous / oral / enteral / subcutan
other notes: ……………………………………

3. Risk factors

The answer is "yes" if the etiological factor is proven, the answer is "no" if the etiological factor can be ruled out, the answer is "N/A" if the etiological factor was not examined. Please answer "yes" to" Idiopathic" if etiological factor was not identified.

Prior myocardial infarction (MI)	yes	no	N/A
Prior MI in the territory of CTO PCI	yes	no	N/A
Diagnosis of heart failure	yes	no	N/A
Hypertension	yes	no	N/A
History of stroke	yes	no	N/A
Peripheral vessel disease (PAD)	yes	no	N/A
Dyslipidemia	yes	no	N/A
Diabetes	yes	no	N/A

    if yes: type I. / type II / type III. / MODY
date of diagnosis:........... **(if yes, mindegyiknél gördüljön le**)

Thyroid disease: yes/no
if yes: hyperthyroidism/hypothyroidism/other:………

date of diagnosis:...........

Prior valve surgery: yes no N/A

If yes, please specify: *aortic valve replacement (*AVR)/ transcatheter aortic valve replacement (TAVI)

Prior PCI yes no N/A

Previous heart surgery CABG no N/A Other: …………..

Smoking current recent (within 1 year) past (>1 year ago) never

Chronic kidney disease yes no N/A

if yes, please specify : eGFR:………………mL/min/1.73m^2

grade: 1/2/3/4/5

Dialysis: yes / no

if yes, since when: …………………...

4. Complaints, symptoms, severity:

Coronary artery disease (CAD) presentation (multiple choice)

No symptoms/ No angina symptoms

Symptoms unlikely ischemic/ Stable angina

Unstable angina / NSTEMI/ STEMI

Coexisting atrial fibrillation yes / no N/A

if yes, since when: …………………...

Dyspnoe (Visual analogue scale)* yes / no Grade 1 / 2 / 3 / 4 / 5/6/7/8/9/10

Ankle odeme (Visual analogue scale)* yes / no Grade 1 / 2 / 3 / 4 / 5/6/7/8/9/10

Tiredness (Visual analogue scale)* yes / no Grade 1 / 2 / 3 / 4 / 5/6/7/8/9/10

Anginal chest pain CCS (single choice): yes / no Grade 1 / 2 / 3 / 4 /

NYHA functional class (single choice): yes / no Grade 1 / 2 / 3 / 4 / (NG),

OTHER **(többszörösen legördülő)**

specify: yes / no Grade 1 / 2 / 3 / 4 / 5 / Other (NG), please,

5. <u>Charlson Comorbidity Index (CCI)</u>

Age: (automatikusan számolt)

- o <50 age 0p
- o 50-59 age 1p
- o 60-69 age 2p
- o 70-79 age 3p
- o >=80 age 4p

Myocardial infarction: yes (+1p) / no
History of definite or probable MI (EKG changes and/or enzyme changes)

Congestive heart failure: yes (+1p) / no
Exertional or paroxysmal nocturnal dyspnea and has responded to digitalis, diuretics, or afterload reducing agents

Peripheral vascular disease: yes (+1p) / no
Intermittent claudication or past bypass for chronic arterial insufficiency, history of gangrene or acute arterial insufficiency, or untreated thoracic or abdominal aneurysm (≥6 cm)

CVA or TIA: yes (+1p) / no
Cerebrovascular accident or Transient ischemic attack

Dementia: igen (+1p) / no
Chronic cognitive deficit

COPD: yes (+1p) / no
Chronic obstructive pulmonary disease

Connective tissue disease: yes (+1p) / no

Peptic ulcer disease: yes (+1p) / no
Any history of treatment for ulcer disease or history of ulcer bleeding

Liver disease: no / mild (+1p) / moderate or severe (+3p)
Severe = cirrhosis and portal hypertension with variceal bleeding history, moderate = cirrhosis and portal hypertension but no variceal bleeding history, mild = chronic hepatitis (or cirrhosis without portal hypertension)

Diabetes mellitus: none or diet-controlled / uncomplicated (+1p) / end-organ damage (+2p)

Hemiplegia: yes(+2p) / no

Moderate to severe Chronic Kidney Disease (CKD): yes(+2p) / no
Severe = on dialysis, status post kidney transplant, uremia, moderate = creatinine >3 mg/dL (0.27 mmol/L)

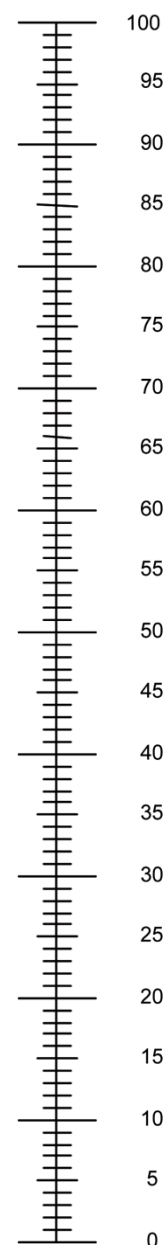**Solid tumor:** none / localized (+2p) / metastatic (+6p)

Leukemia: yes (+2p) / no

Lymphoma: yes (+2p) / no

AIDS: yes (+6p) / no

<u>CCI</u>:……...(automatikusan generált: C is the score result obtained by adding the points. The ten year survival equals $0.983^{(e^{(C*0.9)})}$. For example, at a score of 6, the ten year survival is 2.25%.)

6. Admission details

Blood pressure: ……… / ………mmHg   **Heart rate:** _____ /minute
Body weight (kg):……………………………   **Body height (cm):**
……………………………
BMI:………………………………….. (automatikusan számol)
Oxygen Saturation(**%**):.................

*Quality of life assessment with EQ-5D-5L questionnaire
Result of the questionnaire:…………….
Under each heading, please tick   the ONE box that best describes your health TODAY
MOBILITY (Level 1)
 I have no problems in walking about   (1)
I have slight problems in walking about   (2)
I have moderate problems in walking about   (3)
I have severe problems in walking about   (4)
I am unable to walk about   (5)

SELF-CARE (Level 2)
I have no problems washing or dressing myself   (1)
I have slight problems washing or dressing myself   (2)
I have moderate problems washing or dressing myself   (3)
I have severe problems washing or dressing myself   (4)
I am unable to wash or dress myself   (5)

The best health
you can imagine

100
95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0

The worst health
you can imagine

USUAL ACTIVITIES (Level 3) *(e.g. work, study, housework, family or leisure activities)*

I have no problems doing my usual activities	(1)
I have slight problems doing my usual activities	(2)
I have moderate problems doing my usual activities	(3)
I have severe problems doing my usual activities	(4)
I am unable to do my usual activities	(5)

PAIN / DISCOMFORT (Level 4)

I have no pain or discomfort	(1)
I have slight pain or discomfort	(2)
I have moderate pain or discomfort	(3)
I have severe pain or discomfort	(4)
I have extreme pain or discomfort	(5)

ANXIETY / DEPRESSION (Level 5)

I am not anxious or depressed	(1)
I am slightly anxious or depressed	(2)
I am moderately anxious or depressed	(3)
I am severely anxious or depressed	(4)
I am extremely anxious or depressed	(5)

Your health state (5 digit code): ………………………………

For example: Level 1 (2), Level 2: (1), Level 3 (1), Level 4 (3), Level 5 (1): 21131
Write the numbers in (brackets) next to each other from Level1 to Level 5. DO NOT add the numbers.
NB: There should be only ONE response for each dimension
NB: Missing values can be coded as '9'
NB: Ambiguous values (e.g. 2 boxes are ticked for a single dimension) should be treated as missing

TODAY.

• This scale is numbered from **0** to **100**.

• **100** means the best health you can imagine.

   0 means the worst health you can imagine.

• Mark an **X** on the scale to indicate how your health is **TODAY**.

• Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY=

NB: Missing values should be coded as '999'.
NB: If there is a discrepancy between where the respondent has placed the X and the number he/she has written in the box, administrators should use the number in the box.

7. Laboratory parameters on admission

ADP test   between 0-200/ No test was done

TAG………..   unit: U ADP

…....…..   unit: U ASP

if not measured with Multitype analyzer, please specify:

……………………………….

Laboratory parameters (unit)	Measured	Reference*
erythrocyte sedimentation rate (mm/h)		1-20
CRP (mg/l)		<5.00
Blood		
WBC count (G/l)		4.0-10
RBC count (T/l)	3.9-5.3 4.5-6.0	3,9-5,3 women 4,5-6,0 men
Hemoglobin (g/l)	3.90-5.	120-157
Hematokrit (%)		34.1-44.9 women 40.1-51 men
MCV (fl)		80-95
Platelet count (G/l)		140-440
Ions		
Sodium (mmol/l)		136-145
Potassium (mmol/l)		3,5-5,10
Calcium (mmol/l)		2,15-2,55
Magnesium (mmol/l)		0,7-1,0
Phosphate (mmol/l)		0,81-1,45

Chloride (mmol/l)		98-110
Iron (umol/l)		6,6-26 women 7-28,3 men
Heart		
Troponin (ng/l)		<14
NT-proBNP before CTO (pmol/l)		
Pancreas		
Glucose (mmol/l)		3,9-5,9
Amylase (U/l)		28-100
Lipase (U/l)		<60
Renal functions		
Urea nitrogen (Karbamid) (mmol/l)		1,80-6,40
Creatinine (mg/dL)	44-80	44-80
eGFR		90<
Liver functions		
Total bilirubin (umol/l)		2,5-21,0
Direct/conjugated bilirubin (umol/l)		1-5
Indirect bilirubin (umol/l)		
ASAT/GOT (U/l)		<44
ALAT/GPT (U/l)		5-35
Gamma GT (U/l)		<40 women <60 men
Alkaline phosphatase (U/l)		35-105 women <40-130 men

Laktate dehydrogenase LDH (U/l)		210-470
Protrombin (%)		0,9-1,15
Protrombin INR		0,90-1,15
Metabolism		
Cholesterol (mmol/l)	1.10-4.	1.10-4.90
Triglicerides (mmol/l)		<1,7
Uric acid (umol/l)		143-339 women 200-417 men
LDL (mmol/l)	0.00-3.	0.00-3.40
HDL (mmol/l)		>1.15
TSH (mU/l)l		0,270-4,200
HgbA1C (%)	4.00-5.	4.00-5.60
Proteins		
Total protein (g/l)		60,0-80,0
Albumin (g/l)		32,0-45,0
Globulin alfa1 (g/l)		1,1-3,7
Globulin alfa2 (g/l)		8,5-14,5
Globulin beta (g/l)		8,6-14,8
Globulin gamma (g/l)		9,2-18,2
Fibrinogen (g/l)		2-4
Blood gases		
PaO2 (Hgmm)		75-100

HCO3 (mmol/l)		20-26
sO2 (%)		95-98
Other		

8. Imaging examinations, diagnostic tests on admission

Electrocardiogram

ECG: yes/ no

    if yes:

    Date of ECG:...

    Rhythm: Sinus rhythm/ Atrial fibrillation/ Atrial flutter/ Atrial paced/ AV paced/

    SR V paced/ AF V paced/ Ventricular tachycardia/ Not evaluated/ BiV pacing (CRT)/ Other

    Frequent premature beats: yes/ no

    Heart rate: .... /min

    QT interval:...... .... msec

    PR interval: .... ms

    QRS duration:................................ ms

    QRS axis: ....degrees

    Atrioventricular block: 1st degree/ 2nd degree/ 3rd degree/ no

    Bundle branch block: No/ Incomplete RBBB/ RBBB/ Incomplete LBBB/ LBBB/

    other

    Negative T waves: yes/ no

    ST depression: yes/ no ST elevation: yes/ no

    Maximum R in praecordial: .... mm

    Maximum S in praecordial: .... mm

    Maximum R in limbs: ....mm

    Maximum S in limbs: .... mm

    Preexcitation: yes/ no

Abnormal Q-waves: yes/ no

Echocardiogram

ECHO: yes/ no

if yes:

Date of echocardiogram:...

LVEDD: .... mm

Estimated LVEDD (Henry formula): .... mm

% of the estimated LV end-diastolic diameter (Henry formula): ....%

LVESD: .... mm

LV ejection fraction (Simpson's biplane): .... %

Fractional shortening: .... %

LVEDV (LV End Diastolic Volume): ....ml

LVESV (LV end systolic volume): ....ml

Maximum LV thickness: .... mm

(Defined as a run of >=3 PVBs, of >=120/min frequency

Maximum LV thickness measured at any segment of the LV)

LV septal thickness diastole: ....mm

LV posterior wall thickness diastole: ....mm

Size of left atrium - diameter: ....mm

Left atrial volume: cm3

Pericardial effusion: yes/ no

Endocavitary thrombi: yes/ no

Pattern of LV hypertrophy: No hypertrophy/ Asymmetrical septal/ Concentric/

Apical/ Other, not classified/ not evaluated

RV dilation: yes/ no

(Defined as a diameter >41 mm at the base and >35 mm at the midlevel in the RVfocused apical four-chamber view)

Tricuspid annular plane systolic excursion (TAPSE):...................... mm

RV hypertrophy: yes/ no(Defined as RV wall thickness >5 mm)

New wall motion abnormality: yes/ no

Other Description:
……
……
……
………………………

Non-invasive ischaemia testing performed

	Performed	Ischaemia verified	Place, date
Ergometry	yes/no	yes/no	
Stress echocardiogram	yes/no	yes/no	
Scintigraphy	yes/no	persistent yes/no, reversible yes/no	
Magnetic resonance imaging (MRI) viability	yes/no	LE yes/no	
MRI perfusion	yes/no	Perfusion defect yes/no	
Computed Tomography Angiography (CTA)	yes/no	Coronary stenosis > 50% yes/no	

Stress test done within 90 days: yes/no
Stress test type: exercise treadmill/ exercise echocardiography/
       exercise nuclear imaging/ Dobutamine echo/ pharmacologic nuclear imaging/
other
If other, please specify:...

Stress test results: negative/ positive/ indeterminate/
unavailable
Left ventricular systolic function assessment: yes/no
Left ventricular ejection fraction (%):......................................
Myocardial viability test performed: yes/no
Myocardial viability determined by: echocardiography/SPECT/
PET/MRI
Viable myocardium at CTO perfused area: yes/no/unable to determine

9. Epicrisis, outcome

Next scheduled control visit:…………………….(year/month/day)

File upload

Comments:.....................