

*1. Patient personal details

Name:.....
Insurance number:.....
Date of birth:.....
Telephone number:.....
Gender: Male / Female
Ethnicity/Race: White/ Gipsy/ Black/ Indian/ Asian / Other:.....
Date of examination:(year/month/day)

Country: City: Institute: Physician: Blood sample code:
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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/ NA
 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/ NA

Alcohol consumption: yes / no
 If yes: frequency: occasionally/monthly/weekly/daily
 amount (g/day):.....
 since when? (years):.....
If not: Did he/she drink alcohol earlier? yes / no
 if yes: frequency: occasionally/monthly/weekly/daily
 amount (g/occasion):.....
 For how many years?.....
 How long ago did he/she 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:.....

Diabetes mellitus: yes/no

if yes: type I. / type II / type III. / MODY

date of diagnosis:.....

Cardiovascular disorders in family history: yes / no / NA

acute myocardial infarction: yes / no

if yes: relationship to patient*:.....

stroke: yes / no

if yes: relationship to patient*:.....

heart failure: yes / no

if yes: relationship to patient*:.....

congenital heart disease: yes / no

if yes: relationship to patient*:.....

valvular heart disease: yes / no

if yes: relationship to patient*:.....

peripheral artery disease: yes / no

if yes: relationship to patient*:.....

thromboembolic disease: yes / no

if yes: relationship to patient*:.....

* **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)

Thyroid disease: yes/no

if yes: hyperthyroidism/hypothyroidism/other:.....

date of diagnosis:.....

Other chronic diseases: yes / no

if yes, please specify:.....

Medications taken regularly: (többszörösen legördülő) yes / no

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)

if yes: details

if yes:

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 "NA" if the etiological factor was not examined. Please answer "yes" to "Idiopathic" if etiological factor was not identified.

Previous myocardial infarction	yes	no	NA
year of diagnosis:.....			
Diagnosis of heart failure	yes	no	NA
year of diagnosis:.....			
Hypertonia	yes	no	NA
year of diagnosis:.....			
History of stroke	yes	no	NA
year of diagnosis:.....			
Peripheral artery disease	yes	no	NA
year of diagnosis:.....			
Dyslipidemia	yes	no	NA
year of diagnosis:.....			
Diabetes mellitus	yes	no	NA
year of diagnosis:.....			
Previous PCI	yes	no	NA
Previous heart surgery	CABG	no	NA
Chronic kidney disease	yes	no	NA
year of diagnosis:.....			

Other:..... (többszörösen legördülő)

4. Complaints, symptoms, severity: (single choice)

Canadian Cardiovascular Society grading of angina pectoris (CCS Class):

yes / no Grade 1 / 2 / 3 / 4

New York Heart Association (NYHA) functional class:

yes / no Grade 1 / 2 / 3 / 4

Fatigue: (visual analogue scale)* yes / no Grade 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10/

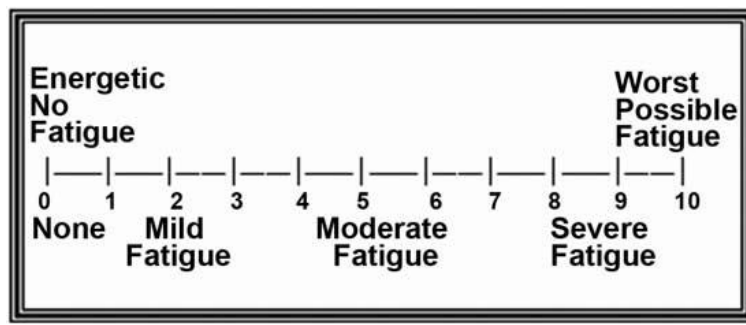
Ankle oedema: (visual analogue scale)* yes / no Grade 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10/

Dyspnoea: (visual analogue scale)* yes / no Grade 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10/

Killip class: yes / no Grade 1 / 2 / 3 / 4

OTHER (többszörösen legördülő)

please specify: yes / no Grade 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10



*Visual analogue scale (same for ankle edema, dyspnoea)

5. Charlson Comorbidity Index (CCI)

Age: (automatikusan számolt)

- <50 years 0p
- 50-59 years 1p
- 60-69 years 2p
- 70-79 years 3p
- ≥80 years 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: yes (+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

CCI:.....(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. Status/ Admission details and quality of life*

Blood pressure: /mmHg

Heart rate:..... /minute

Body weight:..... kg

Body height: cm

Oxygen Saturation:.....%

BMI:.....kg/m² (*automatikusan számolt*)

*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)

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

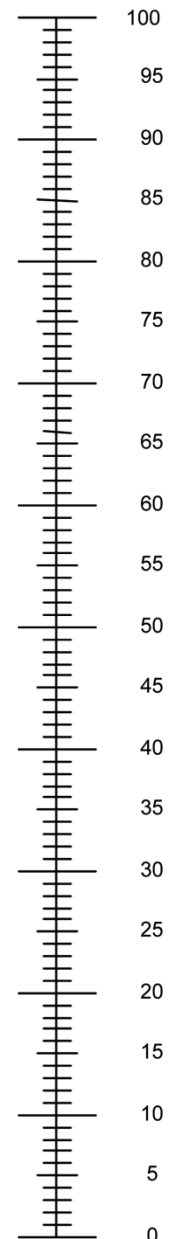
We would like to know how good or bad your health is

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=

The best health
you can imagine



The worst health
you can imagine

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.

6. Laboratory parameters on admission

Unit	Reference
ADP test:	between 0-200/ No test was made
TAG:.....	unit: U ADP
.....	unit: U AS
<i>if not measured with Multitype analyzer, please specify:</i>	

* If the above mentioned parameters (unit, reference) differ from this standard, please specify

here:.....

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 women 4,5-6,0 men
Hemoglobin (g/l)		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		
Pancreas		
Glucose (mmol/l) (random)		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 (umol/l)		44-80
eGFR (ml/min/1.73 m²)		90<
Liver functions		
Total bilirubin (umol/l)		2,5-21
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)		<40-130 <35-105
Lactate dehydrogenase LDH (U/l)		210-470
Protrombin (%)		0,9-1,15
Prothrombin INR		0,9-1,15
Metabolism		

Cholesterol (mmol/l)		1.10-4.90
Triglycerides (mmol/l)		<1,7
Uric acid (umol/l)		143-339 women 200-417 men
LDL (mmol/l)		0.00-3.40
HDL (mmol/l)		>1.15
TSH (mU/l)		0,270-4,200
HgbA1C (%)		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

HCO ₃ (mmol/l)		20-26
sat O ₂ (%)		95-98
Other		

7. 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

indexed LV end-diastolic volume < 97 ml/m²: yes/no

E/e' >15: yes/no

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 >41mm at the base and >35 mm at the mid level in the RV focused 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 (day/month/year)
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	

8. Epicrisis

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

File upload

Comments:.....