C .... months

1. Patient personal details

Insurance number:……
Name: ……
Date of birth:……
Telephone number:.....
Follow-up: 3 months / 6 months/ 12 months / 2 year /....
Date of follow up (year/month/day):……

Country:
City:
Institute:
Examining Physician:
Blood sample code:

Has the patient appeared on regular follow-up? yes / no
if no(többi menüpont ne nyíljon le): cause: Not available for care/ Death#
#The exact time of death: ……(date and time)

2. Complaints, symptoms yes / o

If yes:
Details:

New complaints, symptoms: yes / no Grade 1 / 2 / 3 / 4 / 5 /6 / 7 / 8 / 9 / 10/
Other (NG), please specify:……..**(többszörösen legördülő)**

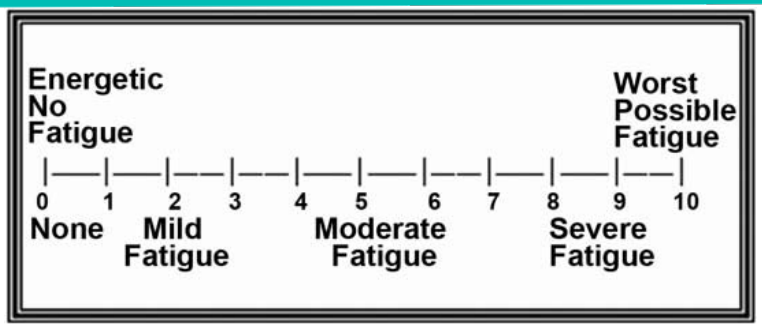
Anginal chest pain CCS: yes / no Grade 1 / 2 / 3 / 4 / (NG)

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

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/

Killip class: yes / no Grade 1 / 2 / 3 / 4 / (NG)



*Visual analogue scale (same for ankle edema)

Where there any changes based on the "FORM A"?

Myocardial infarction (MI)	yes	no	N/A
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:..... (mindegyiknél legyen yes, legördülő)

Valve surgery: yes no N/A

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

Revascularization PCI yes no N/A

Stent thrombosis yes no N/A

if yes please specify: definite / probable

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: ……...

if other, please specify:

……...
……
……
……
……
……
……

3. Current details and quality of life

Blood pressure: ..... / .....mmHg **Heart rate:**..... /minute
Body weight:..... kg**Body height:** ..... cm
(**BMI számolás automatikusan):..... kg/m^2**

Quality of life assessment with EQ-5D-5L questionnaire
Result of the questionnaire:.....points
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)

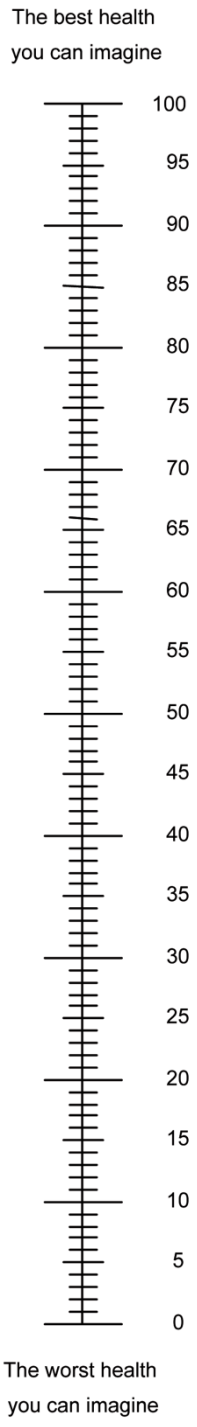
Your health state (5 digit code): .....

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= ☐



***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.*

4. Changes in imaging examinations, diagnostic tests:

Laboratory parameters on follow-up

*If the above mentioned parameters (unit, reference) differ from this standard, 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.	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		
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	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.	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.	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
sat O2 (%)		95-98

Other _____	_____	_____

Echocardiography follow-ups: yes/no
If yes, please indicate:
LVEF current (%):……
Other relevant
findings: .....
.....
.....
.....

cMRI follow-up: yes/no
If yes, please indicate:
LVEF current (%):……

Angiography follow-up: yes/no
Restenosis: yes/no
Reocclusion: yes/no
Other, if yes, please specify:
……...

*5. Adverse events *(single choice)*

- **In- hospital major adverse cardiovascular events (MACCE)** if yes, please select (multiple choice)

  O nonfatal stroke

  O Non-fatal Myocardial infarction

  O Cardiovascular death

  O Emergency CABG
  O Re- PCI
  if yes, please indicate: target vessel failure/target lesion failure/non-CTO territory PCI

- **Stroke**
  if yes, ischemic/ hemorrhagic
- **BARC bleeding if yes, please select (single choice):**

BARC Definitions

Type 0	No bleeding	
Type 1	Bleeding that is not actionable and does not cause the patient to seek treatment	
Type 2	Any clinically overt sign of hemorrhage that “is actionable” and requires diagnostic studies, hospitalization, or treatment by a health care prefessional	
Type 3	a. Overt bleeding plus hemoglobin drop of 3 to < 5 g/dL (provided hemoglobin drop is related to bleed); transfusion with overt bleeding	
	b. Overt bleeding plus hemoglobin drop < 5 g/dL (provided hemoglobin drop is related to bleed); cardiac tamponade; bleeding requiring surgical intervention for control; bleeding requiring IV vasoactive agents	
	c. Intracranial hemorrhage confirmed by autopsy, imaging, or lumbar puncture; intraocular bleed compromising vision	
Type 4	CABG-related bleeding within 48 hours	
Type 5	a. Probable fatal bleeding	
	b. Definite fatal bleeding (overt or autopsy or imaging confirmation)	

TIMI bleeding (Non-CABG Related Bleeding) (**single choice**):

	1. Major	- Any intracranial bleeding (excluding microhemorrhages <10 mm evident only on gradient-echo MRI) - Clinically overt signs of hemorrhage associated with a drop in hemoglobin of ≥5 g/dL or a ≥15% absolute decrease in haematocrit - Fatal bleeding (bleeding that directly results in death within 7 days
	2.Minor	Clinically overt (including imaging), resulting in hemoglobin drop of 3 to <5 g/dL or ≥10% decrease in haematocrit - No observed blood loss: ≥4 g/dL decrease in the haemoglobin concentration or ≥12% decrease in haematocrit. - Any overt sign of hemorrhage that meets one of the following criteria and does not meet criteria for a major or minor bleeding event, as defined above. - Requiring intervention (medical practitioner-guided medical or surgical treatment to stop or treat bleeding, including temporarily or

		permanently discontinuing or changing the dose of a medication or study drug) - Leading to or prolonging hospitalization. - Prompting evaluation (leading to an unscheduled visit to a healthcare professional and diagnostic testing, either laboratory or imaging).
	3.Minimal	- Any overt bleeding event that does not meet the criteria above. - Any clinically overt sign of haemorrhage (including imaging) associated with a <3 g/dL decrease in haemoglobin concentration or <9% decrease in haematocrit.

Bleeding in the Setting of CABG: *if yes, please specify* (single choice)

- Fatal bleeding (bleeding that directly results in death)
- Perioperative intracranial bleeding
- Reoperation after closure of the sternotomy incision for the purpose of controlling bleeding
- Transfusion of ≥5 U PRBCs or whole blood within a 48-h period; cell saver transfusion will not be counted in calculations of blood products.
- Chest tube output >2 L within a 24-h period

5. Comments, notes

(E.g. a short summary, if necessary of how the patient got to medical care, diagnosis, most important facts and events of the hospitalization, what happened with the patient after the hospitalization, any recommended control examinations, surgery etc.).

Description

……..……..……..……..……..
……..……..……..……..……..
……..……..……..……..……..……

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

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