

D

1. Patient personal details

Name:.....
 Insurance number:.....
 Date of birth:.....
 Follow-up: 6 months/ 12 months/ 2 year/
 Date of follow-up (year/month/day):.....
 Has the patient appeared on regular follow-up? yes / no

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

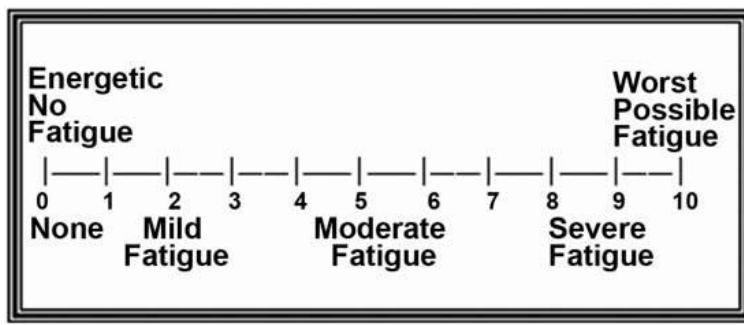
if no (többi menüpont ne nyíljon le): cause: Not available for care/ Death#

#The exact time of death:(date and time)

2. Complaints, symptoms yes / o

If yes, please select details (single choice):

- 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 “A form”?

Myocardial infarction (MI)	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 if yes)		
Valve surgery:	yes	no	N/A
<i>If yes, please specify: aortic valve replacement (AVR)/ transcatheter aortic valve replacement (TAVI)</i>			
Other:.....			
Revascularization PCI	yes	no	N/A
Stent thrombosis	yes	no	N/A
	<i>if yes, please specify: definite / probable</i>		
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
	<i>if yes, please specify:</i>		
	eGFR:.....	mL/min/1.73m ²	
	grade:	1/2/3/4/5	
Dialysis	yes	no	
	<i>if yes, since when (date):</i>		

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/m²

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
I am extremely anxious or depressed

(4)
 (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 Level 1 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'

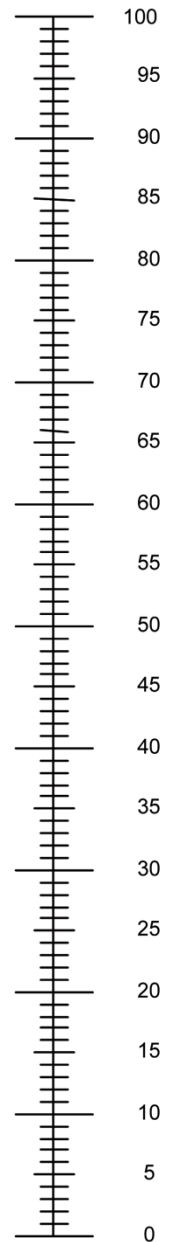
NB: Ambiguous values (e.g. 2 boxes are ticked for a single dimension) should be treated as missing

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.

4. Current laboratory parameters

* 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
HCO3 (mmol/l)		20-26
sat O2 (%)		95-98
Other		

*5. Any changes in imaging examinations, diagnostic tests:

Control angiography was performed: yes/no

if yes, date (day/month/year):.....

Angiograms were saved for 3D reconstruction yes/no

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 >41 mm at the base and >35 mm at the midlevel 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 <i>(day/month/year)</i>
Ergometry	yes/no	yes/no	
Stress echocardiogram	yes/no	yes/no	
Scintigraphy	yes/no	persistent yes/no, reversible	
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	

***6. Revascularization PCI was done:**
yes / no

If yes: (fill out the B form/ PCI form)

7. Result of previous CABG surgery, if yes:

Time of surgery:.....

Place of surgery:.....

Please mark: (multiple choice)

bridging was done	LAD	Diagonal	RCX	Other:.....
type of graft	arterial	venous	Other..... ..	

*8. Outcome (multiple choice)

- **Not available for care/ Regular follow-up / Death#**

Cardiovascular death **yes/no**

#The exact time of death:(date and time)

- **Major adverse cardiovascular events (MACCE) if yes, please select (multiple choice)**

nonfatal stroke

nonfatal myocardial infarction*

cardiovascular death

Stent thrombosis

Target vessel revascularization

TIA

Stroke, if yes please specify: ischemic/hemorrhagic

Intracranial bleeding

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 professional	
Type 3	<p>a. Overt bleeding plus hemoglobin drop of 3 to < 5 g/dL (provided hemoglobin drop is related to bleed); transfusion with overt bleeding</p> <p>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</p> <p>c. Intracranial hemorrhage confirmed by autopsy, imaging, or lumbar puncture; intraocular bleed compromising vision</p>	
Type 4	CABG-related bleeding within 48 hours	
Type 5	<p>a. Probable fatal bleeding</p> <p>b. Definite fatal bleeding (overt or autopsy or imaging confirmation)</p>	

*** non fatal myocardial infarction definition: type1 MI:**

Detection of a rise and/or fall of cTn values with at least one value above the 99th percentile URL and with at least one of the following:

- Symptoms of acute myocardial ischaemia;
- New ischaemic ECG changes;
- Development of pathological Q waves;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischaemic aetiology;
- Identification of a coronary thrombus by angiography including intracoronary imaging or by autopsy

Bleeding according to TIMI Non-CABG Bleeding (single choice):

1.Major	<ul style="list-style-type: none"> - 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 $\geq 15\%$ absolute decrease in haematocrit - Fatal bleeding (bleeding that directly results in death within 7 days)
2.Minor	<ul style="list-style-type: none"> - Clinically overt (including imaging), resulting in hemoglobin drop of 3 to <5 g/dL or $\geq 10\%$ decrease in haematocrit - No observed blood loss: ≥ 4 g/dL decrease in the haemoglobin concentration or $\geq 12\%$ decrease in haematocrit. - Any overt sign of hemorrhage that meets one of the following criteria and

		<p>does not meet criteria for a major or minor bleeding event, as defined above.</p> <ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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

9. 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

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