

FOLLOW UP

Instructions: i) Where check boxes are provided, check one or more boxes. Where radio buttons are provided, check one box only.
 ii) Red asterisk (*) indicates the field is mandatory and must be filled.

Follow Up	
1 *	Follow Up Duration <input type="radio"/> From discharge to 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years <input type="radio"/> 5 years
2 *	Follow Up Date (dd-mm-yyyy)
3 *	Patient Status <input type="radio"/> Alive <input type="radio"/> Dead <input type="radio"/> Lost to Follow-Up
	i Date of death (dd-mm-yyyy)
	ii Cause of death
4 *	Dyspnea status <input type="radio"/> NYHA I <input type="radio"/> NYHA II <input type="radio"/> NYHA III <input type="radio"/> NYHA IV
5 *	Angina status <input type="radio"/> CCS 0 <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4
6 *	Readmission for heart failure <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available
7 *	Re-operation <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Available
	i Date operation (dd-mm-yyyy)
	ii Operation