

NATIONAL CARDIOVASCULAR DISEASE DATABASE (ACS REGISTRY) FOLLOW UP FORM

For NCVD use only:
Centre:
ID:

Instruction: This form is to be completed at patient follow-up at specified duration (30 days / 12 months) after admission. Following may be performed by telephone interview or clinic visit.

Where check boxes are provided, please check (✓) one or more boxes. Where radio buttons are provided, check (✓) **only one option**.

A. Reporting Centre:			
B. Patient Name:			
C. Identification Card Number:	MyKad: <input type="text"/> - <input type="text"/> - <input type="text"/>	Old IC:	<input type="text"/>
	Other ID document No.: <input type="text"/>	Specify type: <i>(eg. Passport, armed force ID)</i>	<input type="text"/>
D. Date of Follow Up:	<input type="text"/> (dd/mm/yy)	E. Type of Follow Up:	<input type="radio"/> 30 days <input type="radio"/> 12 months

SECTION 1: OUTCOME

1. Outcome	<input type="radio"/> Alive				
	<input type="radio"/> Died	→ a. Date of death: <input type="text"/> (dd/mm/yy)	b. Cause of death: <input type="radio"/> Cardiac <input type="radio"/> Non Cardiac <input type="radio"/> Other, specify: _____		
	<input type="radio"/> Transferred to another centre	→ a. Date : <input type="text"/> (dd/mm/yy)	b. Name of centre: <input type="text"/>		
	<input type="radio"/> Lost to Follow Up	→ a. Date : <input type="text"/> (dd/mm/yy)			
2. Cardiovascular Readmission:	<input type="checkbox"/> ACS	→ a. Date: <input type="text"/> (dd/mm/yy)	b. ACS Stratum: <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> UA		
	<input type="checkbox"/> Heart Failure	→ a. Date : <input type="text"/> (dd/mm/yy)			
	<input type="checkbox"/> Revascularization	→ a. Type: <input type="checkbox"/> PCI Date: <input type="text"/> (dd/mm/yy) → <input type="radio"/> Urgent <input type="radio"/> Elective			
		<input type="checkbox"/> CABG Date: <input type="text"/> (dd/mm/yy) → <input type="radio"/> Urgent <input type="radio"/> Elective			
<input type="checkbox"/> Stroke	→ a. Date : <input type="text"/> (dd/mm/yy)				

SECTION 2: CLINICAL HISTORY AND EXAMINATION (OPTIONAL)

1. Angina status: (CCS classification)	<input type="radio"/> None	<input type="radio"/> CCS I	<input type="radio"/> CCS II	<input type="radio"/> CCS III	<input type="radio"/> CCS IV
2. Functional capacity: (NYHA classification)	<input type="radio"/> None	<input type="radio"/> NYHA I	<input type="radio"/> NYHA II	<input type="radio"/> NYHA III	<input type="radio"/> NYHA IV
3. Blood Pressure:	a. Systolic: <input type="text"/> mmHg	b. Diastolic: <input type="text"/> mmHg			
4. Anthropometric:	a. Weight: <input type="text"/> kg	b. Waist circumference: <input type="text"/> cm			
	c. Hip circumference: <input type="text"/> cm				

SECTION 3: INVESTIGATIONS (OPTIMAL)

1. Lipid Profile:	a. Total Cholesterol: <input type="text"/> mmol/L	b. HDL-C: <input type="text"/> mmol/L	
	c. LDL-C: <input type="text"/> mmol/L	d. Triglycerides: <input type="text"/> mmol/L	
2. Left Ventricular Ejection Fraction: <input type="text"/> %	3. HbA1c <input type="text"/> mmol/L		

SECTION 4: MEDICATION (OPTIONAL)

Group	Given	Group	Given
1. ASA	<input type="radio"/> Yes <input type="radio"/> No	12. Beta Blocker	<input type="radio"/> Yes <input type="radio"/> No
2. Ticlopidine	<input type="radio"/> Yes <input type="radio"/> No	13. ACE inhibitor	<input type="radio"/> Yes <input type="radio"/> No
3. Clopidogrel	<input type="radio"/> Yes <input type="radio"/> No	14. Angiotensin II receptor blocker	<input type="radio"/> Yes <input type="radio"/> No
4. Prasugrel	<input type="radio"/> Yes <input type="radio"/> No	15. Statin	<input type="radio"/> Yes <input type="radio"/> No
5. Ticagrelor	<input type="radio"/> Yes <input type="radio"/> No	16. Other lipid lowering agent	<input type="radio"/> Yes <input type="radio"/> No
6. Other antiplatelet	<input type="radio"/> Yes <input type="radio"/> No	17. Diuretics	<input type="radio"/> Yes <input type="radio"/> No
7. GP receptor inhibitor	<input type="radio"/> Yes <input type="radio"/> No	18. Calcium antagonists	<input type="radio"/> Yes <input type="radio"/> No
8. Heparin	<input type="radio"/> Yes <input type="radio"/> No	19. Oral Hypoglycaemic Agent	<input type="radio"/> Yes <input type="radio"/> No
9. LMWH	<input type="radio"/> Yes <input type="radio"/> No	20. Insulin	<input type="radio"/> Yes <input type="radio"/> No
10. Fondaparinux	<input type="radio"/> Yes <input type="radio"/> No	21. Anti-arrhythmic agent	<input type="radio"/> Yes <input type="radio"/> No
11. Oral anticoagulant agent (eg. Warfarin)	<input type="radio"/> Yes <input type="radio"/> No		

SECTION 5: REHABILITATION AND COUNSELLING (OPTIONAL)

1. Was patient referred to cardiac rehabilitation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
2. Has patient stopped smoking?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable