

# NATIONAL CARDIOVASCULAR DISEASE DATABASE - PCI REGISTRY

## FOLLOW UP AT 30 DAYS

For NCVD Use only:

ID:  /

Centre:

**Instruction:** This form is to be completed at patient follow up **after 30 days of 1st admission**. Following performed by telephone interview. Where check boxes  are provided, check (✓) one or more boxes. Where radio buttons  are provided, check (✓) one box only.

<b>Ai. Name of Reporting centre:</b>	<b>Aii. Or Reporting centre code:</b>
<b>B. Patient Name :</b>	
<b>C. Identification Card Number :</b>	MyKad / MyKid: <input type="text"/> - <input type="text"/> - <input type="text"/> <span style="float: right;">Old IC: <input type="text"/></span>
	Other ID document No: <input type="text"/> → Specify type (eg. passport, armed force ID): <input type="text"/>
<b>D. Date of Follow Up:</b> (dd/mm/yy) <input type="text"/> / <input type="text"/> / <input type="text"/>	

### SECTION 1 : OUTCOME

<b>1. Outcome:</b> *	<input type="radio"/> <b>Alive</b> → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>b) Medication:</b></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Unknown</td> </tr> <tr> <td>Aspirin</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Clopidogrel</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Ticlopidine</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Others, specify: _____</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	<b>b) Medication:</b>	Yes	No	Unknown	Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Others, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Others, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
	<input type="radio"/> <b>Death</b> → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>* a) Date of Death (dd/mm/yy):</b></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;"><b>b) Cause of death:</b></td> <td colspan="5"> <input type="radio"/> Cardiac  <input type="radio"/> Non cardiac  <input type="radio"/> Others, specify: _____                 </td> </tr> </table>	<b>* a) Date of Death (dd/mm/yy):</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<b>b) Cause of death:</b>	<input type="radio"/> Cardiac <input type="radio"/> Non cardiac <input type="radio"/> Others, specify: _____												
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	<input type="radio"/> <b>Transferred to other centre:</b> → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>* a) Date of transfer (dd/mm/yy):</b></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;"><b>b) Name of centre:</b></td> <td colspan="5">_____</td> </tr> </table>	<b>* a) Date of transfer (dd/mm/yy):</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<b>b) Name of centre:</b>	_____												
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	<input type="radio"/> <b>Lost to follow up</b> → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>* a) Date of last follow up (dd/mm/yy):</b></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> </tr> </table>	<b>* a) Date of last follow up (dd/mm/yy):</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>														
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<b>2. Smoking Status:</b>	<input type="radio"/> Never <input type="radio"/> Former (quit >30 days) <input type="radio"/> Current (any tobacco use within last 30 days) <input type="radio"/> Not Available																				
<b>3. Readmission:</b> *	<input type="radio"/> <b>Yes</b> → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>a) Date of readmission (dd/mm/yy):</b></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;"><b>b) Readmission location:</b></td> <td colspan="5">_____</td> </tr> <tr> <td style="text-align: center;"><b>c) Readmission Reason:</b> →</td> <td colspan="5"> <input type="radio"/> CHF                      <input type="radio"/> Arrhythmia              <input type="radio"/> CABG  <input type="radio"/> AMI                        <input type="radio"/> PCI – planned            <input type="radio"/> Others, specify  <input type="radio"/> Recurrent angina      <input type="radio"/> PCI – unplanned        _____                 </td> </tr> </table>	<b>a) Date of readmission (dd/mm/yy):</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<b>b) Readmission location:</b>	_____					<b>c) Readmission Reason:</b> →	<input type="radio"/> CHF <input type="radio"/> Arrhythmia <input type="radio"/> CABG <input type="radio"/> AMI <input type="radio"/> PCI – planned <input type="radio"/> Others, specify <input type="radio"/> Recurrent angina <input type="radio"/> PCI – unplanned        _____						
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