

# NATIONAL CARDIOVASCULAR DISEASE DATABASE - PCI REGISTRY

## FOLLOW UP AT 6 AND 12 MONTHS

For NCVD Use only:

ID:  /

Centre:

**Instruction:** This form is to be completed at patient follow up **6 and 12 months 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. 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"/> Old IC: <input type="text"/>
	Other ID document No: <input type="text"/> → Specify type (eg. passport, armed force ID): <input type="text"/>
<b>D. Type of Follow Up:</b>	<input type="radio"/> 6 months <input type="radio"/> 12 months
	<b>E. Date of Follow Up (dd/mm/yy):</b> <input type="text"/> / <input type="text"/> / <input type="text"/>

### SECTION 1 : OUTCOME

**1. Outcome:** \*

**Alive** →

<b>a) Medication:</b>	Yes No Unknown	Yes No Unknown
Aspirin	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Clopidogrel	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Ticlopidine	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Statin	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Beta blocker	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Ace Inhibitor	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
ARB	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Warfarin	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Others, specify _____	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>

**Death** →

**a) Date of Death (dd/mm/yy):**  /  /

**b) Cause of death:**  Cardiac  Non cardiac  Others, specify: \_\_\_\_\_

**Transferred to other centre:** →

**a) Date of transfer (dd/mm/yy):**  /  /

**b) Name of centre:** \_\_\_\_\_

**Lost to follow up** →

**a) Date of last follow up (dd/mm/yy):**  /  /

### SECTION 2 : SMOKING STATUS

**1. Smoking Status:**  Never  Former (quit >30 days)  Current (any tobacco use within last 30 days)  Not Available

### SECTION 3 : READMISSION (Within 12 months after 1st notification)

**1. Has patient been readmitted to hospital?**  Yes  No

	Date of Readmission	Readmission location:	Readmission reason:	CCS	Angiography	AMI	PCI	CABG
1	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)	<input type="text"/>	<input type="radio"/> CHF <input type="radio"/> AMI <input type="radio"/> Recurrent angina <input type="radio"/> Arrhythmia <input type="radio"/> PCI – planned <input type="radio"/> PCI – unplanned <input type="radio"/> CABG <input type="radio"/> Others, specify _____	<input type="radio"/> <u>Asymptomatic</u> <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4 <input type="radio"/> Not Available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> TVR <input type="radio"/> Non TVR <input type="radio"/> Not Applicable <input type="radio"/> TLR ↓ <input type="text"/> / <input type="text"/> Lesion Code (1-25):	<input type="radio"/> Yes ↓ TVR: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No <input type="radio"/> Not Applicable
2	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)	<input type="text"/>	<input type="radio"/> CHF <input type="radio"/> AMI <input type="radio"/> Recurrent angina <input type="radio"/> Arrhythmia <input type="radio"/> PCI – planned <input type="radio"/> PCI – unplanned <input type="radio"/> CABG <input type="radio"/> Others, specify _____	<input type="radio"/> <u>Asymptomatic</u> <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4 <input type="radio"/> Not Available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> TVR <input type="radio"/> Non TVR <input type="radio"/> Not Applicable <input type="radio"/> TLR ↓ <input type="text"/> / <input type="text"/> Lesion Code (1-25):	<input type="radio"/> Yes ↓ TVR: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No <input type="radio"/> Not Applicable
3	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)	<input type="text"/>	<input type="radio"/> CHF <input type="radio"/> AMI <input type="radio"/> Recurrent angina <input type="radio"/> Arrhythmia <input type="radio"/> PCI – planned <input type="radio"/> PCI – unplanned <input type="radio"/> CABG <input type="radio"/> Others, specify _____	<input type="radio"/> <u>Asymptomatic</u> <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4 <input type="radio"/> Not Available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> TVR <input type="radio"/> Non TVR <input type="radio"/> Not Applicable <input type="radio"/> TLR ↓ <input type="text"/> / <input type="text"/> Lesion Code (1-25):	<input type="radio"/> Yes ↓ TVR: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No <input type="radio"/> Not Applicable