PCI REGISTRY_FOLLOW UP FORM_DATA STANDARD

ID	Field name / prompt	Definition	Field content	Definition of field options	Remarks
Header					
A	Name of reporting centre	Name of reporting centre.			
B	Patient Name	Name of patient.			
C	Identification Card No.	Identification card number of patient. Please provide at least one of the identification card number: MyKad or MyKid number, Old IC number, or Other Identification document number such as passport number or Armed Force ID number.			
D	Type of Follow Up	Indicate the duration of follow up	30 days		
			6 months		
			12 months		
E	Date of Follow Up	Date of Follow Up in dd-mm-yyyy format.			
Section 1: Outcome					
1.01	Outcome	Patient outcome at Follow Up at 30 days/ 6 months/ 12 months post index procedure	Alive		
			Death		
			Transferred to another centre		
			Lost to follow up		
1.01.1	Alive - Medication	Indicate the medication administered to the patient.	Aspirin	Indicate Yes or No	
			Clopidogrel		
			Ticlopidine		
			Statin		
			Beta Blocker		
			ACE Inhibitor		
			ARB		
			Warfarin		
			Prasugrel		
			Ticagrelor		
			Others, specify		

ID	Field name / prompt	Definition	Field content	Definition of field options	Remarks
1.01.2	Date of Death	Indicate the Date of Death in dd-mm-yyyy format.			
1.01.2.1	Cause of Death	Identify cause of death	Cardiac		
			Non cardiac		
			Others, specify	Other cause of death of the patient if none of the specified categories are applicable.	
1.01.3	Date of Transfer	Indicate the Date of Transfer in dd-mm-yyyy format.			
1.01.3.1	Name of centre	Name of centre where patient is transferred.			
1.01.4	Date of last to follow up	If patient has been lost to follow up, specify the date of last follow up in dd-mm-yyyy format.			
2	Has patient stopped smoking	Indicate if the patient has stopped smoking	Yes	if quit smoking > 30 days	
			No	if patient is still smoking	
			Not applicable	if patient is non smoker	
Section 2: Readmission					
1.00	Has patient been readmitted to the hospital?		Yes		
			No		
			No information available		
1.01	Date of readmission	Indicate date of readmission in dd-mm-yyyy format.			
1.02	Readmission location	Identify the location where the patient is readmitted.			
1.03	Readmission reason	Indicate the reason for patient's readmission.	Non cardiac		
			CHF		
			Recurrent angina		
			Arryhthmia		
			ACS	Either STEMI/NSTEMI/UA	
			Staged revascularization	Either PCI or CABG	
1.04	CCS	Canadian Cardiovascular Angina Classification Score (CCS) of this patient.	Asymptomatic		
			CCS 1		
			CCS 2		
			CCS 3		
			CCS 4		
			Not Available		
1.05	Angiography		Yes		
			No		
			Not Applicable		