

# National Cardiovascular Disease Database - PCI Registry

## (Follow Up at 30 Days Form)

### Data Definition Document

#### Section Name: Header

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Reporting centre name			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2		2	Patient Name	Name of patient		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Identification card number	3a	MyKad/MyKid	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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Identification card number	3b	Old IC	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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Identification card number	3c	Other ID document 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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Identification card number	3d	Specify type (e.g. passport, armed force ID)	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.	1: Registration number 2: Passport 3: Birth Certificate 4: Mother's I/C 5: Father's I/C 6: Armed Force ID 7: Work Permit # 8: Date of Birth 9: Lab number 10: Patient ID 99: Others 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7		4	Date of Follow Up	Follow up occurred at 6 months post admission, 12 months post admission		<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### Section Name: Section 1 : Outcome

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Outcome	-Notification: Specify whether the patient was alive or dead at discharge from the hospitalization in which the procedure occurred. Choose one of the following: Alive / Died / Transferred to another centre -Follow Up: Patient outcome at Follow Up at 30 days / 6 or 12 months post admission	<Notif> 5: Alive 3: Death 2: Transferred to other centre 8888: Not available 9999: Missing <Follow Up> 5: Alive 3: Death 2: Transferred to other centre 4: Lost to follow up 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Alive - medication	1a.i	Aspirin		1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>

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3	Alive - medication	1a.ii	Clopidogrel		1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
4	Alive - medication	1a.iii	Ticlopidine		1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
5	Alive - medication	1a.iv	Others		1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
6	Alive - medication	1a.v	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
7		1b	Notif: Date of discharge / Date of death Follow Up: Date of death / Date of transfer / Date of last follow up	Notif: The date on which the patient was discharged from hospital. The date on which the patient expired. Notif: The date on which the patient expired / transferred to another centre / last follow up		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8		1c.i	Cause of death	The Primary cause of death of the patient i.e. the first significant abnormal event which ultimately led to death. Cardiac: Indicates that the cause of death was sudden death, MI, unstable angina or other CAD, heart failure or arrhythmia. Infection: Indicates an infective cause of death Vascular: Indicates a vascular cause of death e.g, arterial embolism, pulmonary embolism, ruptured aortic aneurysm or dissection. Renal: Indicates a renal cause of death Neurological: Indicates a neurologic cause of death e.g., stroke Pulmonary: Indicates a pulmonary cause of death e.g., respiratory failure, pneumonia Other: (specify) All other causes e.g., liver failure, trauma, cancer	1:Cardiac 2:Non cardiac 99:Other, specify 8888:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Cause of death	1c.ii	Others, specify	Other cause of death of the patient if none of the specified categories are applicable.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
10		1d	Name of centre			<input type="checkbox"/>	<input type="checkbox"/>
11		2	Smoking Status	Indicate if the patient has a history confirming any form of tobacco use in the past. This includes use of cigarettes / cigars / pipes/ tobacco chewing. Categorised as: 'Never' defined as 'Patient has never smoked a tobacco product'; 'Former' defined as 'Patient has stopped smoking tobacco products greater than 30 days before this admission' and 'Current' defined as 'Patient regularly smokes a tobacco product / products one or more times per day or has smoked in the 30 days prior to this admission'	1: Never 2: Former (quit > 30 days) 3: Current (any tobacco use within last 30 days) 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12		3	Has the patient been readmitted to hospital?	Indicate if the patient had readmission	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Readmission	3a	Readmission Date	Date patient had readmission (dd/mm/yyyy)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Readmission	3b	Readmission location	Readmission location		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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15	Readmission	3c.i	Readmission reason	Reason for readmission	1: CHF 2: AMI 3: Recurrent angina 4: Arrhythmia 5: PCI-planned 6: PCI-unplanned 7: CABG 99: Others 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Readmission reason	3c.ii	Others, specify	Other reason for readmission if none of the specified categories are applicable		<input checked="" type="checkbox"/>	<input type="checkbox"/>