

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

SECTION 1: OUTCOME

1. Outcome	<input type="radio"/> Alive										
	<input type="radio"/> Died	→	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Date of death:</td> <td><input type="text"/> (dd/mm/yy)</td> </tr> <tr> <td>b. Cause of death:</td> <td><input type="radio"/> Cardiac <input type="radio"/> Non Cardiac</td> </tr> </table>	a. Date of death:	<input type="text"/> (dd/mm/yy)	b. Cause of death:	<input type="radio"/> Cardiac <input type="radio"/> Non Cardiac				
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	b. Cause of death:	<input type="radio"/> Cardiac <input type="radio"/> Non Cardiac									
<input type="radio"/> Transferred to other hospital	→	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Date :</td> <td><input type="text"/> (dd/mm/yy)</td> </tr> <tr> <td>b. Name of hospital:</td> <td><input type="text"/></td> </tr> </table>	a. Date :	<input type="text"/> (dd/mm/yy)	b. Name of hospital:	<input type="text"/>					
a. Date :	<input type="text"/> (dd/mm/yy)										
b. Name of hospital:	<input type="text"/>										
<input type="radio"/> Lost to Follow Up	→	a. Date of last follow up: <input type="text"/> (dd/mm/yy)									
2. Cardiovascular Readmission:	<input type="checkbox"/> ACS	→	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Date:</td> <td><input type="text"/> (dd/mm/yy)</td> </tr> <tr> <td>b. ACS Stratum:</td> <td><input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> UA</td> </tr> </table>	a. Date:	<input type="text"/> (dd/mm/yy)	b. ACS Stratum:	<input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> UA				
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	<input type="checkbox"/> Heart Failure	→	a. Date : <input type="text"/> (dd/mm/yy)								
	<input type="checkbox"/> Revascularization	→	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Type:</td> <td><input type="checkbox"/> PCI</td> <td>Date: <input type="text"/> (dd/mm/yy)</td> <td>→</td> <td><input type="radio"/> Urgent <input type="radio"/> Elective</td> </tr> <tr> <td><input type="checkbox"/> CABG</td> <td>Date: <input type="text"/> (dd/mm/yy)</td> <td>→</td> <td><input type="radio"/> Urgent <input type="radio"/> Elective</td> </tr> </table>	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)	→
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"/> Asymptomatic <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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Systolic:</td> <td><input type="text"/> mmHg</td> <td style="width: 50%;">b. Diastolic:</td> <td><input type="text"/> mmHg</td> </tr> </table>	a. Systolic:	<input type="text"/> mmHg	b. Diastolic:	<input type="text"/> mmHg
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"/> %	

SECTION 4: MEDICATION (OPTIONAL)

Group	Given	Group	Given
1. ASA	<input type="radio"/> Yes <input type="radio"/> No	13. Beta Blocker	<input type="radio"/> Yes <input type="radio"/> No
2. Ticlopidine	<input type="radio"/> Yes <input type="radio"/> No	14. ACE inhibitor	<input type="radio"/> Yes <input type="radio"/> No
3. Clopidogrel	<input type="radio"/> Yes <input type="radio"/> No	15. Angiotensin II receptor blocker	<input type="radio"/> Yes <input type="radio"/> No
4. Prasugrel	<input type="radio"/> Yes <input type="radio"/> No	16. Statin	<input type="radio"/> Yes <input type="radio"/> No
5. Ticagrelor	<input type="radio"/> Yes <input type="radio"/> No	17. Other lipid lowering agent	<input type="radio"/> Yes <input type="radio"/> No
6. Other antiplatelet	<input type="radio"/> Yes <input type="radio"/> No	18. Diuretics	<input type="radio"/> Yes <input type="radio"/> No
7. GP receptor inhibitor	<input type="radio"/> Yes <input type="radio"/> No	19. Calcium antagonists	<input type="radio"/> Yes <input type="radio"/> No
8. Heparin	<input type="radio"/> Yes <input type="radio"/> No	20. Oral hypoglycaemic agent	<input type="radio"/> Yes <input type="radio"/> No
9. LMWH	<input type="radio"/> Yes <input type="radio"/> No	21. Insulin	<input type="radio"/> Yes <input type="radio"/> No
10. Fondaparinux	<input type="radio"/> Yes <input type="radio"/> No	22. Anti-arrhythmic agent	<input type="radio"/> Yes <input type="radio"/> No
11. Oral anticoagulant agent (Warfarin)	<input type="radio"/> Yes <input type="radio"/> No	23. ARNI	<input type="radio"/> Yes <input type="radio"/> No
12. Oral anticoagulant agent (NOAC)	<input type="radio"/> Yes <input type="radio"/> No	24. MRA	<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 (quit > 30 days) <input type="radio"/> No <input type="radio"/> Not Applicable