NATIONAL CARDIOVASCULAR DISEASE DATABASE - PCI REGISTRY FOLLOW UP

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.*

A. Reporting centre:	
B. Patient Name :	
C. Identification Card ⁎ **Number :**	*MyKad / MyKid:* [ ][ ][ ][ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]
	Other ID document No: [ ] ➝ *Specify type (eg.passport, old IC, armed force ID):* [ ]
D. Type of Follow Up: ⁎	◯ 30 days ◯ 6 months ◯ 12 months **E. Date of Follow Up (dd/mm/yy):** [ ][ ] / [ ][ ] / [ ][ ]

SECTION 1 : OUTCOME

1. Outcome:

⁎ ◯ Alive ➡

a) Medication:

	Yes	No	Unknown		Yes	No	Unknown		Yes	No	Unknown
Aspirin	◯	◯	◯	ACE inhibitor	◯	◯	◯	NOAC	◯	◯	◯
Clopidogrel	◯	◯	◯	ARB	◯	◯	◯	MRA	◯	◯	◯
ARNI	◯	◯	◯	Warfarin	◯	◯	◯	SGLT2I'S	◯	◯	◯
Statin	◯	◯	◯	Prasugrel	◯	◯	◯	Other antiplatelet, specify _____	◯	◯	◯
Beta blocker	◯	◯	◯	Ticagrelor	◯	◯	◯	Other, specify _____	◯	◯	◯

◯ Die ➡ a)⁎ Date of Death: [ ][ ] d d / [ ][ ] m m / [ ][ ] y y: b) Cause of death: ◯ Cardiac   ◯ Non cardiac   ◯ Others, specify: _____

◯ Transferred to other centre: ➡ a) Date of transfer : [ ][ ] d d / [ ][ ] m m / [ ][ ] y y: b) Name of hospital:: _____

◯ Lost to follow up ➡ ⁎ a) Date of last follow up : [ ][ ] d d / [ ][ ] m m / [ ][ ] y y:

2. Has patient stopped smoking?	◯ Yes (quit >30 days) ◯ No ◯ Not Applicable

SECTION 3 : READMISSION (Within the follow up duration)

1. Has patient been readmitted to hospital? ⁎	◯ Yes ◯ No ◯ No information available

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Date of Readmission [ ][ ]/[ ][ ]/[ ][ ] (dd/mm/yy)	Readmission reason:	CCS	Angiography
Readmission location: [ ]	◯ Non cardiac ◯ CHF ◯ Recurrent angina ◯ Arrhythmia ◯ ACS ➡ ◯ STEMI ◯ NSTEMI ◯ UA ◯ Staged revascularization ➡ ◯ PCI ◯ CABG	◯ Asymptomatic ◯ CCS 1 ◯ CCS 2 ◯ CCS 3 ◯ CCS 4 ◯ Not Available	◯ Yes ◯ No ◯ Not Applicable

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Date of Readmission [ ][ ]/[ ][ ]/[ ][ ] (dd/mm/yy)	Readmission reason:	CCS	Angiography
Readmission location: [ ]	◯ Non cardiac ◯ CHF ◯ Recurrent angina ◯ Arrhythmia ◯ ACS ➡ ◯ STEMI ◯ NSTEMI ◯ UA ◯ Staged revascularization ➡ ◯ PCI ◯ CABG	◯ Asymptomatic ◯ CCS 1 ◯ CCS 2 ◯ CCS 3 ◯ CCS 4 ◯ Not Available	◯ Yes ◯ No ◯ Not Applicable

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Date of Readmission [ ][ ]/[ ][ ]/[ ][ ] (dd/mm/yy)	Readmission reason:	CCS	Angiography
Readmission location: [ ]	◯ Non cardiac ◯ CHF ◯ Recurrent angina ◯ Arrhythmia ◯ ACS ➡ ◯ STEMI ◯ NSTEMI ◯ UA ◯ Staged revascularization ➡ ◯ PCI ◯ CABG	◯ Asymptomatic ◯ CCS 1 ◯ CCS 2 ◯ CCS 3 ◯ CCS 4 ◯ Not Available	◯ Yes ◯ No ◯ Not Applicable