



A. DEMOGRAPHICS

Last Name, First Name, Middle Name, SSN, Patient ID, Other ID, Birth Date, Sex, Patient Zip Code, Race, Hispanic or Latino Ethnicity, Ethnicity Type

B. EPISODE OF CARE (ADMISSION)

Arrival Date/Time, Admitting Provider's Name, NPI, Attending Provider's Name, NPI, Health Insurance, Payment Source, HIC #, Research Study, Patient ID, Patient Restriction

C. HISTORY AND RISK FACTORS

Hypertension, Dyslipidemia, Prior MI, Prior PCI, Tobacco Use, Cardiac Arrest Out of Healthcare Facility, Cardiac Arrest at Trasferring Healthcare Facility

(KNOWN OR DIAGNOSED PRIOR TO FIRST CATH LAB VISIT)

Diabetes Mellitus, Currently on Dialysis, CSHA Clinical Frailty Scale

Canadian Study Of Health And Aging Clinical Frailty Scale Is Used With Permission For The American College Of Cardiology Foundation By Dr. Kenneth Rockwood



D. PRE-PROCEDURE INFORMATION (COMPLETE FOR EACH CATH LAB VISIT)

Heart Failure⁴⁰⁰¹: No Yes → **If Yes, NYHA Class**⁴⁰¹¹: Class I Class II Class III Class IV

→ **If Yes, Newly Diagnosed**⁴⁰¹²: No Yes

→ **If Yes, HF Type**⁴⁰¹³: Diastolic Systolic Unknown⁴⁰¹⁴

(DIAGNOSTIC TEST)

Electrocardiac Assessment Method⁵⁰³⁷: ECG Telemetry Monitor Holter Monitor Other None

→ **If any methods, Results**⁵⁰³²: Normal Abnormal Uninterpretable

→ **If Abnormal, New Antiarrhythmic Therapy Initiated Prior to Cath Lab**⁵⁰³³: No Yes

→ **If Abnormal, Electrocardiac Abnormality Type**⁵⁰³⁴: (Select all that apply)

Ventricular Fibrillation (VF) New Left Bundle Branch Block 2nd Degree AV Heart Block Type 1

Sustained VT New Onset Atrial Fib 2nd Degree AV Heart Block Type 2

Non Sustained VT New Onset Atrial Flutter 3rd Degree AV Heart Block

Exercise Induced VT PVC – Frequent Symptomatic Bradycardia

T wave inversions PVC – Infrequent Other Electrocardiac Abnormality

ST deviation >= 0.5 mm

→ **If New Onset Atrial Fib, Heart Rate**⁶⁰¹¹: _____ bpm

→ **If Non Sustained VT, Type**⁵⁰³⁶: (Select all that apply) Symptomatic Newly Diagnosed Other

Stress Test Performed⁵²⁰⁰: No Yes → **If Yes, Specify Test Performed:**

Test Type Performed ⁵²⁰¹	Most Recent Date ⁵²⁰⁴	Test Results ⁵²⁰²	→ If Positive, Risk/Extent of Ischemia ⁵²⁰³
<input type="radio"/> Stress Echocardiogram	mm / dd / yyyy	<input type="radio"/> Negative	<input type="radio"/> Low
<input type="radio"/> Exercise Stress Test (w/o imaging)		<input type="radio"/> Positive	<input type="radio"/> Intermediate
<input type="radio"/> Stress Nuclear		<input type="radio"/> Indeterminate	<input type="radio"/> High
<input type="radio"/> Stress Imaging w/CMR		<input type="radio"/> Unavailable	<input type="radio"/> Unavailable

Cardiac CTA Performed⁵²²⁰: No Yes → **If Yes, Most Recent Cardiac CTA Date**⁵²²⁶: mm / dd / yyyy

→ **If Yes, Results**⁵²²⁷: (Select all that apply) Obstructive CAD Unclear Severity Structural Disease

Non-Obstructive CAD No CAD Unknown⁵²²⁸

Agatston Coronary Calcium Score Assessed⁵²⁵⁶: No Yes

→ **If Yes, Agatston Coronary Calcium Score**⁵²⁵⁵: _____ → **If any value, Most Recent Calcium Score Date**⁵²⁵⁷: mm / dd / yyyy

LVEF Assessed⁵¹¹¹: No Yes → **If Yes, Most Recent LVEF**⁵¹¹⁶: _____ %

Prior Dx Coronary Angiography Procedure⁵²⁶³: (without intervention) No Yes

→ **If Yes, Most Recent Procedure Date**⁵²⁶⁴: mm / dd / yyyy

→ **If Yes, Results**⁵²⁶⁵: (Select all that apply) Obstructive CAD Unclear Severity Structural Disease

Non-Obstructive CAD No CAD Unknown⁵²⁶⁶

PRE-PROCEDURE MEDICATIONS

MEDICATION ⁶⁹⁸⁶	ADMINISTERED ⁶⁹⁹¹	MEDICATION ⁶⁹⁸⁶	ADMINISTERED ⁶⁹⁹¹
Antiplatelet ASA	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	Ranolazine	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Beta Blockers (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	Statin (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Ca Channel Blockers (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	Non-Statin (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Antiarrhythmic Agent Other	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	PCSK9 Inhibitors	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Long Acting Nitrates (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated		



D. PRE-PROCEDURE INFORMATION (CONT.)

OPTIONAL SECTION: SEATTLE ANGINA QUESTIONNAIRE (SAQ)² – FOR PARTICIPANTS CAPTURING LONG TERM CARE

OVER THE PAST 4 WEEKS, AS A RESULT OF YOUR ANGINA, HOW MUCH DIFFICULTY HAVE YOU HAD IN:

Table with 7 columns: Activity, Extremely Limited, Quite a bit limited, Moderately limited, Slightly limited, Not at all limited, Limited for other reasons or did not do these activities. Rows include walking indoors, gardening, and lifting heavy objects.

OVER THE PAST 4 WEEKS, ON AVERAGE, HOW MANY TIMES HAVE YOU...

Table with 7 columns: Frequency (4 or more times per day, 1-3 times per day, 3 or more times per week but not every day, 1-2 times per week, less than once a week, none over the past 4 weeks). Rows include chest pain and nitroglycerin use.

OVER THE PAST 4 WEEKS, HOW MUCH HAS YOUR...:

Table with 6 columns: Level of enjoyment limitation (Extremely, Limited, Moderately, Slightly, Not limited). Row includes chest pain limiting enjoyment of life.

IF YOU HAD TO SPEND THE REST OF YOUR LIFE WITH YOUR CHEST PAIN, CHEST TIGHTNESS OR ANGINA THE WAY IT IS RIGHT NOW...

Table with 6 columns: Satisfaction level (Not satisfied at all, Mostly dissatisfied, Somewhat satisfied, Mostly satisfied, Completely satisfied). Row includes question about feeling about chest pain.

OPTIONAL SECTION: ROSE DYSPNEA SCALE – FOR PARTICIPANTS CAPTURING LONG TERM CARE

PLEASE THINK ABOUT HOW YOU HAVE BEEN FEELING IN THE PAST 4 WEEKS, AS YOU ANSWER THESE FOUR QUESTIONS: DO YOU GET SHORT OF BREATH WHEN...

- Four questions about shortness of breath during activities: hurrying on level ground, walking with others, walking at own pace, and washing/dressing.

2 SEATTLE ANGINA QUESTIONNAIRE (© COPYRIGHT JOHN SPERTUS, MD, MPH) IS USED WITH PERMISSION FOR NCDR BY WWW.CVOUTCOMES.ORG



E. PROCEDURE INFORMATION

Procedure Start Date/Time⁷⁰⁰⁰: mm/dd/yyyy / hh:mm **Procedure End Date/Time**⁷⁰⁰⁵: mm/dd/yyyy / hh:mm

Diagnostic Coronary Angiography Procedure⁷⁰⁴⁵: No Yes
 → If Yes, **Diagnostic Cath Operator's Name, NPI**^{7046,7047,7048,7049}: _____

Percutaneous Coronary Intervention (PCI)⁷⁰⁵⁰: No Yes
 → If Yes, **PCI Operator's Name, NPI**^{7051,7052,7053,7054}: _____

Diagnostic Left Heart Cath⁷⁰⁶⁰: No Yes → If Yes, **LVEF**⁷⁰⁶¹: _____ %

Concomitant Procedures Performed⁷⁰⁶⁵: No Yes
 → If Yes, **Procedure Type(s)**⁷⁰⁶⁶: (Select the best option(s)) _____, _____, _____

Arterial Access Site⁷³²⁰: Femoral Brachial Radial Other

Arterial Cross Over⁷³²⁵: No Yes

Closure Method(s) ^{7330,7331,7333} :	1	Reserved for future use	<input type="checkbox"/> Method Not Documented ⁷³³²
	2	Reserved for future use	
	3	Reserved for future use	

Venous Access⁷³³⁵: (concomitant entry for Cath procedure) No Yes

Systolic BP⁶⁰¹⁶: _____ mmHg

Cardiac Arrest at this facility⁷³⁴⁰: No Yes

RADIATION EXPOSURE AND CONTRAST

CODE ALL AVAILABLE MEASUREMENTS → **Fuoro Time**⁷²¹⁴: _____ minutes **Contrast Volume**⁷²¹⁵: _____ mL

Cumulative Air Kerma⁷²¹⁰: _____ mGy Gy

Dose Area Product⁷²²⁰: _____ Gy/cm² dGy/cm² cGy/cm² mGy/cm² μGy/M²

F. LABS

PRE-PROCEDURE (VALUES CLOSEST TO THE PROCEDURE)		POST-PROCEDURE	
Troponin I ⁶⁰⁹⁰ : _____ng/mL <input type="checkbox"/> Not Drawn ⁶⁰⁹¹		Troponin I ⁸⁵¹⁵ : _____ng/mL <input type="checkbox"/> Not Drawn ⁸⁵¹⁶	
Troponin T ⁶⁰⁹⁵ : _____ng/mL <input type="checkbox"/> Not Drawn ⁶⁰⁹⁶		Troponin T ⁸⁵²⁰ : _____ng/mL <input type="checkbox"/> Not Drawn ⁸⁵²¹	
Creatinine ⁶⁰⁵⁰ : _____mg/dL <input type="checkbox"/> Not Drawn ⁶⁰⁵¹		Creatinine ⁸⁵¹⁰ : (peak) _____mg/dL <input type="checkbox"/> Not Drawn ⁸⁵¹¹	
Hemoglobin ⁶⁰³⁰ : _____g/dL <input type="checkbox"/> Not Drawn ⁶⁰³¹		Hemoglobin ⁸⁵⁰⁵ : (Lowest w/in 72 hours) _____g/dL <input type="checkbox"/> Not Drawn ⁸⁵⁰⁶	
Total Cholesterol ⁶¹⁰⁰ : _____mg/dL <input type="checkbox"/> Not Drawn ⁶¹⁰¹			
HDL ⁶¹⁰⁵ : _____mg/dL <input type="checkbox"/> Not Drawn ⁶¹⁰⁶			



G. CATH LAB VISIT (COMPLETE FOR EACH CATH LAB VISIT)

Indication(s) for Cath Lab Visit⁷⁴⁰⁰: (Select all that apply)

- ACS <= 24 hrs
- ACS > 24 hrs
- New Onset Angina <= 2 months
- Worsening Angina
- Resuscitated Cardiac Arrest
- Stable Known CAD
- Suspected CAD
- Valvular Disease
- Pericardial Disease
- Cardiac Arrhythmia
- Cardiomyopathy
- LV Dysfunction
- Syncope
- Post Cardiac Transplant
- Pre-operative evaluation
- Evaluation for Exercise Clearance
- Other

Chest Pain Symptom Assessment⁷⁴⁰⁵: Typical Angina Atypical Angina Non-anginal Chest Pain Asymptomatic

Cardiovascular Instability⁷⁴¹⁰: No Yes

→ If Yes, Cardiovascular Instability Type⁷⁴¹⁵: (Select all that apply)

- Persistent Ischemic Symptoms (chest pain, STE)
- Hemodynamic Instability (not cardiogenic shock)
- Ventricular Arrhythmias
- Cardiogenic Shock
- Acute Heart Failure Symptoms
- Refractory Cardiogenic Shock

Ventricular Support⁷⁴²⁰: No Yes

→ If Yes, Pharmacologic Vasopressor Support⁷⁴²¹: No Yes

→ If Yes, Mechanical Support⁷⁴²²: No Yes

→ If Yes, Device⁷⁴²³: _____

- If Yes, Timing⁷⁴²⁴: In place at start of procedure Inserted during procedure and prior to intervention Inserted after intervention has begun

→ IF INDICATION(S) FOR CATH LAB VISIT⁷⁴⁰⁰ = 'VALVULAR DISEASE' (COMPLETE FOR EACH TYPE)

VALVULAR DISEASE STENOSIS TYPE ⁷⁴⁵⁰		STENOSIS SEVERITY ⁷⁴⁵¹				
1	<input type="radio"/> Aortic Stenosis <input type="radio"/> Mitral Stenosis	<input type="radio"/> Pulmonic Stenosis <input type="radio"/> Tricuspid Stenosis	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
2	<input type="radio"/> Aortic Stenosis <input type="radio"/> Mitral Stenosis	<input type="radio"/> Pulmonic Stenosis <input type="radio"/> Tricuspid Stenosis	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
VALVULAR DISEASE REGURGITATION TYPE ⁷⁴⁵⁵		REGURGITATION SEVERITY ⁷⁴⁵⁶				
1	<input type="radio"/> Aortic Regurgitation <input type="radio"/> Mitral Regurgitation	<input type="radio"/> Pulmonic Regurgitation <input type="radio"/> Tricuspid Regurgitation	<input type="radio"/> Mild (1+)	<input type="radio"/> Moderate (2+)	<input type="radio"/> Moderately Severe (3+)	<input type="radio"/> Severe (4+)
2	<input type="radio"/> Aortic Regurgitation <input type="radio"/> Mitral Regurgitation	<input type="radio"/> Pulmonic Regurgitation <input type="radio"/> Tricuspid Regurgitation	<input type="radio"/> Mild (1+)	<input type="radio"/> Moderate (2+)	<input type="radio"/> Moderately Severe (3+)	<input type="radio"/> Severe (4+)

→ IF INDICATION(S) FOR CATH LAB VISIT⁷⁴⁰⁰ = 'PRE-OPERATIVE EVALUATION'

Evaluation for Surgery Type⁷⁴⁶⁵: Cardiac Surgery Non-Cardiac Surgery

Functional Capacity⁷⁴⁶⁶: < 4 METS >= 4 METS without symptoms >= 4 METS with symptoms Unknown⁷⁴⁶⁷

Surgical Risk⁷⁴⁶⁸: Low Intermediate High Risk: Vascular High Risk: Non-Vascular

Solid Organ Transplant Surgery⁷⁴⁶⁹: No Yes

→ If Yes, Donor⁷⁴⁷⁰: No Yes

→ If Yes, Organ⁷⁴⁷¹: (Select all that apply) Heart Kidney Liver Lung Pancreas Other Organ



H. CORONARY ANATOMY

Dominance⁷⁵⁰⁰: Left Right Co-dominant

Native Vessel with Stenosis >= 50%⁷⁵⁰⁵: No Yes → If Yes, Specify Segment(s):

Table with 2 columns: SEGMENT NUMBER⁷⁵⁰⁷ and MEASUREMENT (FOR EACH SELECTED). Rows include Native Stenosis⁷⁵⁰⁸ and Adjunctive Measurements Obtained⁷⁵¹¹ with sub-options for FFR Ratio⁷⁵¹², iFR Ratio⁷⁵¹³, IVUS MLA⁷⁵¹⁴, and OCT MLA⁷⁵¹⁵.

Graft Vessel with Stenosis >= 50%⁷⁵²⁵: (Note 1) No Yes → If Yes, Specify Segment(s):

Table with 2 columns: SEGMENT NUMBER⁷⁵²⁷ and MEASUREMENT (FOR EACH SELECTED). Rows include Graft Stenosis⁷⁵²⁸, Graft Vessel⁷⁵²⁹ (LIMA, RIMA, SVG, Radial, Unknown⁷⁵³⁰), and Adjunctive Measurements Obtained⁷⁵³¹ with sub-options for FFR Ratio⁷⁵³², iFR Ratio⁷⁵³³, IVUS MLA⁷⁵³⁴, and OCT MLA⁷⁵³⁵.

NOTE 1: CABG DATE/TIME¹⁰⁰¹¹ MUST BE LESS THAN PROCEDURE START DATE/TIME⁷⁰⁰⁰ OR PRIOR CABG⁴⁵¹⁵ = 'YES' TO COMPLETE THESE ELEMENTS.

I. PCI PROCEDURE (COMPLETE FOR EACH CATH LAB VISIT IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

PCI Status⁷⁸⁰⁰: Elective Urgent Emergency Salvage

CARDIAC ARREST OUT OF HEALTHCARE FACILITY⁴⁶³⁰ = 'YES' OR CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY⁴⁶³⁵ = 'YES' OR CARDIAC ARREST AT THIS FACILITY⁷³⁴⁰ = 'YES'
Hypothermia Induced⁷⁸⁰⁶: No Yes
→ If Yes, Timing of Hypothermia⁷⁸⁰⁷: Initiated Pre-PCI, <= 6 hrs post cardiac arrest Post PCI
 Initiated Pre-PCI, > 6 hrs post cardiac arrest
Level of Consciousness⁷⁸¹⁰: (at start of PCI s/p cardiac arrest)
 (A) Alert (P) Pain Unable to assess
 (V) Verbal (U) Unresponsive

Decision for PCI with Surgical Consult⁷⁸¹⁵: No Yes
→ If Yes, CV Treatment Decision⁷⁸¹⁶: Surgery Not Recommended
 Surgery Recommended, Patient/Family Declined
 Surgery Recommended, Patient/Family Accepted (Hybrid procedure)

PCI for Multi-vessel Disease⁷⁸²⁰: No Yes
→ If Yes, Multi-vessel Procedure Type⁷⁸²¹: (in this lab visit) Initial PCI Staged PCI

PCI Indication⁷⁸²⁵: STEMI - Immediate PCI for Acute STEMI STEMI - Rescue (after unsuccessful lytics)
 STEMI - Stable (<= 12 hrs from Sx) New Onset Angina <= 2 months
 STEMI - Stable (> 12 hrs from Sx) NSTEMI - ACS
 STEMI - Unstable (> 12 hrs from Sx) Stable Angina
 STEMI (after successful lytics) CAD (without Ischemic Sx) Other
→ If select STEMI, Symptom Date/Time^{7826,7827}: mm/dd/yyyy / hh:mm Time Unknown⁷⁸²⁸
→ If any STEMI (lytics), Thrombolytics⁷⁸²⁹: No Yes → If Yes, Start Date/Time⁷⁸³⁰: mm/dd/yyyy / hh:mm
→ If Not STEMI or NSTEMI-ACS, Syntax Score⁷⁸³¹: Low Intermediate High Unknown⁷⁸³²



I. PCI PROCEDURE (COMPLETE FOR EACH CATH LAB VISIT IN WHICH A PCI WAS ATTEMPTED OR PERFORMED) (CONT.)

→ IF PCI INDICATION⁷⁸²⁵ = 'STEMI – IMMEDIATE PCI FOR ACUTE STEMI'

STEMI or STEMI Equivalent First Noted⁷⁸³⁵: First ECG Subsequent ECG

→ If Subsequent ECG, **ECG with STEMI/ STEMI Equivalent Date & Time**⁷⁸³⁶: mm/dd/yyyy / hh:mm

→ If Subsequent ECG, **ECG obtained in Emergency Department**⁷⁸⁴⁰: No Yes

Transferred In For Immediate PCI for STEMI⁷⁸⁴¹: No Yes

→ If Yes, **Date & Time ED Presentation at Referring Facility**⁷⁸⁴²: mm/dd/yyyy / hh:mm

First Device Activation Date & Time⁷⁸⁴⁵: mm/dd/yyyy / hh:mm

Patient Centered Reason for Delay in PCI⁷⁸⁵⁰: No Yes

→ If Yes, **Reason**⁷⁸⁵¹: Difficult Vascular Access Patient delays in providing consent for PCI
 Difficulty crossing the culprit lesion Emergent placement of LV support device before PCI
 Cardiac arrest and/or need for intubation before PCI Other

PCI PROCEDURE MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO AND DURING THE PCI PROCEDURE)

MEDICATION ⁷⁹⁹⁰		ADMINISTERED ⁷⁹⁹⁵		MEDICATION ⁷⁹⁹⁰		ADMINISTERED ⁷⁹⁹⁵	
ANTICOAGULANT	Argatroban	<input type="radio"/> No	<input type="radio"/> Yes	GLYCOPROTEIN (GP) IIb/IIIa INHIBITORS	GP IIb/IIIa Inhibitors (Any)	<input type="radio"/> No	<input type="radio"/> Yes
	Bivalirudin	<input type="radio"/> No	<input type="radio"/> Yes				
	Fondaparinux	<input type="radio"/> No	<input type="radio"/> Yes	NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT	Apixaban	<input type="radio"/> No	<input type="radio"/> Yes
	Heparin Derivative	<input type="radio"/> No	<input type="radio"/> Yes		Dabigatran	<input type="radio"/> No	<input type="radio"/> Yes
	Low Molecular Wt Heparin	<input type="radio"/> No	<input type="radio"/> Yes		Edoxaban	<input type="radio"/> No	<input type="radio"/> Yes
	Unfractionated Heparin	<input type="radio"/> No	<input type="radio"/> Yes		Rivaroxaban	<input type="radio"/> No	<input type="radio"/> Yes
	Warfarin	<input type="radio"/> No	<input type="radio"/> Yes	P2Y12 INHIBITORS	Cangrelor	<input type="radio"/> No	<input type="radio"/> Yes
ANTIPLATELET	Vorapaxar	<input type="radio"/> No	<input type="radio"/> Yes		Clopidogrel	<input type="radio"/> No	<input type="radio"/> Yes
					Prasugrel	<input type="radio"/> No	<input type="radio"/> Yes
				Ticagrelor	<input type="radio"/> No	<input type="radio"/> Yes	



J. LESIONS AND DEVICES (COMPLETE FOR EACH PCI ATTEMPTED OR PERFORMED)

Lesion Counter ⁸⁰⁰⁰ :	1		2	
Segment Number(s) ⁸⁰⁰¹ :	_____, _____, _____, _____, _____		_____, _____, _____, _____, _____	
If PCI Indication ⁷⁸²⁵ is STEMI or NSTEMI-ACS, Culprit Stenosis ⁸⁰⁰² :	<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Unknown ⁸⁰⁰³		<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Unknown ⁸⁰⁰³	
Stenosis Immediately Prior to Rx ⁸⁰⁰⁴ :	_____ %		_____ %	
→ If 100%, Chronic Total Occlusion ⁸⁰⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Unknown ⁸⁰⁰⁶		<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Unknown ⁸⁰⁰⁶	
TIMI Flow (Pre-Intervention) ⁸⁰⁰⁷ :	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3		<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3	
Previously Treated Lesion ⁸⁰⁰⁸ :	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Date ⁸⁰⁰⁹ :	mm / dd / yyyy		mm / dd / yyyy	
→ If Yes, Treated with Stent ⁸⁰¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, In-Stent Restenosis ⁸⁰¹¹ :	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, In-Stent Thrombosis ⁸⁰¹² :	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Stent Type ⁸⁰¹³ :	<input type="radio"/> DES <input type="radio"/> BMS <input type="checkbox"/> Unknown ⁸⁰¹⁴ <input type="radio"/> Bioabsorbable		<input type="radio"/> DES <input type="radio"/> BMS <input type="checkbox"/> Unknown ⁸⁰¹⁴ <input type="radio"/> Bioabsorbable	
Lesion in Graft ⁸⁰¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Type of CABG Graft ⁸⁰¹⁶ :	<input type="radio"/> LIMA <input type="radio"/> Vein <input type="radio"/> Other Artery		<input type="radio"/> LIMA <input type="radio"/> Vein <input type="radio"/> Other Artery	
→ If Yes, Location in Graft ⁸⁰¹⁷ :	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal		<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal	
Navigate through Graft to Native Lesion ⁸⁰¹⁸ :	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
Lesion Complexity ⁸⁰¹⁹ :	<input type="radio"/> Non-High/Non-C <input type="radio"/> High/C		<input type="radio"/> Non-High/Non-C <input type="radio"/> High/C	
Lesion Length ⁸⁰²⁰ :	_____ mm		_____ mm	
Severe Calcification ⁸⁰²¹ :	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
Bifurcation Lesion ⁸⁰²² :	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
Guidewire Across Lesion ⁸⁰²³ :	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Device(s) Deployed ⁸⁰²⁴ :	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Stenosis (Post-Intervention) ⁸⁰²⁵ :	_____ %		_____ %	
→ If Yes, TIMI Flow (Post-Intervention) ⁸⁰²⁶ :	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3		<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3	
Intracoronary Device(s) Used ^{8027,8028}	Unique Device Identifier (UDI) ⁸⁰²⁹	Associated Lesion(s) ⁸⁰³⁰	Diameter ⁸⁰³¹	Length ⁸⁰³²
1	Reserved for future use	_____, _____, _____	_____ mm	_____ mm
2	Reserved for future use	_____, _____, _____	_____ mm	_____ mm



K. INTRA AND POST-PROCEDURE EVENTS (COMPLETE FOR EACH CATH LAB VISIT)

INTRA PCI ONLY	PERCUTANEOUS CORONARY INTERVENTION (PCI) ⁷⁰⁵⁰ = 'YES'	Coronary Artery Perforation ⁹¹⁴⁵ :	<input type="radio"/> No	<input type="radio"/> Yes
		Significant Coronary Artery Dissection ⁹¹⁴⁶ :	<input type="radio"/> No	<input type="radio"/> Yes

INTRA AND POST-PROCEDURE EVENTS (NOTE 1: RECORD EACH EVENT SEPARATELY INDICATING THE DATE AND TIME)

EVENT(S) ⁹⁰⁰¹	EVENT(S) OCCURRED ⁹⁰⁰²	→ IF YES, EVENT DATE/TIME(S) ⁹⁰⁰³
Bleeding – Access Site	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Bleeding – Gastrointestinal	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Bleeding – Genitourinary	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Bleeding – Hematoma at Access Site	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Bleeding – Other	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Bleeding – Retroperitoneal	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Cardiac Arrest	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Cardiac Tamponade	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Cardiogenic Shock	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Heart Failure	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Myocardial Infarction	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
New Requirement for Dialysis	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Other Vascular Complications Req Tx	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Stroke – Hemorrhagic	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Stroke – Ischemic	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm
Stroke – Undetermined	<input type="radio"/> No <input type="radio"/> Yes	mm/dd/yyyy / hh:mm

RBC Transfusion⁹²⁷⁵: No Yes

→ If Yes, Number of Units Transfused⁹²⁷⁶: _____

→ If Yes, Transfusion PCI⁹²⁷⁷: (within 72 hours) No Yes

→ If Yes, Transfusion Surgical⁹²⁷⁸: (within 72 hours) No Yes



L. DISCHARGE

Intervention(s) this Hospitalization¹⁰⁰³⁰: (not during same lab visit as Cath or PCI) O No O Yes

→ If Yes, Type¹⁰⁰³¹: (Select all that apply) CABG Cardiac Surgery (non CABG) Surgery (non Cardiac) Valvular Intervention Structural Heart Intervention (non-valvular) EP Study Other

→ IF CABG = 'YES' CABG Status¹⁰⁰³⁵: O Elective O Urgent O Emergency O Salvage CABG Indication¹⁰⁰³⁶: O PCI/CABG Hybrid Procedure O Recommendation from Dx Cath (instead of PCI) O PCI Failure O PCI Complication CABG Date/Time¹⁰⁰¹¹: mm/dd/yyyy / hh:mm

Creatinine¹⁰⁰⁶⁰: (at D/C) _____ mg/dL Not Drawn¹⁰⁰⁶¹ Hemoglobin¹⁰⁰⁶⁵: (at D/C) _____ g/dL Not Drawn¹⁰⁰⁶⁶

Discharge Date/Time¹⁰¹⁰¹: mm/dd/yyyy / hh:mm Discharge Provider's Name, NPI^{10070,10071,10072,10073}: _____

Comfort Measures Only¹⁰⁰⁷⁵: O No O Yes

Discharge Status¹⁰¹⁰⁵: O Alive O Deceased

→ If Alive, Discharge Location¹⁰¹¹⁰: O Home O Skilled Nursing facility O Extended care/TCU/rehab O Other O Other acute care hospital O Left against medical advice (AMA)

→ If Other acute care hospital, Transferred for CABG¹⁰¹¹¹: O No O Yes

→ If Not Left against medical advice (AMA) OR Other acute care hospital, CABG Planned after Discharge¹⁰¹¹²: O No O Yes

→ If Alive, Hospice Care¹⁰¹¹⁵: O No O Yes

→ If Alive, Cardiac Rehabilitation Referral¹⁰¹¹⁶: O No - Reason Not Documented O No - Health Care System Reason Documented O No - Medical Reason Documented O Yes

→ If Deceased AND any (CARDIAC ARREST OUT OF HEALTHCARE FACILITY⁴⁶³⁰ = 'YES' OR CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY⁴⁶³⁵ = 'YES' OR CARDIAC ARREST AT THIS FACILITY⁷³⁴⁰ = 'YES'), Level of Consciousness¹⁰¹¹⁷: (highest s/p cardiac arrest)

O (A) Alert O (V) Verbal O (P) Pain O (U) Unresponsive O Unable to assess

→ If Deceased, Death During the Procedure¹⁰¹²⁰: O No O Yes

→ If Deceased, Cause of Death¹⁰¹²⁵:

- O Acute myocardial infarction O Pulmonary O Hemorrhage
O Sudden cardiac death O Renal O Non-cardiovascular procedure or surgery
O Heart failure O Gastrointestinal O Trauma
O Stroke O Hepatobiliary O Suicide
O Cardiovascular procedure O Pancreatic O Neurological
O Cardiovascular hemorrhage O Infection O Malignancy
O Other cardiovascular reason O Inflammatory/Immunologic O Other non-cardiovascular reason

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE - COMPLETE FOR EACH EPISODE OF CARE IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

Medications prescribed at discharge are not required for patients who expired, discharged to "Other acute care Hospital", "AMA", or are receiving Hospice Care.

Table with columns: MEDICATION, PRESCRIBED (YES, NO - NO REASON, NO - MEDICAL REASON, NO - PT. REASON), DOSE (LOW, MODERATE, HIGH), and PATIENT RATIONALE. Rows include ACE INHIBITORS, ANTICOAGULANT (Warfarin), and ANTIPLATELET (Aspirin, Vorapaxar).



L. DISCHARGE (CONT.)

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE - COMPLETE FOR EACH EPISODE OF CARE IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

Medications prescribed at discharge are not required for patients who expired, discharged to "Other acute care Hospital", "AMA", or are receiving Hospice Care.

MEDICATION ¹⁰²⁰⁰		PRESCRIBED ¹⁰²⁰⁵				→ IF YES, DOSE ¹⁰²⁰⁷			→ IF NO - PT. REASON, PATIENT RATIONALE ¹⁰²⁰⁶ (Select all that apply)
		YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON	LOW	MODERATE	HIGH	
ARB (ANGIOTENSIN RECEPTORS BLOCKERS)	ARB (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
BETA BLOCKERS	Beta Blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT	Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
	Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
	Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
	Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
P2Y12 INHIBITORS	Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
	Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
	Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
	Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
STATIN	Statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect	
NON-STATIN	Non-Statins (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect	
PCSK9 INHIBITORS	Alirocumab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect
	Evolocumab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="checkbox"/> Cost <input type="checkbox"/> Alternative Therapy Preferred <input type="checkbox"/> Negative Side Effect

Discharge Medication Reconciliation Completed¹⁰²²⁰: No Yes

If Yes, Reconciled Medications¹⁰²²¹: (Select all that apply)

- Prescriptions: Cardiac
- Over the Counter (OTC) Medications
- Vitamins/Minerals
- Prescriptions: Non-Cardiac
- Herbal Supplements



M. FOLLOW-UP (30 DAYS POST INDEX PCI PROCEDURE: - 7+14 DAYS AND 1 YEAR POST INDEX PCI PROCEDURE: +/- 60 DAYS)

Assessment Date 11000: mm / dd / yyyy Reference Episode Arrival Date/Time 11002: mm/dd/yyyy / hh:mm

Reference Procedure Start Date/Time 11001: mm/dd/yyyy / hh:mm Reference Episode Discharge Date/Time 11015: mm/dd/yyyy / hh:mm

Method(s) to Determine Status 11003: (Select all that apply) Office Visit, Medical Records, Letter from Medical Provider, Phone Call, Social Security Death Master File, Hospitalized, Other

Follow-Up Status 11004: Alive, Deceased, Lost to Follow-up. If Alive, Chest Pain Symptom Assessment 11005: Typical Angina, Atypical Angina, Non-anginal Chest Pain, Asymptomatic

If Deceased, Date of Death 11006: mm / dd / yyyy

If Deceased, Primary Cause of Death 11007: Acute myocardial infarction, Sudden cardiac death, Heart failure, Stroke, Cardiovascular procedure, Cardiovascular hemorrhage, Other cardiovascular reason, Pulmonary, Renal, Gastrointestinal, Hepatobiliary, Pancreatic, Infection, Inflammatory/Immunologic, Hemorrhage, Non-cardiovascular procedure or surgery, Trauma, Suicide, Neurological, Malignancy, Other non-cardiovascular reason

Research Study 11008: No, Yes. If Yes, Study Name 11009, Patient ID 11010

EVENTS, INTERVENTIONS AND/OR SURGICAL PROCEDURES (ANY OCCURRENCE BETWEEN DISCHARGE (OR PREVIOUS FOLLOW-UP) AND THE CURRENT FOLLOW-UP ASSESSMENT) (NOTE 1: RECORD EACH EVENT SEPARATELY INDICATING THE DATE)

Table with 4 columns: EVENT(S) 11011, EVENT(S) OCCURRED 11012, IF YES, DEVICE(S) EVENT OCCURRED IN 11013, IF YES, EVENT DATE(S) 11014. Rows include Bleeding Event, CABG: Bypass of stented/non-stented lesion, Myocardial Infarction (NSTEMI, Q-wave, STEMI, Type Unknown), PCI of non-stented/stented lesion, Readmission: Non-PCI Related, Stroke (Hemorrhagic, Ischemic, Undetermined), Thrombosis in stented/non-stented lesion.



M. FOLLOW-UP (CONT.)

FOLLOW-UP MEDICATIONS		PRESCRIBED ¹¹⁹⁹⁵				→ IF YES, DOSE ¹¹⁹⁹⁶		
MEDICATION ¹¹⁹⁹⁰		YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON	LOW	MODERATE	HIGH
		ACE INHIBITORS (ANGIOTENSIN CONVERTING ENZYME)	ACE Inhibitors (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ANTICOAGULANT	Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
ANTIPLATELET	Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Vorapaxar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
ARB (ANGIOTENSIN RECEPTORS BLOCKERS)	ARB (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT	Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
P2Y12 INHIBITORS	Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Ticagrelor	<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"/>			
STATIN	Statin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NON-STATIN	Non-Statins (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
PCSK9 INHIBITORS	Alirocumab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Evolocumab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			



M. FOLLOW-UP (CONT.)

OPTIONAL SECTION: SEATTLE ANGINA QUESTIONNAIRE (SAQ)² – FOR PARTICIPANTS CAPTURING LONG TERM CARE

OVER THE PAST 4 WEEKS, AS A RESULT OF YOUR ANGINA, HOW MUCH DIFFICULTY HAVE YOU HAD IN:

Table with 7 columns: Activity, Extremely Limited, Quite a bit limited, Moderately limited, Slightly limited, Not at all limited, Limited for other reasons or did not do these activities. Rows include walking indoors, gardening, and lifting heavy objects.

OVER THE PAST 4 WEEKS, ON AVERAGE, HOW MANY TIMES HAVE YOU...

Table with 7 columns: Frequency (4 or more times per day, 1-3 times per day, 3 or more times per week but not every day, 1-2 times per week, less than once a week, none over the past 4 weeks). Rows include chest pain frequency and nitroglycerin use.

OVER THE PAST 4 WEEKS, HOW MUCH HAS YOUR...:

Table with 6 columns: Level of enjoyment limitation (Extremely, Limited, Moderately, Slightly, Not limited). Row includes chest pain limiting enjoyment of life.

IF YOU HAD TO SPEND THE REST OF YOUR LIFE WITH YOUR CHEST PAIN, CHEST TIGHTNESS OR ANGINA THE WAY IT IS RIGHT NOW...

Table with 6 columns: Satisfaction level (Not satisfied at all, Mostly dissatisfied, Somewhat satisfied, Mostly satisfied, Completely satisfied). Row includes how you would feel about this.

OPTIONAL SECTION: ROSE DYSPNEA SCALE – FOR PARTICIPANTS CAPTURING LONG TERM CARE

PLEASE THINK ABOUT HOW YOU HAVE BEEN FEELING IN THE PAST 4 WEEKS, AS YOU ANSWER THESE FOUR QUESTIONS: DO YOU GET SHORT OF BREATH WHEN...

- Four questions about shortness of breath during activities: hurrying on level ground, walking with others, walking at own pace, and washing/dressing.

2 SEATTLE ANGINA QUESTIONNAIRE (© COPYRIGHT JOHN SPERTUS, MD, MPH) IS USED WITH PERMISSION FOR NCDR BY WWW.CVOUTCOMES.ORG