

**DEMOGRAPHICS**

<b>Last Name</b> <sup>2000</sup> :	<b>First Name</b> <sup>2010</sup> :	<b>Middle Name</b> <sup>2020</sup> :
<b>SSN</b> <sup>2030</sup> :      -      - <input type="checkbox"/> SSN N/A <sup>2031</sup>	<b>Patient ID</b> <sup>2040</sup> :      (auto)	<b>Other ID</b> <sup>2045</sup> :
<b>Birth Date</b> <sup>2050</sup> :      mm / dd / yyyy	<b>Sex</b> <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	<b>Patient Zip Code</b> <sup>2065</sup> : <input type="checkbox"/> Zip Code N/A <sup>2066</sup>
<b>Race:</b> (Check all that apply) <input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> Black/African American <sup>2071</sup> <input type="checkbox"/> Asian <sup>2072</sup> <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup>		
<b>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes		

**EPISODE OF CARE (ADMISSION)**

<b>Arrival Date</b> <sup>3000</sup> :      mm / dd / yyyy
<b>Health Insurance</b> <sup>3005</sup> : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>Payment Source</b> <sup>3010</sup> : <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicaid
(Select all that apply) <input type="checkbox"/> Military Health Care <input type="checkbox"/> State-Specific Plan (non-Medicaid) <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Non-US

**MBI**<sup>12846</sup>:

<b>NCDR Research Study</b> <sup>3020</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Study Name</b> <sup>3025</sup> , <b>Patient ID</b> <sup>3030</sup> : _____, _____
<b>Admitted for LAA Occlusion Intervention</b> <sup>14791</sup> : <input type="radio"/> No <input type="radio"/> Yes

**HISTORY AND RISK FACTORS (PRIOR TO FIRST PROCEDURE)**
**SPECIFIC TO CHA<sub>2</sub>DS<sub>2</sub>-VASC RISK SCORES<sup>1</sup>**

<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Congestive Heart Failure</b> <sup>4005</sup> : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, <b>NYHA Functional Classification</b> <sup>4010</sup> : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV	
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC LV Dysfunction</b> <sup>4015</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Thromboembolic Event</b> <sup>4040</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Hypertension</b> <sup>4020</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Vascular Disease</b> <sup>4045</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Diabetes Mellitus</b> <sup>4025</sup> : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>Vascular Disease Type</b> <sup>4050</sup> : (Select all that apply)
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Stroke</b> <sup>4030</sup> : <input type="radio"/> No <input type="radio"/> Yes	<input type="checkbox"/> Prior MI <input type="checkbox"/> PAD <input type="checkbox"/> Known Aortic Plaque
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC TIA</b> <sup>4035</sup> : <input type="radio"/> No <input type="radio"/> Yes	<input type="checkbox"/> CAD* <input type="checkbox"/> PCI* <input type="checkbox"/> CABG* <input type="checkbox"/> Carotid Artery Disease*
	<i>*This selection is not part of the original validated vascular disease criterion for the CHA<sub>2</sub>DS<sub>2</sub>-VASC score.</i>

**SPECIFIC TO HAS-BLED RISK SCORES<sup>1</sup>**

<b>HAS-BLED Hypertension (Uncontrolled)</b> <sup>4055</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>HAS-BLED Bleeding</b> <sup>4095</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>HAS-BLED Abnormal Renal Function</b> <sup>4060</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>HAS-BLED Labile INR</b> <sup>4100</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>HAS-BLED Abnormal Liver Function</b> <sup>4065</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>HAS-BLED Alcohol</b> <sup>4105</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>HAS-BLED Stroke</b> <sup>4070</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>HAS-BLED Drugs - Antiplatelet</b> <sup>4110</sup> : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>HAS-BLED Stroke Type</b> <sup>14792</sup> : (Select all that apply)	<b>HAS-BLED Drugs - NSAIDS</b> <sup>4115</sup> : <input type="radio"/> No <input type="radio"/> Yes
<input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Ischemic <input type="checkbox"/> Undetermined	

<sup>1</sup>CHA<sub>2</sub>DS<sub>2</sub>-VASC AND HAS-BLED RISK SCORES ARE USED WITH THE PERMISSION OF GREGORY YH LIP MD, FRCP (LONDON, EDINBURGH, GLASGOW), DFM, FACC, FESC

**ADDITIONAL STROKE AND BLEEDING RISK FACTORS (NON-RISK SCORE RELATED)**
**Increased Fall Risk**<sup>14793</sup>:  No  Yes

**Clinically Relevant Bleeding Event**<sup>14794</sup>:  No  Yes

 → If Yes, **Bleeding Event Type**<sup>14796</sup>: (Select all that apply)  Intracranial  Epistaxis  Gastrointestinal  Other

 → If Yes, **Genetic Coagulopathy**<sup>14797</sup>:  No  Yes

 → If Yes, **Concurrent Anticoagulant Therapy**<sup>14798</sup>:  No  Yes

**HISTORY – RHYTHM HISTORY**
**Atrial Fibrillation**<sup>13709</sup>:  No  Yes

 → If Yes, **Atrial Fibrillation Classification**<sup>4400</sup>:  Paroxysmal (*terminating spontaneously w/in 7 days*)  Long standing persistent (>1 year)  
 Persistent (>7 days)  Permanent

**Valvular Atrial Fibrillation**<sup>4380</sup>:  No  Yes

 → If Yes, **Hx of Rheumatic Valve Disease**<sup>14799</sup>:  No  Yes

 → If Yes, **Hx of Mitral Valve Replacement**<sup>4385</sup>:  No  Yes

 → If Yes, **Mechanical Valve in Mitral Position**<sup>4390</sup>:  No  Yes

 → If Yes, **Hx of Mitral Valve Repair**<sup>4395</sup>:  No  Yes

**Attempt at Atrial Fibrillation Termination**<sup>4410</sup>:  No  Yes

 → If Yes, **Pharmacologic Cardioversion**<sup>4415</sup>:  No  Yes

 → If Yes, **DC Cardioversion**<sup>4420</sup>:  No  Yes

 → If Yes, **Catheter Ablation**<sup>4425</sup>:  No  Yes

 → If Yes, **Most Recent Catheter Ablation Date**<sup>4430</sup>:  mm / dd / yyyy

 → If Yes, **Prior Ablation Strategy(s)**<sup>4435</sup>:  - - - ' - - - ' - - - ' - - -

 → If Yes, **Surgical Ablation**<sup>4440</sup>:  No  Yes

 → If Yes, **Most Recent Surgical Ablation Date**<sup>4445</sup>:  mm / dd / yyyy

**Atrial Flutter**<sup>4450</sup>:  No  Yes

 → If Yes, **Atrial Flutter Classification**<sup>4455</sup>:  Typical/Cavotricuspid Isthmus (CTI) Dependent  Atypical

 → If Yes, **Attempt at Atrial Flutter Termination**<sup>4460</sup>:  No  Yes

 → If Yes, **Pharmacologic Cardioversion**<sup>4465</sup>:  No  Yes

 → If Yes, **DC Cardioversion**<sup>4470</sup>:  No  Yes

 → If Yes, **Catheter Ablation**<sup>4475</sup>:  No  Yes

 → If Yes, **Most Recent Catheter Ablation Date**<sup>4480</sup>:  mm / dd / yyyy

**HISTORY – INTERVENTIONS**
**Cardiac Structural Intervention**<sup>14802</sup>:  No  Yes

 → If Yes, **Cardiac Structural Intervention Type**<sup>14803</sup>: (Select all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Aortic Balloon Valvuloplasty          | <input type="checkbox"/> Transcatheter Aortic Valve Replacement (TAVR) | <input type="checkbox"/> AV Replacement – Surgical                |
| <input type="checkbox"/> AV Repair – Surgical                  | <input type="checkbox"/> Mitral Balloon Valvuloplasty                  | <input type="checkbox"/> Transcatheter Mitral Valve Repair (TMVR) |
| <input type="checkbox"/> MV Replacement – Surgical             | <input type="checkbox"/> MV Repair – Surgical                          | <input type="checkbox"/> Mitral Annuloplasty Ring – Surgical      |
| <input type="checkbox"/> Mitral Transcatheter – Valve-in-valve | <input type="checkbox"/> ASD Closure                                   | <input type="checkbox"/> PFO Closure                              |
| <input type="checkbox"/> Pulmonic Replacement                  | <input type="checkbox"/> Pulmonic Repair                               | <input type="checkbox"/> Tricuspid Replacement                    |
| <input type="checkbox"/> Tricuspid Repair                      |  |   |

**Left Atrial Appendage Occlusion Intervention**<sup>14804</sup>:  No  Yes

 → If Yes, **Left Atrial Appendage Intervention Type**<sup>14806</sup>:  Epicardial Ligation  Surgical Amputation  Surgical Ligation

(Select all that apply)

 Percutaneous Occlusion  Surgical Closure Device  Surgical Stapling

**ADDITIONAL HISTORY AND RISK FACTORS**
**Cardiomyopathy (CM)**<sup>4565</sup>:  No  Yes

 → **If Yes, CM Type**<sup>4570</sup>: (Select all that apply)  Non-Ischemic  Ischemic  Restrictive  Hypertrophic  Other

**Chronic Lung Disease**<sup>4575</sup>:  No  Yes

**Sleep Apnea**<sup>4580</sup>:  No  Yes

**Coronary Artery Disease**<sup>4285</sup>:  No  Yes

 → **If Yes, Sleep Apnea Rec Treatment Followed**<sup>4585</sup>:  
 No  Yes

**EPICARDIAL ACCESS ASSESSMENT**
**Epicardial Approach Considered**<sup>14824</sup>:  No  Yes

 → **If Yes, Medical Conditions**<sup>14823</sup>: (Select all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cardiac Surgery            | <input type="checkbox"/> Pericarditis     | <input type="checkbox"/> Epicardial Access  |
| <input type="checkbox"/> Thoracic Radiation Therapy | <input type="checkbox"/> Pectus Excavatum | <input type="checkbox"/> Epigastric Surgery |
| <input type="checkbox"/> Autoimmune Disease         | <input type="checkbox"/> Hepatomegaly     | <input type="checkbox"/> Hiatal Hernia      |

 → **If Autoimmune Disease, Lupus Erythematosus**<sup>14825</sup>:  No  Yes

**DIAGNOSTIC STUDIES**
**Atrial Rhythm**<sup>5100</sup>: (Select all that apply)  Sinus  AFib  Atrial tach  Atrial flutter  Sinus arrest  Atrial paced  Not Documented

**LVEF Assessed**<sup>5110</sup>:  No  Yes

 → **If Yes, LVEF**<sup>5115</sup>: \_ \_ \_ %

**Transthoracic Echo (TTE) Performed**<sup>5120</sup>:  No  Yes

 → **If Yes, Date of TTE**<sup>5125</sup>: mm / dd / yyyy

**Baseline Imaging Performed**<sup>5170</sup>:  No  Yes

 → **If Yes, CT Performed**<sup>5175</sup>:  No  Yes

 → **If Yes, Date of CT**<sup>5180</sup>: mm / dd / yyyy

 → **If Yes, MRI Performed**<sup>5185</sup>:  No  Yes

 → **If Yes, Date of MRI**<sup>5190</sup>: mm / dd / yyyy

 → **If Yes, Intracardiac Echo Performed**<sup>14826</sup>:  No  Yes

 → **If Yes, Date of Intracardiac Echo**<sup>14827</sup>: mm / dd / yyyy

**PHYSICAL EXAM AND LABS**
**Height**<sup>6000</sup>: \_ \_ \_ cm

**Prothrombin Time (PT)**<sup>6040</sup>: \_ \_ \_ sec  Not Drawn<sup>6041</sup>
**Weight**<sup>6005</sup>: \_ \_ \_ kg

**INR**<sup>6045</sup>: \_ \_ \_  Not Drawn<sup>6046</sup>
**Pulse**<sup>6010</sup>: \_ \_ \_ bpm

**Creatinine**<sup>6050</sup>: \_ \_ \_ mg/dL  Not Drawn<sup>6051</sup>
**Blood Pressure**<sup>6015/6020</sup>: \_ \_ \_ / \_ \_ \_ mmHg

**Albumin**<sup>14210</sup>: \_ \_ \_ g/dL  Not Drawn<sup>14211</sup>
**Hemoglobin**<sup>6030</sup>: \_ \_ \_ g/dL  Not Drawn<sup>6031</sup>
**Platelet Count**<sup>13213</sup>: \_ \_ \_ μL  Not Drawn<sup>13214</sup>
**Modified Rankin Scale (mRS)**<sup>14805</sup>:  0: No symptoms at all  Not Administered<sup>9130</sup>  
 1: No significant disability despite symptoms  
 2: Slight disability  
 3: Moderate disability  
 4: Moderately severe disability  
 5: Severe disability

**PRE-PROCEDURE MEDICATIONS**

MEDICATION <sup>6985</sup>	PRE-PROC MEDICATION ADMINISTERED <sup>14883</sup>			
	PAST	CURRENT	HELD	NEVER
Fondaparinux	0	0	0	0
Heparin Derivative	0	0	0	0
Low Molecular Weight Heparin	0	0	0	0
Unfractionated Heparin	0	0	0	0
Warfarin	0	0	0	0
Aspirin (81-100 mg)	0	0	0	0
Aspirin (101-324 mg)	0	0	0	0
Aspirin 325 mg	0	0	0	0
Aspirin/Dipyridamole	0	0	0	0
Vorapaxar	0	0	0	0
Apixaban	0	0	0	0
Dabigatran	0	0	0	0
Edoxaban	0	0	0	0
Rivaroxaban	0	0	0	0
Cangrelor	0	0	0	0
Clopidogrel	0	0	0	0
Other P2Y12	0	0	0	0
Prasugrel	0	0	0	0
Ticagrelor	0	0	0	0
Ticlopidine	0	0	0	0

**PROCEDURE INFORMATION**
**PRE-PROCEDURE DIAGNOSTICS**

**Transesophageal Echocardiogram (TEE) Performed**<sup>14828</sup>:  No  Yes → **If Yes, Most Recent TEE Date**<sup>14829</sup>: mm / dd / yyyy  
 → **If Yes, Atrial Thrombus Detected**<sup>14838</sup>:  No  Yes

**LAA Orifice Maximal Width**<sup>14830</sup>: \_ \_ \_ mm

**PROCEDURE**

**Procedure Start Date and Time**<sup>7000</sup>: \_\_\_\_\_ **Procedure Stop Date and Time**<sup>7005</sup>: \_\_\_\_\_

**Operator Name/NPI**<sup>14861,14860,14862/14863</sup>: \_\_\_\_\_

**Fellow Name/NPI/Fellowship Program ID**<sup>15433,15434,15435/15436/15431</sup>: \_\_\_\_\_

**Shared Decision Making**<sup>14732</sup>:  No  Yes → **If SDM Yes, was SDM Tool Used**<sup>14733</sup>:  No  Yes

→ **If Yes, SDM Tool Used, SDM Tool Name**<sup>14734</sup>: \_\_\_\_\_

**Procedure Location**<sup>12871</sup>:  OR  Hybrid OR  Cath Lab  Hybrid Cath Lab  EP Lab

**Sedation**<sup>7130</sup>:  Minimal Sedation/Anxiolysis  Deep Sedation/Analgesia  
 Moderate Sedation/Analgesia (Conscious Sedation)  General Anesthesia

**LAA Occlusion Indication**<sup>14837</sup>: (Select all that apply)

- High fall risk  History of major bleed  Clinically significant bleeding risk (Other than those listed here)
- Increased thromboembolic stroke risk  Labile INR  Non-compliance with anticoagulation therapy
- Patient preference

**Procedure Canceled**<sup>14834</sup>:  No  Yes

→ **If Yes, Procedure Canceled Reason**<sup>14833</sup>: (Select all that apply)

- Anatomy not conducive for implant  Appendage too large (for device implant)  Appendage too small (for device implant)
- Catheterization challenge  Decompensation in patient condition  Epicardial access issue
- Thrombus detected  Unanticipated patient condition  Patient/Family choice

**LIST ALL DEVICES IN CHRONOLOGICAL ORDER (Do not answer if procedure is canceled.)**

If 14968 is No, answer 14845

	Access System <sup>14839</sup>	Device <sup>14841</sup>	UDI <sup>14843</sup>	LAA Isolation Approach <sup>14844</sup>		Device Successfully Deployed <sup>14968</sup>		Reason Device Not Deployed Successfully <sup>14845</sup>	
				O Percutaneous	O Epicardial	O No	O Yes	O Deployed, not released	O Not deployed
1		1	(future)	O Percutaneous	O Epicardial	O No	O Yes	O Deployed, not released	O Not deployed
		2	(future)	O Percutaneous	O Epicardial	O No	O Yes	O Deployed, not released	O Not deployed
		3	(future)	O Percutaneous	O Epicardial	O No	O Yes	O Deployed, not released	O Not deployed
2		1	(future)	O Percutaneous	O Epicardial	O No	O Yes	O Deployed, not released	O Not deployed
		2	(future)	O Percutaneous	O Epicardial	O No	O Yes	O Deployed, not released	O Not deployed
		3	(future)	O Percutaneous	O Epicardial	O No	O Yes	O Deployed, not released	O Not deployed
3		1	(future)	O Percutaneous	O Epicardial	O No	O Yes	O Deployed, not released	O Not deployed
		2	(future)	O Percutaneous	O Epicardial	O No	O Yes	O Deployed, not released	O Not deployed
		3	(future)	O Percutaneous	O Epicardial	O No	O Yes	O Deployed, not released	O Not deployed

**Procedure Aborted**<sup>14831</sup>:  No  Yes (If 14968 is No, 14831 must be Yes and 14832 must be answered. [Do not answer if procedure is canceled.]

→ **If Yes, Procedure Aborted Reason**<sup>14832</sup>: (Select all that apply)

- Anatomy not conducive for implant  Appendage too large (for device implant)  Appendage too small (for device implant)
- Catheterization challenge  Decompensation in patient condition  Device related
- Transcatheter device retrieval  Device release criteria not met  Epicardial access issue
- Surgical device retrieval  Device associated thrombus developed during procedure
- Unanticipated patient condition  Patient/Family choice

**Device Margin Residual Leak**<sup>14848</sup>: \_ \_ mm  Not Assessed<sup>14849</sup> (Do not answer if procedure is aborted.)

**Guidance Method(s)**<sup>7200</sup>: (Do not answer if procedure is canceled.)

(Select all that apply)  Intracardiac 3D Echo  Electro Anatomic Mapping  Fluoroscopy  Transesophageal Echo (TEE)

**Conversion to Open Heart Surgery**<sup>14846</sup>:  No  Yes

→ **If Yes, Reason**<sup>14847</sup>:  Complication  Device Retrieval  Unfavorable Anatomy  Medical decision for open ligation of appendage

**Concomitant Procedure(s) Performed**<sup>14855</sup>:  No  Yes → **If Yes, Concomitant Procedure Type**<sup>14857</sup>: (Select all that apply)

- AFib Ablation  ICD  PCI  TAVR  TMVR
- ASD Closure Congenital  ASD Closure Iatrogenic  PFO Closure Congenital

**RADIATION EXPOSURE (Do not answer if procedure is canceled.)**

**Cumulative Air Kerma**<sup>7210</sup>:    \_ \_ \_     mGy     Gy                      **Contrast Volume**<sup>7215</sup>:    \_ \_ \_ mL  
**Dose Area Product**<sup>14278</sup>:    \_ \_ \_     Gy·cm<sup>2</sup>     dGy·cm<sup>2</sup>     cGy·cm<sup>2</sup>     mGy·cm<sup>2</sup>     μGy·M<sup>2</sup>

**INTRAPROCEDURE ANTICOAGULATION STRATEGY**

**Intra-procedure Anticoagulation**<sup>7225</sup>:                       No     Yes  
    → **If Yes, Uninterrupted Warfarin Therapy**<sup>7230</sup>:  No     Yes  
    → **If Yes, Heparin Admin During Proc**<sup>15139</sup>:     No - Not Prescribed                       Yes - Prescribed  
        → **If Yes, Initial Administration**<sup>14852</sup>:     Pre-transseptal Puncture     Post-transseptal Puncture  
    → **If Yes, Bivalirudin**<sup>15140</sup>:                               No - Not Prescribed                       Yes - Prescribed  
    → **If Yes, Other Anticoagulant**<sup>15138</sup>:                       No - Not Prescribed                       Yes - Prescribed  
    → **If Yes, Anticoagulation Reversal**<sup>14853</sup>: (End of Procedure)     No     Yes

**INTRA- OR POST-PROCEDURE EVENTS (COMPLETE FOR EACH LAB VISIT)**

EVENT <sup>12153</sup>	EVENT OCCURRED <sup>9002</sup>	EVENT DATE(S) <sup>14275</sup>
<b>CARDIOVASCULAR</b>		
<b>Air Embolism</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Cardiac Arrest</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Heart Failure</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Heart Valve Damage</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Left Atrial Thrombus</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Myocardial Infarction</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pericardial Effusion</b> (no intervention required)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pericarditis</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>SYSTEMIC</b>		
<b>Anaphylaxis</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Arterial Thrombosis</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Deep Vein Thrombosis</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Systemic Thromboembolism</b> (other than stroke) (COMPLETE ADJUDICATION)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>GASTROINTESTINAL/GENITOURINARY</b>		
<b>Esophageal Injury</b> (resulting from TEE probe)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Hepatic Injury</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>New Requirement for Dialysis</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>DEVICE</b>		
<b>Device Explant</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Device Infection</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Device Migration</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Device Thrombus</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Device Systemic Embolization</b> (catheter retrieval)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Device Systemic Embolization</b> (surgical retrieval)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy

INTRA- OR POST-PROCEDURE EVENTS (COMPLETE FOR EACH LAB VISIT)		
Event <sup>12153</sup>	Event Occurred <sup>9002</sup>	Event Date(s) <sup>14275</sup>
<b>PERIPHERAL VASCULAR</b>		
<b>AV Fistula</b> (no intervention required)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>AV Fistula</b> (requiring surgical repair) (COMPLETE ADJUDICATION)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pseudoaneurysm</b> (no intervention required)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pseudoaneurysm</b> (requiring endovascular repair) (COMPLETE ADJUDICATION)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pseudoaneurysm</b> (requiring surgical repair) (COMPLETE ADJUDICATION)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pseudoaneurysm</b> (requiring thrombin injection only) (COMPLETE ADJUDICATION)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>NEUROLOGIC (COMPLETE ADJUDICATION)</b>		
<b>Hemorrhagic Stroke</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Intracranial Hemorrhage</b> (other than hemorrhagic stroke)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Ischemic Stroke</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>TIA</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Undetermined Stroke</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>BLEEDING (COMPLETE ADJUDICATION)</b>		
<b>Access Site Bleeding</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>GI Bleeding</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Hematoma</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Hemothorax</b> (not requiring drainage)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Hemothorax</b> (requiring drainage)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Other Hemorrhage</b> (non-intracranial)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pericardial Effusion</b> (requiring open cardiac surgery)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pericardial Effusion with tamponade</b> (requiring percutaneous drainage)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pericardial Effusion without tamponade</b> (requiring percutaneous drainage)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Retroperitoneal Bleeding</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Vascular Complications</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>PULMONARY</b>		
<b>Pleural Effusion</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pneumonia</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pneumothorax</b> (no intervention required)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pneumothorax</b> (requiring intervention)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pulmonary Embolism</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Respiratory Failure</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy

**POST PROCEDURE LABS (COMPLETE FOR EACH LAB VISIT)**

<b>Peak Creatinine</b> <sup>14868</sup> :	__ __	mg/dL	<input type="checkbox"/> Not Drawn <sup>14870</sup>	<b>Hemoglobin</b> <sup>14871</sup> : (Lowest)	__ __	g/dL	<input type="checkbox"/> Not Drawn <sup>14872</sup>
<b>Creatinine</b> <sup>14869</sup> : (at Discharge)	__ __	mg/dL	<input type="checkbox"/> Not Drawn <sup>14867</sup>				



**DISCHARGE**
**Surgery**<sup>14835</sup>:  No  Yes

**Percutaneous Coronary Interventions**  
 (Other)<sup>14836</sup>:  No  Yes

**Discharge Date**<sup>10100</sup>:     mm / dd / yyyy

**Discharge Status**<sup>10105</sup>:  Alive  Deceased

 → **If Alive, Discharge Location**<sup>10110</sup>:  Home  Skilled Nursing facility  
 Extended care/TCU/rehab  Other  
 Other acute care hospital  Left against medical advice (AMA)

 → **If Alive, Hospice Care**<sup>10115</sup>:  No  Yes

 → **If Deceased, Death During the Procedure**<sup>10120</sup>:  No  Yes

 → **If Deceased, Cause of Death**<sup>10125</sup>:

- |   |  |   |
|---|--|---|
| <input type="radio"/> Acute myocardial infarction | <input type="radio"/> Pulmonary                | <input type="radio"/> Hemorrhage                              |
| <input type="radio"/> Sudden cardiac death        | <input type="radio"/> Renal                    | <input type="radio"/> Non-cardiovascular procedure or surgery |
| <input type="radio"/> Heart failure               | <input type="radio"/> Gastrointestinal         | <input type="radio"/> Trauma                                  |
| <input type="radio"/> Stroke                      | <input type="radio"/> Hepatobiliary            | <input type="radio"/> Suicide                                 |
| <input type="radio"/> Cardiovascular procedure    | <input type="radio"/> Pancreatic               | <input type="radio"/> Neurological                            |
| <input type="radio"/> Cardiovascular hemorrhage   | <input type="radio"/> Infection                | <input type="radio"/> Malignancy                              |
| <input type="radio"/> Other cardiovascular reason | <input type="radio"/> Inflammatory/Immunologic | <input type="radio"/> Other non-cardiovascular reason         |

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

MEDICATION <sup>10200</sup>	PRESCRIBED AT DISCHARGE <sup>10205</sup>				→ IF YES, DOSE <sup>10207</sup>		
	YES	NO – NO REASON	NO – MEDICAL REASON	NO – PT. REASON	81-100 MG	101-324 MG	325 MG
Fondaparinux	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Heparin Derivative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Low Molecular Weight Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin/Dipyridamole	<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"/>			
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"/>			
Cangrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Other P2Y12	<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"/>			

**IN-HOSPITAL ADJUDICATION (COMPLETE A SEPARATE ADJUDICATION FOR EACH ADJUDICATION EVENT)**

<b>Last Name</b> <sup>2000</sup> :	<b>First Name</b> <sup>2010</sup> :	<b>Patient ID</b> <sup>2040</sup> :
<b>Procedure Start Date</b> <sup>7001</sup> :	<b>Other ID</b> <sup>2045</sup> :	<b>Study Patient ID</b> <sup>3030</sup> :
<b>Adjudication Event</b> <sup>14312</sup> :	<b>Adjudication Event Date</b> <sup>14313</sup> : mm / dd / yyyy	

**NEUROLOGIC**

**Adjudication Status**<sup>14902</sup>:  Alive  Deceased → **If Deceased, Adjudication Date of Death**<sup>14903</sup>: mm / dd / yyyy

**Symptom Onset Date**<sup>14904</sup>: (approximate) mm / dd / yyyy

**Neurologic Deficit with Rapid Onset**<sup>14905</sup>:  No  Yes  
 → **If Yes, Neurologic Deficit Clinical Presentation**<sup>14906</sup>:  Stroke-related  Non-Stroke-related

**Diagnosis Confirmation by Neurology**<sup>14907</sup>:  No  Yes

**Brain Imaging Performed**<sup>14908</sup>:  No  Yes  
 → **If Yes, Brain Imaging Type**<sup>14909</sup>: (Select all that apply)  Cerebral Angiography  Computed Tomography  
 Magnetic Resonance Imaging  Other

→ **If Yes, Deficit Type**<sup>14910</sup>:  No deficit  Infarction  Hemorrhage  Both  
 → **If Hemorrhage, Hemorrhagic Stroke Type**<sup>14911</sup>: (Select all that apply)  Intracerebral  Subarachnoid  Subdural

**Subsequent IV rtPA Administered**<sup>14912</sup>:  No  Yes

**Subsequent Endovascular Therapeutic Intervention**<sup>14913</sup>:  No  Yes

**Symptoms Duration**<sup>14914</sup>:  < 1 Hour  1 – 24 Hours  > 24 Hours

**Trauma**<sup>14915</sup>:  No  Yes

**Modified Rankin Scale (mRS)**<sup>14916</sup>:  0: No symptoms at all  Not Administered<sup>14917</sup>  
 1: No significant disability despite symptoms  
 2: Slight disability  
 3: Moderate disability  
 4: Moderately severe disability  
 5: Severe disability  
 6: Death

**Procedure Related Neurologic Event**<sup>14918</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable

**Device Related Neurologic Event**<sup>14931</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable

**BLEEDING**

**Adjudication Status**<sup>14924</sup>:  Alive  Deceased → **If Deceased, Adjudication Date of Death**<sup>14930</sup>: mm / dd / yyyy

**Invasive Intervention Required**<sup>14929</sup>:  No  Yes

**RBC Transfusion**<sup>14919</sup>:  No  Yes  
 → **If Yes, Number of RBC Units Transfused**<sup>14920</sup>: \_ \_ \_ unit(s)  
 → **If Yes, Hemoglobin Pre-Transfusion**<sup>14921</sup>: (Lowest) \_ \_ \_ g/dL

**Diagnostic Imaging Performed**<sup>14922</sup>:  No  Yes

**End Organ Damage**<sup>14923</sup>:  No  Yes

**Major Surgery within Past 30 days**<sup>14927</sup>:  No  Yes

**Percutaneous Coronary Intervention within Past 30 days**<sup>14928</sup>:  No  Yes

**Procedure Related Bleeding Event**<sup>14925</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable

**Device Related Bleeding Event**<sup>14926</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable

**IN-HOSPITAL ADJUDICATION (CONT.) (COMPLETE A SEPARATE ADJUDICATION FOR EACH ADJUDICATION EVENT)**
**SYSTEMIC THROMBOEMBOLISM**

**Adjudication Status**<sup>14932</sup>:  Alive  Deceased → **If Deceased, Adjudication Date of Death**<sup>14933</sup>: mm / dd / yyyy  
 → **If Deceased, Death Cause (End-Organ Hypoperfusion OR Systemic Thromboembolization OR Intervention)**<sup>14934</sup>:  No  Yes

**Focal End-Organ Hypoperfusion Present**<sup>14935</sup>:  No  Yes

**Systemic Thromboembolization Imaging Evidence**<sup>14939</sup>:  No  Yes

→ **If Yes, Imaging Method**<sup>14936</sup>: (Select all that apply)  Angiography  Computed Tomography  Magnetic Resonance Imaging  
 Ultrasound  Other Imaging

**Therapeutic Intervention Performed**<sup>14937</sup>:  No  Yes

→ **If Yes, Intervention Type**<sup>14938</sup>: (Select all that apply)  Catheter  Pharmacological  Surgical  Other

**MEDICATION**<sup>14940</sup>
**CURRENT MEDICATIONS AT TIME OF EVENT**<sup>14941</sup>

	CURRENT MEDICATIONS AT TIME OF EVENT <sup>14941</sup>	
	YES	NO
Fondaparinux	<input type="radio"/>	<input type="radio"/>
Heparin Derivative	<input type="radio"/>	<input type="radio"/>
Low Molecular Weight Heparin	<input type="radio"/>	<input type="radio"/>
Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>
Aspirin (81-100 mg)	<input type="radio"/>	<input type="radio"/>
Aspirin (101-324 mg)	<input type="radio"/>	<input type="radio"/>
Aspirin 325 mg	<input type="radio"/>	<input type="radio"/>
Aspirin/Dipyridamole	<input type="radio"/>	<input type="radio"/>
Vorapaxar	<input type="radio"/>	<input type="radio"/>
Apixaban	<input type="radio"/>	<input type="radio"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<input type="radio"/>	<input type="radio"/>
Cangrelor	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<input type="radio"/>	<input type="radio"/>
Other P2Y12	<input type="radio"/>	<input type="radio"/>
Prasugrel	<input type="radio"/>	<input type="radio"/>
Ticagrelor	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>

**FOLLOW-UP**

Follow-up should be performed at the following intervals post-procedure:  
**45 days (+/- 14 days), 6 months (+ 60 days/- 30 days), 1 year (+/- 60 days), 2 years (+/- 60 days)**

**Assessment Date**<sup>11000</sup>: mm / dd / yyyy      **Follow-up Interval**<sup>14851</sup>:    45 day     6 month     1 year     2 year

**Reference Episode Arrival Date**<sup>14946</sup>      mm / dd / yyyy

**Reference Episode Discharge Date**<sup>14338</sup>      mm / dd / yyyy

**Reference Procedure Start Date/Time**<sup>11001</sup>      mm / dd / yyyy HH:MM

**Method(s) to Determine Follow-up Status**<sup>11003</sup>: (Select all that apply)    Office Visit     Medical Records    Letter from Medical Provider  
 Phone Call                       Social Security Death Master File                       Hospitalized  
 Other

**Follow-up Status**<sup>11004</sup>:    Alive     Deceased     Lost to Follow-up

→ If Deceased, **Date of Death**<sup>11006</sup>: mm / dd / yyyy

→ If Deceased, **Cause of Death**<sup>11007</sup>:

- |   |  |   |
|---|--|---|
| <input type="radio"/> Acute myocardial infarction | <input type="radio"/> Pulmonary                | <input type="radio"/> Hemorrhage                              |
| <input type="radio"/> Sudden cardiac death        | <input type="radio"/> Renal                    | <input type="radio"/> Non-cardiovascular procedure or surgery |
| <input type="radio"/> Heart failure               | <input type="radio"/> Gastrointestinal         | <input type="radio"/> Trauma                                  |
| <input type="radio"/> Stroke                      | <input type="radio"/> Hepatobiliary            | <input type="radio"/> Suicide                                 |
| <input type="radio"/> Cardiovascular procedure    | <input type="radio"/> Pancreatic               | <input type="radio"/> Neurological                            |
| <input type="radio"/> Cardiovascular hemorrhage   | <input type="radio"/> Infection                | <input type="radio"/> Malignancy                              |
| <input type="radio"/> Other cardiovascular reason | <input type="radio"/> Inflammatory/Immunologic | <input type="radio"/> Other non-cardiovascular reason         |

**DIAGNOSTIC STUDIES**

**LVEF Assessed**<sup>14858</sup>:    No     Yes                                      → If Yes, **LVEF**<sup>13690</sup>:    \_ \_ \_ %

**Transthoracic Echo (TTE) Performed**<sup>14859</sup>:    No     Yes                                      → If Yes, **Date of TTE**<sup>14873</sup>:                                      mm / dd / yyyy

**Transesophageal Echo Performed (TEE)**<sup>14874</sup>:    No     Yes                                      → If Yes, **Date of TEE**<sup>14875</sup>:                                      mm / dd / yyyy

**Cardiac CT Performed**<sup>14876</sup>:     No     Yes                                      → If Yes, **Date of Cardiac CT**<sup>14877</sup>:                                      mm / dd / yyyy

**Cardiac MRI Performed**<sup>14878</sup>:    No     Yes                                      → If Yes, **Date of Cardiac MRI**<sup>14879</sup>:                                      mm / dd / yyyy

**Intracardiac Echo Performed**<sup>14880</sup>:    No     Yes                                      → If Yes, **Date of Intracardiac Echo**<sup>14881</sup>:                                      mm / dd / yyyy

→ If Yes (TEE) OR Yes (Cardiac CT) OR Yes (Cardiac MRI) OR Yes (Intracardiac Echo) **Atrial Thrombus Detected**<sup>14882</sup>:    No     Yes

**Device Margin Residual Leak**<sup>14884</sup>:    \_ \_ mm     Not Assessed<sup>14885</sup>

**PHYSICAL EXAM AND LABS**

**Creatinine**<sup>14886</sup>:    \_ \_ \_ mg/dL     Not Drawn<sup>14887</sup>

**Hemoglobin**<sup>14888</sup>: (Lowest)    \_ \_ g/dL                                       Not Drawn<sup>14889</sup>

**Modified Rankin Scale (mRS)**<sup>13148</sup>:    0: No symptoms at all                                       Not Administered<sup>14890</sup>  
 1: No significant disability despite symptoms  
 2: Slight disability  
 3: Moderate disability  
 4: Moderately severe disability  
 5: Severe disability  
 6: Death

**FOLLOW-UP**

**BARTHEL INDEX EVALUATION<sup>2</sup>**

**Barthel Index Evaluation Performed<sup>14891</sup>:**  No  Yes

→ If Yes,

- |                                    |                                   |   |   |
|------------------------------------|-----------------------------------|---|---|
| <b>Feeding<sup>14892</sup>:</b>    | <input type="radio"/> Unable      | <input type="radio"/> Needs Help          | <input type="radio"/> Independent   |
| <b>Bathing<sup>14893</sup>:</b>    | <input type="radio"/> Dependent   | <input type="radio"/> Independent         |   |
| <b>Grooming<sup>14894</sup>:</b>   | <input type="radio"/> Needs Help  | <input type="radio"/> Independent         |   |
| <b>Dressing<sup>14895</sup>:</b>   | <input type="radio"/> Dependent   | <input type="radio"/> Needs Help          | <input type="radio"/> Independent   |
| <b>Bowels<sup>14896</sup>:</b>     | <input type="radio"/> Incontinent | <input type="radio"/> Inconsistent        | <input type="radio"/> Continent   |
| <b>Bladder<sup>14897</sup>:</b>    | <input type="radio"/> Incontinent | <input type="radio"/> Inconsistent        | <input type="radio"/> Continent   |
| <b>Toilet Use<sup>14898</sup>:</b> | <input type="radio"/> Dependent   | <input type="radio"/> Needs Help          | <input type="radio"/> Independent   |
| <b>Transfers<sup>14899</sup>:</b>  | <input type="radio"/> Unable      | <input type="radio"/> Major Assist Needed | <input type="radio"/> Minor Assist Needed <input type="radio"/> Independent |
| <b>Mobility<sup>14900</sup>:</b>   | <input type="radio"/> Immobile    | <input type="radio"/> Wheelchair          | <input type="radio"/> One Person Assist <input type="radio"/> Independent   |
| <b>Stairs<sup>14901</sup>:</b>     | <input type="radio"/> Unable      | <input type="radio"/> Needs Help          | <input type="radio"/> Independent   |

<sup>2</sup> MAHONEY FI, BAR THE L D. "FUNCTIONAL EVALUATION: THE BARTHEL INDEX." MARYLAND STATE MED JOURNAL 1965;14:56-61. USED WITH PERMISSION.

## FOLLOW-UP MEDICATIONS

MEDICATION <sup>11990</sup>	CURRENT MEDICATIONS AT TIME OF FOLLOW-UP <sup>14949</sup>				→ IF YES, DOSE <sup>14950</sup>		
	YES	NO – NO REASON	NO – MEDICAL REASON	NO – PT. REASON	81-100 MG	101-324 MG	325 MG
Fondaparinux	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Heparin Derivative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Low Molecular Weight Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin/Dipyridamole	<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"/>			
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"/>			
Cangrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Other P2Y12	<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"/>			

## FOLLOW-UP ANTICOAGULATION THERAPY

**Warfarin Discontinued<sup>14951</sup>:**  No - Not Discontinued  Yes - Discontinued

→ If Yes, Date<sup>14952</sup>: mm / dd / yyyy

**Warfarin Resumed<sup>14953</sup>:**  No  Yes (Thrombotic Event)  Yes (Other)

→ If Yes, Date<sup>14954</sup>: mm / dd / yyyy

**DOAC Discontinued<sup>14955</sup>:**  No - Not Discontinued  Yes - Discontinued

→ If Yes, Date<sup>14956</sup>: mm / dd / yyyy

**DOAC Resumed<sup>14957</sup>:**  No  Yes (Thrombotic Event)  Yes (Other)

→ If Yes, Date<sup>14958</sup>: mm / dd / yyyy

**Aspirin Discontinued<sup>14959</sup>:**  No - Not Discontinued  Yes - Discontinued

→ If Yes, Date<sup>14960</sup>: mm / dd / yyyy

**Aspirin Resumed<sup>14961</sup>:**  No  Yes (Thrombotic Event)  Yes (Other)

→ If Yes, Date<sup>14962</sup>: mm / dd / yyyy

**P2Y12 Discontinued<sup>14963</sup>:**  No - Not Discontinued  Yes - Discontinued

→ If Yes, Date<sup>14964</sup>: mm / dd / yyyy

**P2Y12 Resumed<sup>14965</sup>:**  No  Yes (Thrombotic Event)  Yes (Other)

→ If Yes, Date<sup>14966</sup>: mm / dd / yyyy

FOLLOW-UP EVENTS		
Follow-up Event <sup>14948</sup>	Event Occurred <sup>14276</sup>	Event Date(s) <sup>14277</sup>
<b>CARDIOVASCULAR</b>		
<b>Endocarditis</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Iatrogenic ASD (requiring intervention)</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>LAA Occlusion Reintervention</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Myocardial Infarction</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>PCI</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Pericarditis</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Unplanned Cardiac Surgery</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Unplanned Intervention</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>SYSTEMIC</b>		
<b>Deep Vein Thrombosis</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>New Requirement for Dialysis</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Non-Device Related Readmission</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Systemic Thromboembolism (other than stroke) (COMPLETE ADJUDICATION)</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>DEVICE</b>		
<b>Device Explant</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Device Fracture</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Device Migration</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Device Related Readmission</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Device Systemic Embolism</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Device Thrombus</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>NEUROLOGIC (COMPLETE ADJUDICATION)</b>		
<b>Hemorrhagic Stroke</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Intracranial Hemorrhage (other than hemorrhagic stroke)</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Ischemic Stroke</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>TIA</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>Undetermined Stroke</b>	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy

**FOLLOW-UP EVENTS (CONT.)**

Follow-up Event <sup>14948</sup>	Event Occurred <sup>14276</sup>	Event Date(s) <sup>14277</sup>
<b>BLEEDING (COMPLETE ADJUDICATION)</b>		
<b>Access Site Bleeding</b>	O No O Yes	mm / dd / yyyy
<b>GI Bleeding</b>	O No O Yes	mm / dd / yyyy
<b>Hematoma</b>	O No O Yes	mm / dd / yyyy
<b>Hemothorax (not requiring drainage)</b>	O No O Yes	mm / dd / yyyy
<b>Hemothorax (requiring drainage)</b>	O No O Yes	mm / dd / yyyy
<b>Other Hemorrhage (non-intracranial)</b>	O No O Yes	mm / dd / yyyy
<b>Pericardial Effusion (requiring open cardiac surgery)</b>	O No O Yes	mm / dd / yyyy
<b>Pericardial Effusion with tamponade (requiring percutaneous drainage)</b>	O No O Yes	mm / dd / yyyy
<b>Pericardial Effusion without tamponade (requiring percutaneous drainage)</b>	O No O Yes	mm / dd / yyyy
<b>Retroperitoneal Bleeding</b>	O No O Yes	mm / dd / yyyy
<b>Vascular Complications</b>	O No O Yes	mm / dd / yyyy
<b>PERIPHERAL VASCULAR</b>		
<b>AV Fistula (requiring surgical repair) (COMPLETE ADJUDICATION)</b>	O No O Yes	mm / dd / yyyy
<b>Pseudoaneurysm (requiring endovascular repair) (COMPLETE ADJUDICATION)</b>	O No O Yes	mm / dd / yyyy
<b>Pseudoaneurysm (requiring surgical repair) (COMPLETE ADJUDICATION)</b>	O No O Yes	mm / dd / yyyy
<b>Pseudoaneurysm (requiring thrombin injection only) (COMPLETE ADJUDICATION)</b>	O No O Yes	mm / dd / yyyy
<b>Pulmonary</b>		
<b>Pulmonary Embolism</b>	O No O Yes	mm / dd / yyyy



**FOLLOW-UP ADJUDICATION (COMPLETE A SEPARATE ADJUDICATION FOR EACH ADJUDICATION EVENT)**

<b>Last Name</b> <sup>2000</sup> :	<b>First Name</b> <sup>2010</sup> :	<b>Patient ID</b> <sup>2040</sup> :
<b>Reference Procedure Start Date/Time</b> <sup>11001</sup> :	<b>Other ID</b> <sup>2045</sup> :	<b>Study Patient ID</b> <sup>3030</sup> :
<b>Follow-up Event</b> <sup>14967</sup> :	<b>Follow-up Event Date</b> <sup>14386</sup> : mm / dd / yyyy	

**NEUROLOGIC**

**Follow-up Adjudication Status**<sup>14969</sup>:  Alive  Deceased → **If Deceased, Date of Death**<sup>14970</sup>: mm / dd / yyyy

**Symptom Onset Date**<sup>14976</sup>: (approximate) mm / dd / yyyy

**Neurologic Deficit with Rapid Onset**<sup>14977</sup>:  No  Yes  
 → **If Yes, Neurologic Deficit Clinical Presentation**<sup>14978</sup>:  Stroke-related  Non-Stroke-related

**Diagnosis Confirmation by Neurology**<sup>14979</sup>:  No  Yes

**Brain Imaging Performed**<sup>14980</sup>:  No  Yes  
 → **If Yes, Brain Imaging Type**<sup>14981</sup>: (Select all that apply)  Cerebral Angiography  Computed Tomography  
 Magnetic Resonance Imaging  Other

→ **If Yes, Deficit Type**<sup>14982</sup>:  No deficit  Infarction  Hemorrhage  Both  
 → **If Hemorrhage, Hemorrhage Type**<sup>14983</sup>: (Select all that apply)  Intracerebral  Subarachnoid  Subdural

**Subsequent IV rtPA Administered**<sup>14984</sup>:  No  Yes

**Subsequent Endovascular Therapeutic Intervention**<sup>14985</sup>:  No  Yes

**Symptoms Duration**<sup>14986</sup>:  < 1 Hour  1 – 24 Hours  > 24 Hours

**Trauma**<sup>14987</sup>:  No  Yes

**Modified Rankin Scale (mRS)**<sup>14988</sup>:  0: No symptoms at all  Not Administered<sup>14989</sup>  
 1: No significant disability despite symptoms  
 2: Slight disability  
 3: Moderate disability  
 4: Moderately severe disability  
 5: Severe disability  
 6: Death

**Procedure Related Neurologic Event**<sup>14990</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable

**Device Related Neurologic Event**<sup>15015</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable

**BLEEDING**

**Follow-up Adjudication Status**<sup>14971</sup>:  Alive  Deceased → **If Deceased, Adjudication Date of Death**<sup>14972</sup>: mm / dd / yyyy

**Invasive Intervention Required**<sup>14991</sup>:  No  Yes

**RBC Transfusion**<sup>14992</sup>:  No  Yes  
 → **If Yes, Number of RBC Units Transfused**<sup>14993</sup>: \_\_\_ \_\_\_ unit(s)  
 → **If Yes, Hemoglobin Pre-Transfusion**<sup>14994</sup>: (Lowest) \_\_\_ \_\_\_ g/dL

**Diagnostic Imaging Performed**<sup>14995</sup>:  No  Yes

**End Organ Damage**<sup>14996</sup>:  No  Yes

**Bleeding Event Readmission**<sup>14975</sup>:  No  Yes

**Major Surgery within Past 30 days**<sup>14997</sup>:  No  Yes

**Percutaneous Coronary Intervention within Past 30 days**<sup>14998</sup>:  No  Yes

**Procedure Related Bleeding Event**<sup>14999</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable

**Device Related Bleeding Event**<sup>15000</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable

**FOLLOW-UP ADJUDICATION (CONT.) (COMPLETE A SEPARATE ADJUDICATION FOR EACH ADJUDICATION EVENT)**
**SYSTEMIC THROMBOEMBOLISM**

**Follow-up Adjudication Status**<sup>14973</sup>:  Alive  Deceased → **If Deceased, Date of Death**<sup>14974</sup>: mm / dd / yyyy  
 → **If Deceased, Death Cause (End-Organ Hypoperfusion OR Systemic Thromboembolization OR Intervention)**<sup>15016</sup>:  No  Yes

**Focal End-Organ Hypoperfusion Present**<sup>15001</sup>:  No  Yes

**Systemic Thromboembolization Imaging Evidence**<sup>15002</sup>:  No  Yes

→ **If Yes, Imaging Method**<sup>15003</sup>: (Select all that apply)  Angiography  Computed Tomography  Magnetic Resonance Imaging  
 Ultrasound  Other Imaging

**Therapeutic Intervention Performed**<sup>15004</sup>:  No  Yes

→ **If Yes, Intervention Type**<sup>15005</sup>: (Select all that apply)  Catheter  Pharmacological  Surgical  Other

**MEDICATION**<sup>15006</sup>
**CURRENT MEDICATIONS AT TIME OF EVENT**<sup>15007</sup>

	CURRENT MEDICATIONS AT TIME OF EVENT <sup>15007</sup>	
	YES	NO
Fondaparinux	<input type="radio"/>	<input type="radio"/>
Heparin Derivative	<input type="radio"/>	<input type="radio"/>
Low Molecular Weight Heparin	<input type="radio"/>	<input type="radio"/>
Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>
Aspirin (81-100 mg)	<input type="radio"/>	<input type="radio"/>
Aspirin (101-324 mg)	<input type="radio"/>	<input type="radio"/>
Aspirin 325 mg	<input type="radio"/>	<input type="radio"/>
Aspirin/Dipyridamole	<input type="radio"/>	<input type="radio"/>
Vorapaxar	<input type="radio"/>	<input type="radio"/>
Apixaban	<input type="radio"/>	<input type="radio"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<input type="radio"/>	<input type="radio"/>
Cangrelor	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<input type="radio"/>	<input type="radio"/>
Other P2Y12	<input type="radio"/>	<input type="radio"/>
Prasugrel	<input type="radio"/>	<input type="radio"/>
Ticagrelor	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>