

DEMOGRAPHICS

Last Name ²⁰⁰⁰ :		First Name ²⁰¹⁰ :		Middle Name ²⁰²⁰ :	
Birth Date ²⁰⁵⁰ : mm / dd / yyyy		SSN ²⁰³⁰ : - - <input type="checkbox"/> SSN N/A ²⁰³¹		Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female	
Patient ID ²⁰⁴⁰ : (auto)		Other ID ²⁰⁴⁵ :		Patient Zip Code ²⁰⁶⁵ : <input type="checkbox"/> Zip Code N/A ²⁰⁶⁶	
Race: (Select all that apply) <input type="checkbox"/> White ²⁰⁷⁰ <input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ <input type="checkbox"/> Asian ²⁰⁷² <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴ <input type="checkbox"/> Middle Eastern/North African ²⁰⁷⁵					
Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes					

EPISODE OF CARE

Arrival Date ³⁰⁰⁰ : mm/dd/yyyy	
Reason for Admission ³⁰⁴⁰ : <input type="radio"/> Admitted for this procedure <input type="radio"/> Heart failure <input type="radio"/> Other → If Admitted for this procedure, Reason ¹⁵⁷⁸⁰ <input type="checkbox"/> Device embolization <input type="checkbox"/> Initial device implant <input type="checkbox"/> Infection (Select all that apply) <input type="checkbox"/> Generator device change <input type="checkbox"/> Lead dislodgement <input type="checkbox"/> Other	
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Payment Source ³⁰¹⁰ : <input type="checkbox"/> Private health insurance <input type="checkbox"/> State-specific plan (non-Medicaid) (Select all that apply) <input type="checkbox"/> Medicare (Part A or B) <input type="checkbox"/> Medicare Advantage (Part C) <input type="checkbox"/> Medicaid <input type="checkbox"/> Military health care <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Non-US insurance → If any Medicare, Medicare Beneficiary Identifier (MBI) ¹²⁸⁴⁶ : _____	
Research Study ³⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Study Name ³⁰²⁵ , Patient ID ³⁰³⁰ _____, _____	

PATHWAY (SELECT ALL THAT APPLY)

Electrophysiology Device Implant Pathway ¹⁵⁸²⁶ : <input type="checkbox"/> Implantable cardioverter-defibrillator <input type="checkbox"/> Permanent pacemaker <input type="checkbox"/> Leads only

HISTORY & RISK FACTORS

PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁴²⁶⁸		Procedure Date ¹⁴²⁵²	→ If Yes,
	No	Yes		
CV implantable electronic device	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	Prior CIED Device Type ¹⁵⁷⁹³ : Select from dynamic list

PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)

Procedure Room Entry Date/Time ¹⁵⁶⁹⁴ : mm/dd/yyyy / hh:mm	Procedure Start Date/Time ⁷⁰⁰⁰ : mm/dd/yyyy / hh:mm
Procedure End Date/Time ⁷⁰⁰⁵ : mm/dd/yyyy / hh:mm	Procedure Room Exit Date/Time ¹⁵⁶⁹⁵ : mm/dd/yyyy / hh:mm
Procedure Type ⁷⁰¹⁰ : <input type="radio"/> Generator change <input type="radio"/> Generator explant <input type="radio"/> Initial generator implant <input type="radio"/> Lead only	
Shared Decision Making ¹⁴⁷³² : <input type="radio"/> No <input type="radio"/> Yes	
Premarket Clinical Trial ⁷⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes	Post-market Surveillance ¹⁵⁷⁸⁶ : <input type="radio"/> No <input type="radio"/> Yes

POST-PROCEDURE EVENTS

Set Screw Problem⁹²⁵⁵: No Yes

Lead Dislodgement⁹²⁶⁰: No Yes → If Yes, **Lead Location**⁹²⁶⁵:

<input type="radio"/> Azygos vein	<input type="radio"/> His bundle	<input type="radio"/> Left bundle	<input type="radio"/> LV endocardial	<input type="radio"/> LV epicardial (CVS)
<input type="radio"/> LV epicardial (surgical)	<input type="radio"/> RA endocardial	<input type="radio"/> RA epicardial	<input type="radio"/> RV endocardial	<input type="radio"/> RV epicardial
<input type="radio"/> Subcutaneous array	<input type="radio"/> Subcutaneous (S-ICD)	<input type="radio"/> Substernal	<input type="radio"/> SVC/subclavian	<input type="radio"/> Other

DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE/ADMISSION)

CABG¹⁰⁰⁰⁵ (During this admission): No Yes → If Yes, **CABG Date**¹⁰⁰¹⁰: mm/dd/yyyy

PCI¹⁰⁰¹⁵ (During this admission): No Yes → If Yes, **PCI Date**¹⁰⁰²⁰: mm/dd/yyyy

Discharge Date¹⁰¹⁰⁰: mm/dd/yyyy

Discharge Status¹⁰¹⁰⁵: Alive Deceased

→ If Alive, **Discharge Location**¹⁰¹¹⁰: Home Skilled nursing facility Extended care/transitional care unit/rehab

Other Other acute care hospital Left against medical advice (AMA)

→ If Deceased, **Death During Procedure**¹⁰¹²⁰: No Yes

→ If Deceased, **Cause of Death**¹⁰¹²⁵: Cardiac Non-Cardiac Undetermined

DISCHARGE MEDICATIONS

Medications prescribed at discharge are not required for patients who expired or are discharged to "Other acute care hospital," or "AMA"

MEDICATION ¹⁰²⁰⁰	PRESCRIBED ¹⁰²⁰⁵			
	YES	No – NO REASON	No – MEDICAL REASON	No – PATIENT REASON
Aldosterone Antagonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin Converting Enzyme Inhibitor (ACE-I) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin Receptor-Nepriylsin Inhibitor (ARNI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin II Receptor Blocker (ARB) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renin Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiarrhythmic Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiplatelet Agent	<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"/>
Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta Blocker (Any)	<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"/>
Hydralazine and Isosorbide Dinitrate	<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"/>
SGLT Inhibitor (Any)	<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"/>