

A. DEMOGRAPHICS									
Last Name ²⁰⁰⁰ :			First Nam	ne ²⁰¹⁰ :		Middle Name	2020		
SSN ²⁰³⁰ :		☐ SSN N/A ²⁰³¹	Patient ID	2040	(auto)	Other ID ²⁰⁴⁵ :			
Birth Date ²⁰⁵⁰ :	mm / dd / y	/ууу	Sex ²⁰⁶⁰ :	O Male O F	emale	Patient Zip Co	ode ²⁰⁶⁵ :	□ Zi	p Code N/A ²⁰⁶⁶
Race:	White ²⁰⁷⁰	☐ Black/Africar	n American ²⁰	⁰⁷¹ □ Am	erican Indian	/Alaskan Native ²⁰	73		
(Select all that apply)	Asian ²⁰⁷² → If	Yes, □ Asian India	an ²⁰⁸⁰ □ Ch	hinese ²⁰⁸¹ □ Fili	pino ²⁰⁸² 🗆	Japanese ²⁰⁸³ □	Korean ²⁰⁸⁴	☐ Vietnamese ²	⁰⁸⁵ □ Other ²⁰⁸⁶
	Native Hawaiian	/Pacific Islander ²⁰⁷⁴	→ If Yes,	☐ Native Hawaiia	an ²⁰⁹⁰ □ Gu	amanian or Chan	norro ²⁰⁹¹ \square	Samoan ²⁰⁹² □	Other Island ²⁰⁹³
Hispanic or Lati	no Ethnicity ²⁰⁷	<mark>6:</mark> O No O Y	es =	➤ If Yes, Ethnic	ity Type:	(Select all that apply)			
	Mexican, Mexica	an-American, Chica	no ²¹⁰⁰	☐ Puerto Rican²	101 🗆 (Cuban ²¹⁰² □	Other Hispar	nic, Latino or Spa	nish Origin ²¹⁰³
B. EPISODE OF CA	ARE (ADMISSION)								
Arrival Date/Tim	e ³⁰⁰¹ :	mm/dd	l/yyyy / hh:r	mm					
Admitting Provi	der's Name, NI	PI ^{3050, 3051,3052, 3053} :							
Attending Provi	der's Name, NI	PI ^{3055, 3056,3057, 3058} :							
Health Insurance	e ³⁰⁰⁵ :	O No O Yes							
→ If Yes, Payn	nent Source ³⁰¹⁰	<mark>º:</mark> □ Private Hea	lth Insuran	ce [☐ Medicare		Medicaid	□ Militar	y Health Care
(Select a	a∥thatapply)	☐ State-Speci	fic Plan (no	on-Medicaid)	☐ Indian Hea	alth Service	Non-US In:	surance	
HIC # ³⁰¹⁵ :									
Research Study	³⁰²⁰ : O No (O Yes → If Yes	s, Study Na	ame ³⁰²⁵ , Patient	t ID ³⁰³⁰ :	,		□ Patient Re	estriction ³⁰³⁶
C. HISTORY AND F	RISK FACTORS								
Hypertension ⁴⁶¹⁸	⁵ :	O No	O Yes		Height ⁶⁰⁰⁰	: cn	n V	Neight ⁶⁰⁰⁵ :	kg
Dyslipidemia ⁴⁶²⁰	:	O No	O Yes		Family Hx	c. of Premature	CAD ⁴²⁸⁷ :	O No	O Yes
Prior MI ⁴²⁹¹ :		O No	O Yes		Cerebrova	ascular Diseas	e ⁴⁵⁵¹ :	O No	O Yes
→ If Yes, Most	Recent MI Da	te ⁴²⁹⁶ : mm / d	d / yyyy		Periphera	l Arterial Disea	ase ⁴⁶¹⁰ :	O No	O Yes
Prior PCI ⁴⁴⁹⁵ :		O No	O Yes		Chronic L	ung Disease ⁴⁵	⁷⁶ :	O No	O Yes
→ If Yes, Most	Recent PCI D	ate ⁴⁵⁰³ : mm / d	d / yyyy		Prior CAE	3G ⁴⁵¹⁵ :		O No	O Yes
→ If Yes, Left	Main PCI ⁴⁵⁰¹ :	O No	O Yes	Unknown ⁴⁵⁰²	→ If Yes	s, Most Recent	CABG Dat	te ⁴⁵²¹ : mm /	dd / yyyy
Tobacco Use ⁴⁶²⁵	O Never O	Former O Current	- Every Day	O Current - Some I	Days O Smo	ker, Current Status	Unknown O	Unknown if ever Sr	no ked
→ If any Curre	nt , Tobacco T	ype ⁴⁶²⁶ (Select all tha	at apply)	□ Cigarettes	□ Cigars	□ Pipe	□ Smoke	eless	
→ If Curre	nt - Every Day	and Cigarettes, A	Amount ⁴⁶²⁷	: O Light tob	acco use (<	10/day) O	Heavy toba	acco use (>=10	/day)
Cardiac Arrest C	Out of Healthca	are Facility ⁴⁶³⁰ :		O No O	Yes				
→ If Yes, Arre	st Witnessed ⁴⁶	31.		O No O	Yes				
→ If Yes, Arre	st after Arrival	of EMS ⁴⁶³² :		O No O	Yes				
→ If Yes, First	Cardiac Arres	t Rhythm ⁴⁶³³ :		O Shockat	ole O	Not Shockable	□ Un	known ⁴⁶³⁴	
Cardiac Arrest a	t Trasferring H	lealthcare Facili	ity ⁴⁶³⁵ :	O No O	Yes				
(KNOWN OR DIAGI	NOSED PRIOR TO	FIRST CATH LA	B VISIT)						
Diabetes Mellitu	s ⁴⁵⁵⁵ :	O No O Y	es	Current	ly on Dialy	<mark>rsis⁴⁵⁶⁰:</mark> O No	O Yes		
CSHA Clinical F	railty Scale ^{1 45}			O 4: Vu	Inerable		: Severely		
		O 2: Well	NA7 II	O 5: Mil	-		B: Very Seve		
		O 3: Managin	ig Well	O 6: Mo	derately Fra	all OS	9: Terminally	y III	
Canadian Study Of Hea	Ith And Aging Clinica	al Frailty Scale Is Used	With Permission	on For The American	College Of Care	diology Foundation E	By Dr. Kenneth	Rockwood (© Kenne	eth Rockwood, MD)



D. PRE-PROCEDURE INFORMATION (COMPLETE FOR EACH CATH LAB V	VISIT)						
Heart Failure ⁴⁰⁰¹ :	O No O Yes →I	f Yes, NYHA Class ⁴⁰¹¹	: O Class I C	Class II O	Class III O Class IV			
→ If Yes, Newly Diagnosed ⁴⁰¹² :	O No O Yes							
→ If Yes, HF Type ⁴⁰¹³ :	O Diastolic O Systolic	□ Unknown ⁴⁰¹⁴						
(DIAGNOSTIC TEST)								
Electrocardiac Assessment Meth	od ⁵⁰³⁷ : O ECG	O Telemetry Monitor	O Holter N	Nonitor 0	Other O None			
→ If any methods, Results ⁵⁰³² :	O Normal	O Abnormal	O Uninterp	oretable				
→ If Abnormal, New Antiarrhy	thmic Therapy Initiated Pr	ior to Cath Lab ⁵⁰³³ :	O No O Yes					
→ If Abnormal, Electrocardiac		(Select all that apply)						
□ Ventricular Fibrillation (V		ndle Branch Block	□ 2 nd Degree A	V Heart Block T	vpe 1			
□ Sustained VT	□ New Onset /		□ 2 nd Degree A		•			
□ Non Sustained VT	□ New Onset /		□ 3 rd Degree A\		71			
□ Exercise Induced VT	□ PVC – Frequ	uent	□ Symptomatic Bradyarrhythmia					
☐ T wave inversions	□ PVC – Infred		☐ Other Electro					
□ ST deviation >= 0.5 mm								
→ If New Onset Atrial Fib, Heart Rate 6011: bpm								
→ If Non Sustained VT, Ty	5000	□ Symptomatic	□ Newly Diagno	osed [□ Other			
Stress Test Performed ⁵²⁰⁰ : O No O Yes → If Yes, Specify Test Performed:								
Test Type Performed ⁵²⁰¹	Most Recent Date 5204	Test Results	5202	If Positive, Risk	Extent of Ischemia 5203			
O Stress Echocardiogram	mm / dd / yyyy	O Negative		O Low				
O Stress Echocardiogram	IIIII / dd / yyyy	o nogame		0 2 0				
O Exercise Stress Test (w/o imaging)	,	O Positive		O Intermediate				
O Stress Nuclear		O Indeterminate		O High				
O Stress Imaging w/CMR		O Unavailable		O Unavailable				
Cardiac CTA Performed ⁵²²⁰ :	No O Yes	→ If Yes, Most Re	cent Cardiac C	TA Date 5226:	mm / dd / yyyy			
→ If Yes, Results ⁵²²⁷ : (Select all th	nat apply) □ Obstructive CAD	□ Unclear Se	verity 🗆	Structural Disea	ase			
	□ Non-Obstructive C			Unknown ⁵²²⁸				
Agatston Coronary Calcium Scor	re Assessed 5256: O No	O Yes						
→ If Yes, Agatston Coronary C			ost Recent Calci	ium Score Date	e ⁵²⁵⁷ : mm / dd / yyyy			
LVEF Assessed ⁵¹¹¹ :) No O Yes	→ If Yes, Most Re		%				
Prior Dx Coronary Angiography I	Procedure 5263: (without intervent							
→ If Yes, Most Recent Procedu		/ dd / yyyy						
→ If Yes, Results ⁵²⁶⁵ : (Select all the		□ Unclear Se	verity \Box	Structural Disea	200			
→ If Yes, Results 7: (Selectain)	□ Non-Obstructive C		•	Unknown ⁵²⁶⁶				
PRE-PROCEDURE MEDICATIONS								
MEDICATION ⁶⁹⁸⁶	ADMINISTERED 6991	MEC	DICATION ⁶⁹⁸⁶	,	ADMINISTERED ⁶⁹⁹¹			
Antiplatelet ASA	O No O Yes O Contraindi	icated Ranolazine		O No O	Yes O Contraindicated			
Beta Blockers (Any)	O No O Yes O Contraindi	icated Statin (Any)		O No O	Yes O Contraindicated			
Ca Channel Blockers (Any)	O No O Yes O Contraindi	icated Non-Statin (Any	·)	O No O	Yes O Contraindicated			
Antiarrhythmic Agent Other	O No O Yes O Contraindi	<u>` </u>			Yes O Contraindicated			
Long Acting Nitrates (Any)	O No O Yes O Contraindi	icated						



CathPCI Registry®

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:

	EXTREMELY LIMITED	QUITE A BIT LIMITED	MODERATELY LIMITED	SLIGHTLY LIMITED	NOT AT ALL LIMITED	LIMITED FOR OTHER REASONS OR DID NOT DO THESE ACTIVITIES
(1a) Walking indoors on level ground ⁵³⁰¹	0	0	0	0	0	О
(1b) Gardening, vacuuming, or carrying groceries 5302	0	0	0	0	0	0
(1c) Lifting or moving heavy objects (e.g. furniture, children) ⁵³⁰³	0	0	0	0	0	0

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

	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		NONE OVER THE PAST 4 WEEKS
(2) HAD CHEST PAIN, CHEST TIGHTNESS, OR ANGINA? ⁵³⁰⁵	0	0	0	0	0	0
(3)HAD TO TAKE NITROGLYCERIN (TABLETS OR SPRAY) FOR YOUR CHEST PAIN, CHEST TIGHTNESS OR ANGINA? ⁵³¹⁰		0	0	0	0	O

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

	IT HAS EXTREMELY LIMITED MY ENJOYMENT OF LIFE	MY ENJOYMENT	IT HAS MODERATELY	LIMITED MY	IT HAS NOT LIMITED MY ENJOYMENT OF LIFE AT ALL
(4)CHEST PAIN, CHEST TIGHTNESS OR ANGINA LIMITED YOUR ENJOYMENT OF LIFE? ⁵³¹⁵	0	0	0	0	0

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

	NOT SATISFIED AT ALL	MOSTLY DISSATISFIED	SOMEWHAT SATISFIED	MOSTLY SATISFIED	COMPLETELY SATISFIED
(5)HOW WOULD YOU FEEL ABOUT THIS? ⁵³²⁰	0	0	0	0	0

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

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

(1) ...hurrying on level ground or walking up a slight hill?⁵³³⁰ O No O Yes
 (2) ...walking with other people your own age on level ground?⁵³³⁵ O No O Yes
 (3) ...walking at your own pace on level ground?⁵³⁴⁰ O No O Yes

(4) ...when washing or dressing?⁵³⁴⁵ O No O Yes



E. PROCEDURE INF	FORMATION									
Procedure Start D	Date/Time ⁷⁰⁰⁰	mm/dd/yyyy	/ hh:mm		P	rocedu	e End Date/	Time ⁷⁰⁰⁵ :	mm/dd/yyyy / h	h:mm
Diagnostic Coron	ary Angiogra	aphy Procedu	ıre ⁷⁰⁴⁵ :	O No	O Yes					
→ If Yes, Diagn	ostic Cath O	perator's Nai	ne, NPI ⁷⁰⁴	46,7047,7048,	7049					
Percutaneous Co	ronary Interv	ention (PCI)	050	O No	O Yes	i				
→ If Yes, PCI O	perator's Na	me, NPI ^{7051, 709}	52,7053,7054		_					
Diagnostic Left H	eart Cath 7060	O No O	Yes	→ If Yes	s, LVEF	7061	%			
Concomitant Pro	cedures Perf	ormed ⁷⁰⁶⁵ :		O No	O Yes	•				
→ If Yes, Proce	dure Type(s)	7066 (Select the	best option(s)))	,	,				
Arterial Access S	Arterial Access Site ⁷³²⁰ : O Femoral O Brachial O Radial O Other									
Arterial Cross Over ⁷³²⁵ : O No O Yes										
Closure Method(s) ^{7330,7331,7333} :							Reserved for	or future use	□ Method N	Not Documented ⁷³³²
_		2					Reserved for	or future use		
3							Reserved for	or future use		
Venous Access ⁷³	35: (concomitan	nt entry for Cath pr	o ce dure)	O No	O Yes	i				
Systolic BP ⁶⁰¹⁶ :				m	nmHg					
Cardiac Arrest at	this facility ⁷³	340.		O No	O Yes	;				
RADIATION EXPOSU	JRE AND CONT	RAST								
CODE ALL	Fluoro Time			minu	tes	(Contrast Vol	<mark>ume⁷²¹⁵:</mark>	mL	
AVAILABLE >	Cumulative	Air Kerma ⁷²¹⁰) <mark>:</mark>	O mGy O Gy						
WEASUREWENTS.	Dose Area F	Product ⁷²²⁰ :		O Gy	//cm ² (O dGy/cm ² O cGy/cm ² O mGy/cm ² O µGy/M ²				
F. LABS										
PRE-PROCEDURE (/ALUES CLOSES1	T TO THE PROCE	•			Post-P	ROCEDURE			
Troponin I ⁶⁰⁹⁰ :		ng/mL		Drawn ⁶⁰⁹¹		-	nin I ⁸⁵¹⁵ :		ng/mL	□ Not Drawn ⁸⁵¹⁶
Troponin T ⁶⁰⁹⁵ :		ng/mL	□ Not [Drawn ⁶⁰⁹⁶	5	Tropor	nin T ⁸⁵²⁰ :		ng/mL	□ Not Drawn ⁸⁵²¹
Creatinine ⁶⁰⁵⁰ :	<u></u>	mg/dL	□ Not [Drawn ⁶⁰⁵¹		Creatin	nine ⁸⁵¹⁰ :	(peak)	mg/dL	□ Not Drawn ⁸⁵¹¹
Hemoglobin ⁶⁰³⁰ :		g/dL		Drawn ⁶⁰³¹		Hemog	ylobin ⁸⁵⁰⁵ :(Lov	west w/in 72 hours)	g/dL	□ Not Drawn ⁸⁵⁰⁶
Total Cholesterol	6100	mg/dL		Drawn ⁶¹⁰¹						
HDL ⁶¹⁰⁵ :		mg/dL	□ Not [Drawn ⁶¹⁰⁶	5					



G. CATH LA	B VISIT (COMPLETE FOR EACH	H CATH LAB VISIT)			
Indication(s	s) for Cath Lab Visit ⁷⁴⁰⁰ :	(Select all that apply)			
□ AC □ Ne	S <= 24 hrs S > 24 hrs w Onset Angina <= 2 mor orsening Angina	☐ Stable Known ☐ Suspected C/ oths ☐ Valvular Dise	AD ase	□ Cardiac Arrhythmia□ Cardiomyopathy□ LV Dysfunction□ Syncope	 □ Post Cardiac Transplant □ Pre-operative evaluation □ Evaluation for Exercise Clearance □ Other
	suscitated Cardiac Arrest	E i onodiala Di	30400	<u> </u>	_ 3.101
	Symptom Assessment ⁷⁴	⁴⁰⁵ : O Typical Angina (O Atypical Ang	gina O Non-anginal (Chest Pain O Asymptomatic
Cardiovasc	ular Instability ⁷⁴¹⁰ :	O No	O Yes		
→ If Yes,	Cardiovascular Instabili	ty Type ⁷⁴¹⁵ : (Select all that ap	oply)		
	rsistent Ischemic Symptor modynamic Instability (no		□ Ventricula	ar Arrhythmias nic Shock	□ Acute Heart Failure Symptoms□ Refractory Cardiogenic Shock
Ventricular	Support ⁷⁴²⁰ :	O No	O Yes		
→ If Yes,	Pharmacologic Vasopre	essor Support ⁷⁴²¹ : O No	O Yes		
→ If Yes,	Mechanical Support ⁷⁴²² :	O No	O Yes		
→ If Ye	s, Device⁷⁴²³:				
→ If Ye	s, Timing ⁷⁴²⁴ :	O In p	lace at start o	•	ed during procedure and prior to intervention ed after intervention has begun
→ IF INDIC	CATION(S) FOR CATH LAB V	'ISIT ⁷⁴⁰⁰ = 'VALVULAR DISEA	SE' (COM	PLETE FOR EACH TYPE)	
	VALVULAR DISEASE STE	NOSIS TYPE ⁷⁴⁵⁰		STE	NOSIS SEVERITY ⁷⁴⁵¹
1	O Aortic Stenosis O Mitral Stenosis	O Pulmonic Stenosis O Tricuspid Stenosis	O Mild	O Moderate	O Severe
2	O Aortic Stenosis O Mitral Stenosis	O Pulmonic Stenosis O Tricuspid Stenosis	O Mild	O Moderate	O Severe
١	ALVULAR DISEASE REGUR	GITATION TYPE ⁷⁴⁵⁵		REGUR	GITATION SEVERITY ⁷⁴⁵⁶
1	O Aortic Regurgitation O Mitral Regurgitation	O Pulmonic Regurgitation O Tricuspid Regurgitation	O Mila (1	+) O Moderate (2+)	O Moderately Severe (3+) O Severe (4+)
2	O Aortic Regurgitation O Mitral Regurgitation	O Pulmonic Regurgitation O Tricuspid Regurgitation	O Mila (1	+) O Moderate (2+)	O Moderately Severe (3+) O Severe (4+)
→ IF INDIC	CATION(S) FOR CATH LAB V	'ISIT ⁷⁴⁰⁰ = 'PRE-OPERATIVE	EVALUATION'		
Evaluation	for Surgery Type 7465:	Cardiac Surgery O Non	-Cardiac Surg	ery	
Functional	Capacity ⁷⁴⁶⁶ : O	< 4 METS O >= 4	METS withou	ut symptoms O >=	= 4 METS with symptoms ☐ Unknown ⁷⁴⁶⁷
			diata C	N. I. Braha Dialas Manasalas	O High Risk: Non-Vascular
Surgical Ris	sk ⁷⁴⁶⁸ : O	Low O Interme	uiale C	High Risk: Vascular	O High Nisk. Non-vascular
	sk ⁷⁴⁶⁸ : O Transplant Surgery ⁷⁴⁶⁹		uiale C	High Risk: Vascular	O Flight Nisk. Non-vascular
Solid Organ			ulate C	D High Risk: Vascular	O Fligh Nisk. Non-Vascular



H. CORONARY ANATOMY									
Dominance ⁷⁵⁰⁰ : O L	eft C	Right O Co-dominant							
Native Vessel with S	tenosis	>= 50% ⁷⁵⁰⁵ : O No O	Yes →	If Yes, Specify S	Segment(s):				
SEGMENT NUMBER ⁷⁵⁰⁷	MEASUR	EMENT (FOR EACH SELECTED)							
	Native S	Stenosis ⁷⁵⁰⁸ : %							
		tive Measurements Obtained	1 ⁷⁵¹¹ • O I	No O Yes		→ If Vac FFR F	Ratio ⁷⁵¹² :		
	_				a 7514.		VLA ⁷⁵¹⁵ :mm²		
		es, iFR Ratio ⁷⁵¹³ :	7	IT YES, IVUS MLA		→ If Yes, OCT I	VILA***:nin		
		Stenosis ⁷⁵⁰⁸ :%							
	Adjunc	tive Measurements Obtained	1 ⁷⁵¹¹ : O I	No O Yes		→ If Yes, FFR F	Ratio ⁷⁵¹² :		
	→ If \	es, iFR Ratio ⁷⁵¹³ :	→	If Yes, IVUS MLA	1 ⁷⁵¹⁴ :mm²	² → If Yes, OCT I	MLA ⁷⁵¹⁵ :mm²		
Graft Vessel with Sto	enosis >	= 50% ⁷⁵²⁵ : (Note 1) O No O	Yes →	If Yes, Specify S	Segment(s):				
SEGMENT NUMBER 7527	MEASUR	EMENT (FOR EACH SELECTED)							
	Graft St	enosis ⁷⁵²⁸ : % Graft	: Vessel ⁷⁵	⁵²⁹ : O LIMA	O RIMA O	SVG O Radial	□ Unknown ⁷⁵³⁰		
	Adjunc	tive Measurements Obtained	I ⁷⁵³¹ : O I	No O Yes		→ If Yes, FFR F	Ratio ⁷⁵³² :		
	→ If \	'es, iFR Ratio ⁷⁵³³ :	→	If Yes, IVUS MLA	^ ⁷⁵³⁴ ։mm²	² → If Yes. OCT I	VILA ⁷⁵³⁵ :mm²		
		tenosis ⁷⁵²⁸ : % Graft							
		tive Measurements Obtained				→ If Yes, FFR F			
	-	es, iFR Ratio ⁷⁵³³ :			∧7534 . mm²				
Na== 4. 0400 D.==/T:		TES, IFR RAIIO :							
						DMPLETE THESE ELEM	ENIS.		
,	JOMPLETE	FOR EACH CATH LAB VISIT IN WHICH			,	0.0.1			
PCI Status ⁷⁸⁰⁰ :		70.00			nt O Emerg	gency O Sal	vage		
CARDIAC ARREST OUT HEALTHCARE FACILITY		Hypothermia Induced ⁷⁸⁰⁶ :							
'YES'	OR	→ If Yes, Timing of Hypo	thermia'						
CARDIAC ARREST AT TRANSFERRING HEALT	HCARE			O Initiated P	re-PCI, > 6 hrs p	ost cardiac arrest			
FACILITY ⁴⁶³⁵ = 'YES'	OR	Level of Consciousness ⁷⁸¹⁰	: (at start of	PCI s/p cardiac arre	est)				
CARDIAC ARREST AT T	HIS	O (A) Alert	O (P) Pair	n O	Unable to asses	SS			
FACILITY ⁷³⁴⁰ = 'YES'			O (U) Unr	-					
Decision for PCI with	h Surgica	al Consult ^{/815} :) Yes					
→ If Yes, CV Treat	ment De	cision ⁷⁸¹⁶ :	O Surgery Not Recommended						
		() Surger			Declined				
				Recommended	, Patient/Family [Declined Accepted (Hybrid	procedure)		
PCI for Multi-vessel	Disease	7820 <u>.</u>	O Surgery	Recommended	, Patient/Family [procedure)		
		⁷⁸²⁰ : e edure Type ⁷⁸²¹ : (in this lab visit)	O Surgery	Recommended Recommended Yes	, Patient/Family [procedure)		
	sel Prod		O Surgery O No (O Initial P	Recommended Recommended Yes CI OS	, Patient/Family I , Patient/Family / taged PCI				
→ If Yes, Multi-ves	osel Proc	edure Type ⁷⁸²¹ : (in this lab visit)	O Surgery O No O O Initial P	Recommended Recommended O Yes CI O STEMI	, Patient/Family I , Patient/Family / taged PCI	Accepted (Hybrid			
→ If Yes, Multi-ves	O STEM	edure Type ⁷⁸²¹ : (in this lab visit) II – Immediate PCI for Acute S	O Surgery O No O O Initial P	Recommended Recommended O Yes CI O STEMI	, Patient/Family I , Patient/Family / taged PCI - Rescue (after u set Angina <= 2	Accepted (Hybrid			
→ If Yes, Multi-ves	O STEM O STEM O STEM	redure Type ⁷⁸²¹ : (in this lab visit) II – Immediate PCI for Acute S II – Stable (<= 12 hrs from Sx)	O Surgery O No (O Initial P	PRECOMMENDED PRECOMMEND PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMEND PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMEND PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMENDED PRECOMMEND	, Patient/Family I , Patient/Family / taged PCI - Rescue (after u set Angina <= 2	Accepted (Hybrid			
→ If Yes, Multi-ves	O STEM O STEM O STEM O STEM	redure Type ⁷⁸²¹ : (in this lab visit) All – Immediate PCI for Acute S All – Stable (<= 12 hrs from Sx) All – Stable (> 12 hrs from Sx)	O Surgery O No (O Initial P	O Recommended O Yes CI O STEMI- O New On O NSTE - O Stable A	, Patient/Family I , Patient/Family / taged PCI - Rescue (after u set Angina <= 2	Accepted (Hybrid Insuccessful lytics months			
→ If Yes, Multi-ves PCI Indication ⁷⁸²⁵ :	O STEM O STEM O STEM O STEM O STEM	edure Type ⁷⁸²¹ : (in this lab visit) II – Immediate PCI for Acute S II – Stable (<= 12 hrs from Sx) II – Stable (> 12 hrs from Sx) II – Unstable (> 12 hrs from Sx)	O Surgery O No C O Initial P STEMI	O Recommended O Yes CI O STEMI- O New On O NSTE - O Stable A	, Patient/Family I , Patient/Family A taged PCI - Rescue (after u set Angina <= 2 ACS angina thout Ischemic S	Accepted (Hybrid Insuccessful lytics months) O Other		
→ If Yes, Multi-ves PCI Indication ⁷⁸²⁵ :	O STEM O STEM O STEM O STEM O STEM O STEM Sympto	redure Type ⁷⁸²¹ : (in this lab visit) All – Immediate PCI for Acute Stall – Stable (<= 12 hrs from Sx) All – Stable (> 12 hrs from Sx) All – Unstable (> 12 hrs from Sx) All (after successful lytics) The Date/Time ^{7826,7827} :	O Surgery O No C O Initial P STEMI	O Recommended O Recommended O Yes CI O STEMI- O New On O NSTE - O Stable A O CAD (wid/yyyy / hh:mm	, Patient/Family I , Patient/Family A taged PCI - Rescue (after u set Angina <= 2 ACS angina thout Ischemic S	Insuccessful lytics months Time Unknown 78) O Other		



→ IF PCI

INDICATION 7825 = 'STEMI -

IMMEDIATE PCI

FOR ACUTE STEMI'

Data Collection Form v5.0

CathPCI Registry®

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

STEMI or STEMI Equivalent First Noted 7835:

O First ECG O Subsequent ECG

→ If Subsequent ECG, ECG with STEMI/ STEMI Equivalent Date & Time⁷⁸³⁶:

→ If Subsequent ECG, ECG obtained in Emergency Department 7840:

mm/dd/yyyy / hh:mm

O Yes O No

Transferred In For Immediate PCI for STEMI⁷⁸⁴¹:

O No O Yes

→ If Yes, Date & Time ED Presentation at Referring Facility⁷⁸⁴²:

mm/dd/yyyy / hh:mm

First Device Activation Date & Time 7845:

mm/dd/yyyy / hh:mm

Patient Centered Reason for Delay in PCI⁷⁸⁵⁰:

O No O Yes

→ If Yes, Reason⁷⁸⁵¹: O Difficult Vascular Access

O Patient delays in providing consent for PCI

O Difficulty crossing the culprit lesion

O Emergent placement of LV support device before PCI

O Cardiac arrest and/or need for intubation before PCI O Other

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

MEDICATION ⁷⁹⁹⁰			ISTERED 7995		MEDICATION ⁷⁹⁹⁰	ADMINISTERED 7995	
Anticoagulant	Argatroban	O No	O Yes	GLYCOPROTEIN (GP) IIB/IIIA	GP Ilb/Illa Inhibitors (Any)	O No	O Yes
	Bivalirudin	O No	O Yes	INHIBITORS	Of his/file friendlers (/triy)	ONO	O Tes
	Fondaparinux	O No	O Yes		Apixaban	O No	O Yes
	Heparin Derivative	O No	O Yes	NON-VITAMIN K DEPENDENT ORAL	Dabigatran	O No	O Yes
	Low Molecular Wt Heparin	O No	O Yes	ANTICOAGULANT	Edoxaban	O No	O Yes
	Unfractionated Heparin	O No	O Yes		Rivaroxaban	O No	O Yes
	Warfarin	O No	O Yes		Cangrelor	O No	O Yes
			O Yes	P2Y12 INHIBITORS	Clopidogrel	O No	O Yes
ANTIPLATELET	Vorapaxar	O No		P2112 INHIBITORS	Prasugrel	O No	O Yes
					Ticagrelor	O No	O Yes



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



CathPCI Registry

(NCDF	₹ Da	ata Collection I	Form v5.0	CathPCI	Regi	stry®					
K. INTRA AND POST-PROCEDURE EVENTS (COMPLETE FOR EACH CATH LAB VISIT)											
INTERA DOLONIA	PERCUTANEOUS C	CORONARY INTERVENTION	Coronary Artery Pe	rforation ⁹¹⁴⁵ :	O No	O Yes					
INTRA PCI ONLY	(PCI) ⁷⁰⁵⁰ = 'YES'	$(PCI)^{7050} = 'YES'$		ry Artery Dissection ⁹¹⁴⁶ :	O No	O 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		O No	O Yes	mm/dd/yyyy	/ hh:mm						
Bleeding – Gastrointestir	nal	O No	O Yes	mm/dd/yyyy	/ hh:mm						
Bleeding – Genitourinary	,	O No	O Yes	mm/dd/yyyy	/ hh:mm						
Bleeding – Hematoma at	t Access Site	O No	O Yes	mm/dd/yyyy	/ hh:mm						
Bleeding – Other		O No	O Yes	mm/dd/yyyy	/ hh:mm						
Bleeding – Retroperitone	eal	O No	O Yes	mm/dd/yyyy	/ hh:mm						
Cardiac Arrest		O No	O Yes	mm/dd/yyyy	/ hh:mm						
Cardiac Tamponade		O No	O Yes	mm/dd/yyyy / hh:mm							
Cardiogenic Shock		O No	O Yes	mm/dd/yyyy	/ hh:mm						
Heart Failure		O No	O Yes	mm/dd/yyyy	/ hh:mm						
Myocardial Infarction		O No	O Yes	mm/dd/yyyy	mm/dd/yyyy / hh:mm						
New Requirement for Dia	alysis	O No	O Yes	mm/dd/yyyy	/ hh:mm						
Other Vascular Complica	ations Req Tx	O No	O Yes	mm/dd/yyyy I hh:mm							
Stroke – Hemorrhagic		O No	O Yes	mm/dd/yyyy	mm/dd/yyyy / hh:mm						
Stroke – Ischemic		O No	O Yes	mm/dd/yyyy / hh:mm							
Stroke – Undetermined		O No	O Yes	mm/dd/yyyy / hh:mm							
RBC Transfusion 9275:		O No O Yes									
→ If Yes, Number of U	Units Transfused ⁹	<mark>9276</mark>									

→ If Yes, Number of Units Transfused 9276:

→ If Yes, Transfusion PCI⁹²⁷⁷: (within 72 hours)

O No O Yes

→ If Yes, Transfusion Surgical 9278: (within 72 hours) O No O Yes



CathPCI Registry®

L. DISCH	IARGE											
Intervention(s) this Hospitalization 10030: (not during same lab visit as Cath or PCI) O No O Yes												
→ If Y	→ If Yes, Type 10031: (Select all that apply) □ CABG □ Cardiac Surgery (non CABG) □ Surgery (non Cardiac) □ Valvular Intervention □ Structural Heart Intervention (non-valvular) □ EP Study □ Other											
		10.035						,	vular)	☐ EP Study	□ Other	
→ IF	CABG St		O Elective	O Urge		Emergency		O Salvage	<i>.</i>	(50)		
CABG	CABG In	dication """	O PCI/CAE O PCI Fail	BG Hybrid Pro		Recommend PCI Complica		om Dx Cath	(instead	of PCI)		
= 'YES'	CARCID				C	or Complica	auon					
Cuantini	CABG Date/Time ¹⁰⁰¹¹ : mm/dd/yyyy / hh:mm Creatinine ¹⁰⁰⁶⁰ : (at D/C) g/dL □ Not Drawn ¹⁰⁰⁶¹ Hemoglobin ¹⁰⁰⁶⁵ : (at D/C) g/dL □ Not Drawn ¹⁰⁰⁶⁶											
	Discharge Date/Time ¹⁰¹⁰¹ : mm/dd/yyyy / hh:mm Discharge Provider's Name, NPI ^{10070,10071,10072,10073} :											
	Comfort Measures Only ¹⁰⁰⁷⁵ : O No O Yes											
	ge Status				ceased							
→ If A	dive, Disc	harge Location	1 ¹⁰¹¹⁰ : O F	Home Extended care	/TCU/rehab		Skilled I Other	Nursing facili	ty			
				Other acute ca				inst medical	advice	(AMA)		
→ I	f Other ac	ute care hospita	al, Transfe	rred for CAB	G ¹⁰¹¹¹ :		0	No O Yes	S			
→ If	f Not Left	against medica	l advice (A	MA) OR Othe	r acute care l	nospital, CAB	3 Plan	ned after Dis	scharge	¹⁰¹¹² : O No	O Yes	
→ If A	dive, Hos p	oice Care ¹⁰¹¹⁵ :	10	lo O Yes								
→ If A	dive, Card	iac Rehabilitat	tion Referr	al ¹⁰¹¹⁶ : O No	– Reason No	t Documented	ł	O No – Hea	Ith Care	e System Reaso	n Documented	
						ason Docume		O Yes				
→ If D	eceased A A635 = 'YES	AND any (CARE S' <i>OR</i> CA	DIAC ARRES	REST AT THIS F	ALTHCARE FA FACILITY 7340 =	CILITY ⁴⁶³⁰ = 'Yi 'YES'), Level (ES' <i>OR</i> of Con	CARDIAC AR sciousness	REST AT	TRANSFERRING (hig arre	HEALTHCARE hest s/p cardiac	
	O (A) Ale	rt O (V	/) Verbal	O (P) Pa	ain O (U) Unrespons	sive	O Unal	ole to as	ssess	.st)	
→ If [eceased,	Death During	the Proced	dure ¹⁰¹²⁰ : O N	lo O Yes							
→ If □	eceased,	Cause of Deat	: h ¹⁰¹²⁵ :									
	O Acute	myocardial infar	ction	O Pul	monary		C) Hemorrhag	е			
		n cardiac death		O Rei					vascular	r procedure or s	urgery	
	O Heart f O Stroke				strointestinal patobiliary) Trauma) Suicide				
		vascular proced			ncreatic) Neurologica				
		vascular hemor cardiovascular r	•	O Infe O Infl	ection ammatory/Im	munologic		Malignancy Other non-c		scular reason		
DISCHAR	GE MEDIC	ATIONS (PRESCRI	BED AT DISC				E IN WH	ICH A PCI WAS	ATTEMPT	ED OR PERFORMED	D)	
Medicati	ions prescr	ibed at discharge	are not requ	uired for patients	s who expired,	discharged to "(Other ad	cute care Hosp	itaľ", "AN	//A", or are receivi	ng Hospice Care.	
				PRES	CRIBED 10 205		→	IF YES, Dose	10207			
	MEDICAT	ION ¹⁰²⁰⁰		No - No	No -	N o - P т.				→ IF NO - F	PT. REASON, TIONALE ¹⁰²⁰⁶	
			YES	REASON	MEDICAL REASON	REASON	Low	MODERATE	HIGH	(Select all th	_	
ACE INHI	BITORS	ACE Inhibitors								□ Cost		
(ANGIOTEN	SIN IG ENZYME)	(Any)	0	0	0	0					herapy Preferred	
SOMVER III	LIVE)									☐ Negative Sid☐ Cost	e Effect	
ANTICOAC	SULANT	Warfarin	0	0	0	О					herapy Preferred	
										☐ Negative Sid	e Effect	
		Aspirin	0	0	0	o				☐ Cost	horany Droformad	
		vohiiii			U					☐ Negative Sid	herapy Preferred e Effect	
ANTIPLAT	ELET									□ Cost		
		Vorapaxar	0	0	0	0				□ Alternative T	herapy Preferred	

☐ Negative Side Effect



CathPCI Registry®

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.

		PRESCRIBED ¹⁰²⁰⁵					IF YES, Dose			
MEDICAT	FION ¹⁰²⁰⁰	YES	No - No REASON	No - MEDICAL REASON	No - Pt. REASON	Low	LOW MODERATE HIGH		→ IF NO - PT. REASON, PATIENT RATIONALE ¹⁰²⁰⁶ (Select all that apply)	
ARB (ANGIOTENSIN RECEPTORS BLOCKERS)	ARB (Any)	O	0	0	O				☐ Cost ☐ Alternative Therapy Preferred ☐ Negative Side Effect	
BETA BLOCKERS	Beta Blocker	О	O	0	o				☐ Cost☐ Alternative Therapy Preferred☐ Negative Side Effect	
NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT	Apixaban	О	o	o	o				☐ Cost ☐ Alternative Therapy Preferred ☐ Negative Side Effect	
	Dabigatran	O	0	o	o				☐ Cost☐ Alternative Therapy Preferred☐ Negative Side Effect	
	Edoxaban	О	o	o	o				☐ Cost ☐ Alternative Therapy Preferred ☐ Negative Side Effect	
	Rivaroxaban	О	o	o	o				☐ Cost ☐ Alternative Therapy Preferred ☐ Negative Side Effect	
	Clopidogrel	О	o	O	o				☐ Cost ☐ Alternative Therapy Preferred ☐ Negative Side Effect	
	Prasugrel	О	o	O	o				☐ Cost ☐ Alternative Therapy Preferred ☐ Negative Side Effect	
P2Y12 INHIBITORS	Ticagrelor	О	o	o	o				☐ Cost ☐ Alternative Therapy Preferred ☐ Negative Side Effect	
	Ticlopidine	О	o	o	o				☐ Cost ☐ Alternative Therapy Preferred ☐ Negative Side Effect	
STATIN	Statin	o	o	o	o	0	0	0	☐ Cost ☐ Alternative Therapy Preferred ☐ Negative Side Effect	
Non-Statin (Any)		o	0	o	o				☐ Cost☐ Alternative Therapy Preferred☐ Negative Side Effect	
PCSK9 INHIBITORS	Alirocumab	О	0	0	o				☐ Cost ☐ Alternative Therapy Preferred ☐ Negative Side Effect	
PC3K3 INHIBITORS	Evolocumab	o	0	o	o				☐ Cost☐ Alternative Therapy Preferred☐ Negative Side Effect	
Discharge Medication Reconciliation Completed 10220: O No O Yes										
If Yes, Reconc	iled Medications	s ¹⁰²²¹ :	(Select all that appl	y)						
	criptions: Cardiac criptions: Non-Car	diac	□ Over the	Counter (OT0	C) Medications		□ Vitamins/W □ Herbal Sup		nts	
□ Prescriptions: Non-Cardiac □ Herbal Supplements										



NCDR Da	ta Collection Fo	orm v5.0	CathPCI Registry			
M. FOLLOW-UP (30 DAYS POST INDEX PCI PROCE	DURE: - 7+14 DAYS AND 1 YEAR F	POST INDEX PCI PROCEDURE: +/- 60	DAYS)			
Assessment Date 11000:	mm / dd / yyyy	Reference Episode Arrival D	Date/Time ¹¹⁰⁰² : mm/dd/yyyy / hh:mm			
Reference Procedure Start Date/Time 11001	: mm/dd/yyyy / hh:mm	Reference Episode Discharç	ge Date/Time ¹¹⁰¹⁵ : mm/dd/yyyy / hh:mm			
	Office Visit ☐ Medical Re	cords □ Le urity Death Master File □ Ho	tter from Medical Provider spitalized Other			
Follow-Up Status ¹¹⁰⁰⁴ : O A	Alive O Deceased	O Lost to Follow-up				
→ If Alive, Chest Pain Symptom Assess	ment ¹¹⁰⁰⁵ : O Typical Angina	a O Atypical Angina O No	n-anginal Chest Pain O Asymptomatic			
→ If Deceased, Date of Death 11006: mm	n / dd / yyyy					
→ If Deceased, Primary Cause of Death	11007					
O Acute myocardial infarction O Sudden cardiac death O Heart failure O Stroke O Cardiovascular procedure O Cardiovascular hemorrhage O Other cardiovascular reason	O Pulmonary O Renal O Gastrointestinal O Hepatobiliary O Pancreatic O Infection O Inflammatory/Imm	O Hemorrhage O Non-cardiovascular procedure or surgery O Trauma O Suicide O Neurological O Malignancy munologic O Other non-cardiovascular reason				
Research Study ¹¹⁰⁰⁸ : O No O Yes	→ If Yes, Study Nar	me ¹¹⁰⁰⁹ , Patient ID ¹¹⁰¹⁰ :	,			
EVENTS, INTERVENTIONS AND/OR SURGICAL PRFOLLOW-UP ASSESSMENT) (NOTE 1: RECORD I			EVIOUS FOLLOW-UP) AND THE CURRENT			
EVENT(s) ¹¹⁰¹¹	EVENT(S) OCCURRED11012	→ IF YES, DEVICE(S) EVENT OCCURRED IN ¹¹⁰¹³	→ IF YES, EVENT DATE(S) ¹¹⁰¹⁴			
Bleeding Event	O No O Yes		mm / dd / yyyy			
CABG: Bypass of stented lesion	O No O Yes		mm / dd / yyyy			
CABG: Bypass of non-stented lesion	O No O Yes		mm / dd / yyyy			
Myocardial Infarction: NSTEMI	O No O Yes		mm / dd / yyyy			
Myocardial Infarction: Q-wave	O No O Yes		mm / dd / yyyy			
Myocardial Infarction: STEMI	O No O Yes		mm / dd / yyyy			
Myocardial Infarction: Type Unknown	O No O Yes		mm / dd / yyyy			
PCI of non-stented lesion	O No O Yes		mm / dd / yyyy			
PCI of stented lesion	O No O Yes		mm / dd / yyyy			

O No

O No

O No

O No

O No

O No

O Yes

O Yes

O Yes

O Yes

O Yes

O Yes

Readmission: Non-PCI Related

Stroke - Hemorrhagic Stroke - Ischemic

Stroke – Undetermined

Thrombosis in stented lesion

Thrombosis in non-stented lesion

mm / dd / yyyy



M. FOLLOW-UP (CONT.)										
FOLLOW-UP MEDIC	CATIONS									
MEDICATION ¹¹⁹⁹⁰		PRESCRIBED ¹¹⁹⁹⁵				→ IF YES, Dose ¹¹⁹⁹⁶				
		YES	No - No REASON	NO - MEDICAL REASON	No - PT. REASON	Low	MODERATE	HIGH		
ACE INHIBITORS (ANGIOTENSIN CONVERTING ENZYME) ACE Inhibitors (Any)		0	0	0	0					
ANTICOAGULANT	Warfarin	0	0	0	0					
ANTIPLATELET	Aspirin	0	0	О	0					
ANIIPLAIELEI	Vorapaxar	0	0	О	0					
ARB (ANGIOTENSIN RECEPTORS BLOCKERS) ARB (Any)		0	0	O	0					
	Apixaban	0	0	O	0					
NON-VITAMIN K DEPENDENT ORAL	Dabigatran	0	0	О	0					
ANTICOAGULANT	Edoxaban	0	0	О	0					
	Rivaroxaban	0	0	0	0					
	Clopidogrel	0	0	0	0					
Doyan humana	Prasugrel	0	0	0	0					
P2Y12 INHIBITORS	Ticagrelor	0	0	0	0					
	Ticlopidine	0	0	0	0					
STATIN	Statin (Any)	0	0	0	0	0	0	0		
Non-Statin	Non-Statin (Any)	0	0	0	0		,			
	Alirocumab	0	0	0	0					
PCSK9 INHIBITORS	Evolocumab	0	0	О	0					



CathPCI Registry®

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:

	EXTREMELY LIMITED	QUITE A BIT LIMITED	MODERATELY LIMITED	SLIGHTLY LIMITED	NOT AT ALL LIMITED	LIMITED FOR OTHER REASONS OR DID NOT DO THESE ACTIVITIES
(1a) Walking indoors on level ground 11301	0	0	0	0	0	0
(1b) Gardening, vacuuming, or carrying groceries 11302	0	0	0	0	0	0
(1c) Lifting or moving heavy objects (e.g. furniture, children) ¹¹³⁰³	0	0	0	0	0	0

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

	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		NONE OVER THE PAST 4 WEEKS
(2) HAD CHEST PAIN, CHEST TIGHTNESS, OR ANGINA? ¹¹³⁰⁵	0	0	0	0	0	0
(3)HAD TO TAKE NITROGLYCERIN (TABLETS OR SPRAY) FOR YOUR CHEST PAIN, CHEST TIGHTNESS OR ANGINA? ¹¹³¹⁰		0	0	0	0	0

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

	IT HAS EXTREMELY LIMITED MY ENJOYMENT OF LIFE	OF LIFE OUTE A	I IMITED MY	EN IOVMENT OF	IT HAS NOT LIMITED MY ENJOYMENT OF LIFE AT ALL
(4)CHEST PAIN, CHEST TIGHTNESS OR ANGINA LIMITED YOUR ENJOYMENT OF LIFE? ¹¹³¹⁵	0	0	0	0	0

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

	NOT SATISFIED AT ALL	MOSTLY DISSATISFIED	SOMEWHAT SATISFIED	MOSTLY SATISFIED	COMPLETELY SATISFIED
(5)HOW WOULD YOU FEEL ABOUT THIS? ¹¹³²⁰	0	0	0	0	0

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...

(1) ...hurrying on level ground or walking up a slight hill? 11330 O No O Yes

(2) ...walking with other people your own age on level ground? 11335 O No O Yes

(3) ...walking at your own pace on level ground? 11340 O No O Yes

(4) ...when washing or dressing? 11345 O No O Yes

²Seattle Angina Questionnaire (© Copyright John Spertus, MD, MPH) is used with permission for NCDR by www.cvoutcomes.org