Patient Name:_____ Trust Number:_____ Date of CMR:__ __/__ __/__ __

1. Did this patient have an unobstructed coronary angiogram?   Yes◯ No◯   *If Y, answer a, b & c below, then go to Q 8.*
If N, go to Q 2.

a) If Y, did you make a new diagnosis based on the CMR?   Yes◯ No◯

b) If Y to a), what was the diagnosis? *(circle)*   Heart attack with spontaneous reperfusion / Distal embolization / Myocarditis / Takotsubo cardiomyopathy / Aortic dissection / Other (specify):⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯
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c) Specify the treatment plan:⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯
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2. Did CMR markers assessing the infarct indicate a **good** prognosis?   Yes◯ No◯   *If N, go to Q 3.*

a) If Y, what was the indication? *(circle)*   LVEF >35% / No microvascular obstruction (MVO) / No oedema / Small infarct / High myocardial salvage / Other (specify):⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯
⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯

b) Will/did you implement a new treatment plan on this basis (e.g. early discharge/less frequent follow-up)? Yes◯ No◯
If Y, specify:⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯
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3. Did CMR markers assessing infarct indicate **poor** prognosis resulting from MI? Yes◯ No◯   *If N, go to Q 4.*

a) If Y, what was the indication? *(circle)*   Impaired LVEF / Large infarct size / Oedema / Low myocardial salvage / MVO / Other (specify):⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯
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b) Will/did you implement a new treatment plan on this basis (e.g. more aggressive medication therapy)?   Yes◯ No◯
If Y, specify:⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯
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4. Was there discordance between ECG & angiographic findings? (e.g. territory of infarct, whether infarct is new/old, whether the culprit artery was successfully treated)   Yes◯ No◯   *If N, go to Q 5.*

a) If Y, did CMR successfully resolve this? Yes◯ No◯   If Y, how did this affect the treatment of the patient?⋯⋯⋯⋯
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Please turn over page to complete questions 5-9.

5. Did this patient have multi vessel disease? *Yes* ◯ *No* ◯ *If **N**, go to **Q 6**.*

 a) If Y, did CMR help you to optimise the revascularisation strategy? *Yes* ◯ *No* ◯ If Y, explain how:

....

....

 b) Was this patient referred for other diagnostic tests? *Yes* ◯ *No* ◯ If Y, which?

....

....

6. In this patient, did CMR identify a high risk of developing other conditions relating to the infarct? *Yes* ◯ *No* ◯
*If **N**, go to **Q 7**.*

 a) If Y, what was the finding? *(circle)*   VSD / Impending cardiac rupture / LV thrombus / Other (specify):

....

 b) Will/did you implement a new treatment plan on this basis?   *Yes* ◯ *No* ◯ If Y, what? *(circle)* Cardiac surgery;

   Implantable cardiac device;   Anticoagulation therapy; Other (specify):

....

7. Did CMR identify that this patient would not benefit from an implantable cardiac device? *Yes* ◯ *No* ◯   Go to **Q 8**.

8. Did this patient have an out-of-hospital cardiac arrest? *Yes* ◯ *No* ◯ *If **N**, go to **Q 9**.*

 a) If Y, did CMR identify the cause? *Yes* ◯ *No* ◯

 b) If Y to a), did this guide further treatment of patient? *(circle)* Defibrillator for primary arrhythmia / PCI / Other (specify):

....

....

9. Did CMR identify any cardiac or non cardiac incidental findings? *Yes* ◯ *No* ◯

 a) If Y, specify findings:

....

 b) Did this change the treatment plan?

....

....

Any other comments:

....

Completed: Name _____ Signature _____ Date __ __/__ __/__ __
                                                                                                                                    d d / m m/ y y

Please return completed questionnaires to the Trial Manager ▮▮▮▮▮▮▮▮▮▮

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