



Affix unique patient identifier label here

Case notes reviewed by (recruiter ID): _____

Date of case note review: ___/___/___

(full name, for external reviewers):

Site:

001

002

003

004

Method of admission/setting

Elective planned¹

Inpatient transfer²

Emergency³

Final diagnosis

Stable angina¹

Unstable angina²

STEMI³

NSTEMI⁴

Non-CAD chest pain⁵

Other⁶

Specify other:

Outcome

No treatment¹

Medical management²

PCI³

Surgery⁴

Further investigation⁵

Other⁶

Specify further investigation:

Specify other:

Date of recruitment

D	D	M	M	Y	Y	Y	Y

Patient deceased?

Yes¹

Enter date of death

D	D	M	M	Y	Y	Y	Y

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SECTION A: HISTORY/PHYSICAL EXAMINATION

A1. HISTORY OF CHEST PAIN					
1.1 Chest pain/discomfort as a presenting symptom					
Yes ¹	<input type="checkbox"/>	No ² (go to qn A2)	<input type="checkbox"/>		
1.2 Other symptoms or reasons referred for investigation (tick all that apply)					
Shortness of breath ¹	<input type="checkbox"/>	Non-specific symptoms ⁸	<input type="checkbox"/>	Palpitations ³	<input type="checkbox"/>
Dizziness ¹⁰	<input type="checkbox"/>	Syncope ¹¹	<input type="checkbox"/>	Pre-operative ¹²	<input type="checkbox"/>
Other ⁵	<input type="checkbox"/>	Specify:			
1.3 Chest pain characterization in the history					
Typical ¹	<input type="checkbox"/>	Atypical ²	<input type="checkbox"/>	Non-cardiac ⁴	<input type="checkbox"/>
1.4 Physician diagnosis					
Stable exertional angina (go to qn A1.5) ¹	<input type="checkbox"/>	ACS: Unstable angina ⁸ (go to qn A1.7)	<input type="checkbox"/>	ACS: STEMI ⁹ (go to qn A1.7)	<input type="checkbox"/>
				ACS: NSTEMI ¹⁰ (go to qn 1.7)	<input type="checkbox"/>
				Non-cardiac chest pain ⁴ (go to qn A2)	<input type="checkbox"/>
1.5 If stable angina, based on the history provided about the patient's activity level select CCS class (select only one option)					
Angina only during strenuous or prolonged exertion at work or recreation ¹					<input type="checkbox"/>
Slight limitation, with angina only during vigorous physical activity ²					<input type="checkbox"/>
Symptoms with everyday living activities, i.e. moderate limitation ³					<input type="checkbox"/>
Inability to perform any activity without angina or angina at rest, i.e. severe limitation ⁴					<input type="checkbox"/>
1.6 If stable angina, pre-test probability of coronary artery disease					Duke % probability of CAD
Low ¹	<input type="checkbox"/>	Medium ²	<input type="checkbox"/>	High ³	<input type="checkbox"/>
					%
1.7 If ACS					
Peak troponin level	<input type="text"/>	Units	<input type="text"/>	Troponin T or Troponin I value recorded?	T ¹ <input type="checkbox"/>
					I ² <input type="checkbox"/>
ECG changes: ST elevation ⁷ <input type="checkbox"/> ST depression ¹ <input type="checkbox"/> Yes, not further specified ⁸ <input type="checkbox"/> Other ³ (e.g. T wave inversion) <input type="checkbox"/> None ⁰ <input type="checkbox"/>					
A2. RISK FACTORS (at time of index investigation)					
2.1 Smoking	<input type="checkbox"/> Current smoker ¹ <input type="checkbox"/> Ex-smoker ² <input type="checkbox"/> Never smoked ⁴				
2.2 Hypertension	<input type="checkbox"/> Yes ¹ Year of diagnosis: <input type="text"/>				
2.3 Hyperlipidaemia	<input type="checkbox"/> Yes ¹ Year of diagnosis: <input type="text"/>				
2.4 Diabetes mellitus	<input type="checkbox"/> Yes ¹ Year of diagnosis: <input type="text"/> <input type="checkbox"/> ¹ Type 1 <input type="checkbox"/> ² Type 2				
2.5 Body weight	<input type="checkbox"/> Normal weight ¹ <input type="checkbox"/> Overweight ² <input type="checkbox"/> Obese ³ <input type="checkbox"/> Morbidly obese ⁴ <input type="checkbox"/> Elevated ⁵				
2.6 Family history (1st degree relative) of coronary heart disease	Relation	Age at diagnosis		Diagnosis	
	Mother ¹ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	MI ¹ <input type="checkbox"/>	CAD ² <input type="checkbox"/>

Positive ¹ <input type="checkbox"/>	Father ² <input type="checkbox"/>		MI ¹ <input type="checkbox"/>	CAD ² <input type="checkbox"/>
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2.7 Body measurements – record measurements closest to index

Date of measurements																				
<table border="1" style="margin:auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> </tr> </table>													D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													
Body weight	<input type="checkbox"/> _____ stones _____ pounds	OR	<input type="checkbox"/> _____ kg	AND	<input type="checkbox"/> _____ BMI															
Height	<input type="checkbox"/> _____ feet _____ inches	OR	<input type="checkbox"/> _____ cm																	

2.8 Blood pressure reading

	1) Enter value at index or before , but closest to index investigation <table border="1" style="margin:auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	2) Enter value after , but closest to index investigation 3) <table border="1" style="margin:auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																											
D	D	M	M	Y	Y	Y	Y																											
Systolic BP	<input style="width:80%;" type="text"/> mmHg	<input style="width:80%;" type="text"/> mmHg																																
Diastolic BP	<input style="width:80%;" type="text"/> mmHg	<input style="width:80%;" type="text"/> mmHg																																
Method of BP measurement	Invasive ¹ (ascending aorta) <input type="checkbox"/> Non-invasive ² <input type="checkbox"/>	Invasive ¹ (ascending aorta) <input type="checkbox"/> Non-invasive ² <input type="checkbox"/>																																
2.9 Heart rate	<input style="width:80%;" type="text"/> bpm	<input style="width:80%;" type="text"/> bpm																																

A3. PHYSICIAN DIAGNOSED PREVIOUS CARDIAC HISTORY *Include all events leading to but not including the current admission*

- Yes¹
 No² (go to qn A4)

Ischaemic heart disease (IHD) or coronary heart disease (CHD)	<input type="checkbox"/> Yes ¹		Date of first diagnosis																	
				<table border="1" style="margin:auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													
		Treatment (first admission for IHD/CHD): PCI ¹ <input type="checkbox"/> Medical ² <input type="checkbox"/> Surgery ³ <input type="checkbox"/>																		
Myocardial infarction (MI)	<input type="checkbox"/> Yes ¹	Number of total MIs	Date of first MI																	
		<input style="width:80%;" type="text"/>		<table border="1" style="margin:auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													
		Type (first MI if known): STEMI ¹ <input type="checkbox"/> NSTEMI ² <input type="checkbox"/>																		
Unstable angina	<input type="checkbox"/> Yes ¹	Number of total admissions	Date of first admission for unstable angina																	
		<input style="width:80%;" type="text"/>		<table border="1" style="margin:auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													
Angiogram	<input type="checkbox"/> Yes ¹	Number of total	Date of first Angiogram																	
		<input style="width:80%;" type="text"/>		<table border="1" style="margin:auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">D</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">M</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> <td style="text-align:center; font-size:8px;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													

Percutaneous coronary intervention (PCI)	<input type="checkbox"/> Yes ¹	Number of total PCIs	Date of first PCI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
				D	D	M	M	Y	Y	Y	Y		
		Number of total vessels revascularised ever (prior to index)	Number of total stents ever (prior to index)										
		<input type="text"/>	<input type="text"/>										
		<input type="text"/>											
Coronary artery bypass graft (CABG)	<input type="checkbox"/> Yes ¹	Number of total surgeries	Date of first CABG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
				D	D	M	M	Y	Y	Y	Y		
		<input type="text"/>	Number of total vessels bypassed ever (prior to index)										
		<input type="text"/>	<input type="text"/>										
Heart failure	<input type="checkbox"/> Yes ¹	Type: Ischaemic ¹ <input type="checkbox"/> Non-ischaemic cardiomyopathy ² <input type="checkbox"/> Hypertensive ³ <input type="checkbox"/> Other ⁴ <input type="checkbox"/>											
		NYHA class at enrolment: I ¹ <input type="checkbox"/> II ² <input type="checkbox"/> III ³ <input type="checkbox"/> IV ⁴ <input type="checkbox"/>											
		Latest LVEF value	Enter month and year of LVEF result										
		Good ¹ <input type="checkbox"/>	<input type="text"/>										
		Mild ² <input type="checkbox"/>	M M Y Y										
		Moderate ³ <input type="checkbox"/>											
		Severe ⁴ <input type="checkbox"/>											
Arrhythmia	<input type="checkbox"/> Yes ¹	Date of first diagnosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
				D	D	M	M	Y	Y	Y	Y		
		Type of arrhythmia (at first diagnosis):											
		Atrial fibrillation ¹ <input type="checkbox"/> Ventricular tachycardia ² <input type="checkbox"/> Supraventricular tachycardia ³ <input type="checkbox"/>											
		Bradyarrhythmia ⁴ <input type="checkbox"/> Atrial flutter ⁵ <input type="checkbox"/> Other ⁶ (state below) <input type="checkbox"/>											
		1 st device: Pacemaker ¹ <input type="checkbox"/> Implantable cardioverter defibrillator ² <input type="checkbox"/> Biventricular pacemaker ³ <input type="checkbox"/>											

		(ICD)							
		Date first device inserted							
			D	D	M	M	Y	Y	Y

A4. NON-CARDIAC HISTORY

- Yes¹
 No² (go to Section B)

Peripheral arterial disease	<input type="checkbox"/> Yes ¹	Location: Abdominal aortic aneurism ¹ <input type="checkbox"/> Lower limb ischaemia ² <input type="checkbox"/>	Date of first diagnosis																	
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													
Stroke	<input type="checkbox"/> Yes ¹	Type of stroke: Ischaemic ¹ <input type="checkbox"/> Haemorrhagic ² <input type="checkbox"/>	Date of first diagnosis	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													
TIA	<input type="checkbox"/> Yes ¹		Date of first diagnosis	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													
Chronic obstructive pulmonary disease/asthma	<input type="checkbox"/> Yes ¹	On treatment? Yes ¹ <input type="checkbox"/> No ⁰ <input type="checkbox"/>	Date of first diagnosis	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													
Chronic renal disease	<input type="checkbox"/> Yes ¹	Aetiology: Hypertension ¹ <input type="checkbox"/> Diabetes mellitus ² <input type="checkbox"/> Other ³ <input type="checkbox"/> <input type="checkbox"/>	Date of first diagnosis	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													
		Treatment: None ⁰ <input type="checkbox"/> Haemodialysis ¹ <input type="checkbox"/> Chronic peritoneal dialysis ² <input type="checkbox"/>	(e)GFR at enrolment	Value <input style="width: 80px;" type="text"/> GFR ¹ <input type="checkbox"/> eGFR ² <input type="checkbox"/> Units <input style="width: 100px;" type="text"/>																

Obstructive sleep apnoea	<input type="checkbox"/>	Treated?	Date of first diagnosis								
	Yes ¹	Yes ¹ <input type="checkbox"/> No ⁰ <input type="checkbox"/>		D	D	M	M	Y	Y	Y	Y
Depression	<input type="checkbox"/>	Treated?	Date of first diagnosis								
	Yes ¹	Yes ¹ <input type="checkbox"/> No ⁰ <input type="checkbox"/>		D	D	M	M	Y	Y	Y	Y
Cancer	<input type="checkbox"/>	Type of cancer	Date of first diagnosis								
	Yes ¹	<input type="text"/>		D	D	M	M	Y	Y	Y	Y

Other diagnoses			Year of diagnosis								
Year of diagnosis											
Diagnosis 1	<input type="text"/>	<input type="text"/>	Diagnosis 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnosis 2	<input type="text"/>	<input type="text"/>	Diagnosis 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnosis 3	<input type="text"/>	<input type="text"/>	Diagnosis 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION B: CORONARY CATHETERISATION

B. Results of index (preferred) or non-index angiogram soonest after date of index investigation

1.1 Invasive coronary angiogram +/- PCI = NATIVE VESSELS

				Enter date of procedure				Normal study							
				D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Yes ¹			
	Had previous stent? (tick if yes ¹)	Occlusion now (state % or mod/sev/ blocked))	Treated now? (enter BMS or DCS for type)		Had previous stent? (tick if yes ¹)	Occlusion now (state % or mod/sev/ blocked))	Treated now? (enter BMS or DCS for type)		Had previous stent? (tick if yes ¹)	Occlusion now (state % or mod/sev/ blocked))	Treated now? (enter BMS or DCS for type)				
LM				P LAD before 1 st branch				P LAD after 1 st branch							

1.3 Invasive coronary angiogram +/- PCI = GRAFTS

								Enter date of procedure		Normal study		
D	D	M	M	Y	Y	Y	Y				<input type="checkbox"/> Yes ¹	
	Type of graft (state IMA ¹ or vein graft (VG) ²)	Occlusion now (state % or mod/sev/ blocked))	Treated now? (enter BMS or DCS for type)		Type of graft (state IMA ¹ or vein graft (VG) ²)	Occlusion now (state % or mod/sev/ blocked))	Treated now? (enter BMS or DCS for type)		Type of graft (state IMA ¹ or vein graft (VG) ²)	Occlusion now (state % or mod/sev/ blocked))	Treated now? (enter BMS or DCS for type)	
LM				P LAD before 1 st branch				P LAD after 1 st branch				
D1				Septal				D2				
Mid LAD				Distal LAD				Ramus				
P LCX				OM1				OM2				
OM3				M LCX				D LCX				
P RCA				MRCA				D RCA				
PDA				PLV branch								
Dominance		Right ¹ <input type="checkbox"/>	LVEF		Good ¹ <input type="checkbox"/>	Mild ² <input type="checkbox"/>	Outcome (state)					
		Left ² <input type="checkbox"/>	%		Moderate ³ <input type="checkbox"/>	Severe ⁴ <input type="checkbox"/>						
		Co-dominance ³ <input type="checkbox"/>										

1.4 Overall assessment (from 1.1, 1.2 or 1.3)

Normal angiogram ¹ <input type="checkbox"/>	1 diseased vessel ² <input type="checkbox"/>	2 diseased vessel ³ <input type="checkbox"/>	3 diseased vessel ⁴ <input type="checkbox"/>
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SECTION C: OTHER INVESTIGATIONS

TESTS CARRIED OUT AT INDEX (PREFERRED) OR SOONEST BEFORE/AFTER INDEX, IF RELATED TO INDEX INVESTIGATION Collected from test reports or discharge summary

C1. Resting ECG findings

Test performed:	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <i>(If no, go to QC2)</i>	Date of resting ECG closest to index investigation	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
Normal study <i>(if the conclusion states normal)</i>	<input type="checkbox"/> Yes ¹	LBBB <input type="checkbox"/> Yes ¹	RBBB <input type="checkbox"/> Yes ¹																
Paced <input type="checkbox"/> Yes ¹ Type <input type="checkbox"/> Single-chamber ¹ <input type="checkbox"/> Dual-chamber ² <input type="checkbox"/> Rate-responsive ³ <input type="checkbox"/> Other (state below) ⁴	Abnormal findings (from text) <hr/> <hr/> <hr/> <hr/>																		

C2. Exercise electrocardiogram finding

Test performed:	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <i>(If no, go to QC3)</i>	Date of exercise ECG closest to index investigation	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
		Normal study <i>(if the conclusion states normal)</i> Yes ¹ <input type="checkbox"/>	Minutes exercised <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> mins </div>																
		BP response Normal ¹ <input type="checkbox"/> Abnormal ² <input type="checkbox"/>	Excessive high/fall? Excessive High ¹ <input type="checkbox"/> Excessive Fall ² <input type="checkbox"/>																

Pre-test HR: <input type="text"/> bpm		Age predicted max HR reached Yes ¹ <input type="checkbox"/>	Maximal HR reached: <input type="text"/> bpm
		>1 mm ST segment flattening/down sloping Yes ¹ <input type="checkbox"/>	Leads I ¹ <input type="checkbox"/> aVF ⁴ <input type="checkbox"/> V1 ⁷ <input type="checkbox"/> V4 ¹⁰ <input type="checkbox"/> II ² <input type="checkbox"/> aVL ⁵ <input type="checkbox"/> V2 ⁸ <input type="checkbox"/> V5 ¹¹ <input type="checkbox"/> III ³ <input type="checkbox"/> aVR ⁶ <input type="checkbox"/> V3 ⁹ <input type="checkbox"/> V6 ¹² <input type="checkbox"/>
		ST elevation Yes ¹ <input type="checkbox"/>	Leads I ¹ <input type="checkbox"/> aVF ⁴ <input type="checkbox"/> V1 ⁷ <input type="checkbox"/> V4 ¹⁰ <input type="checkbox"/> II ² <input type="checkbox"/> aVL ⁵ <input type="checkbox"/> V2 ⁸ <input type="checkbox"/> V5 ¹¹ <input type="checkbox"/> III ³ <input type="checkbox"/> aVR ⁶ <input type="checkbox"/> V3 ⁹ <input type="checkbox"/> V6 ¹² <input type="checkbox"/>
		Territory of ECG changes: Anterior ¹ <input type="checkbox"/> Lateral ² <input type="checkbox"/> Inferior ³ <input type="checkbox"/>	
		Ventricular ectopy during test Yes ¹ <input type="checkbox"/>	Chest pain during test Yes ¹ <input type="checkbox"/>

C3. Resting trans-thoracic echocardiogram findings

Test performed: <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <i>(If no, go to QC4)</i>	Date of resting trans-thoracic echo closest to index investigation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Normal study (if the conclusion states normal) Yes ¹ <input type="checkbox"/>	LVEF <input type="text"/> %							
	LVEF (from text) Good ¹ <input type="checkbox"/> Mild ² <input type="checkbox"/> <input type="checkbox"/> Moderate ³ <input type="checkbox"/> Severe ⁴ <input type="checkbox"/>	Regional wall motion abnormality Yes ¹ <input type="checkbox"/> (Go to C8 to enter results)							
	Left atrial size <input type="text"/> AP <small>Area (cm²)</small>	LVED dimension <input type="text"/> cm							

		Any significant valve disease? Yes ¹ <input type="checkbox"/>				
			Aortic ¹	Mitral ²	Tricuspid ³	Pulmonary ⁴
	Stenosis ¹	Moderate ¹				
		Severe ²				
	Regurgitation ²	Moderate ¹				
		Severe ²				
Tick the appropriate combination:						

C4. Stress echocardiogram test findings

Test performed:	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <i>(If no, go to QC5)</i>	Date of stress echo test closest to index investigation	<table border="1" style="width:100%; text-align:center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>															D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y																
Normal study <i>(if the conclusion states normal)</i> Yes ¹ <input type="checkbox"/>	Regional wall motion abnormality Yes ¹ <input type="checkbox"/> (Go to C8 to enter results)																								
		LVEF <input style="width:50px;" type="text"/> % Good ¹ <input type="checkbox"/> Mild ² <input type="checkbox"/> Moderate ³ <input type="checkbox"/> Severe ⁴ <input type="checkbox"/>	Was ischaemia induced? Yes ¹ <input type="checkbox"/> Stressor: Adenosine ¹ <input type="checkbox"/> Dobutamine ² <input type="checkbox"/> Dipyridamole ³ <input type="checkbox"/>																						

C5. Nuclear myocardial perfusion test findings

Test performed:	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² <i>(If no, go to QC6)</i>	Date of nuclear myocardial perfusion test closest to index investigation	<table border="1" style="width:100%; text-align:center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>															D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y																
Normal study <i>(if the conclusion states normal)</i> Yes ¹ <input type="checkbox"/>	Was ischaemia induced? Yes ¹ <input type="checkbox"/>																								
		LVEF <input style="width:50px;" type="text"/> % Good ¹ <input type="checkbox"/> Mild ² <input type="checkbox"/> Moderate ³ <input type="checkbox"/> Severe ⁴ <input type="checkbox"/>	Stressor : Adenosine ¹ <input type="checkbox"/> Dobutamine ² <input type="checkbox"/> Dipyridamole ³ <input type="checkbox"/>																						

Tick the appropriate combination

Type of perfusion defect	Severity	Basal anterior ¹	Basal anteroseptal ²	Basal inferoseptal ³	Basal inferior ⁴	Basal inferolateral ⁵	Basal anterolateral ⁶	Mid-anterior ⁷	Mid-anteroseptal ⁸	Mid-inferoseptal ⁹	Mid-inferior ¹⁰	Mid-inferolateral ¹¹	Mid-antrolateral ¹²	Apical anterior ¹³	Apical septal ¹⁴	Apical inferior ¹⁵	Lateral ¹⁶	Apex ¹⁷
		Reversible ¹	Mild ¹															
Moderate ²																		
Severe ³																		
Fixed ²																		

If fixed, give details

C6. CMR test findings

Test performed:	<input type="checkbox"/> Yes ¹	Date of CMR test closest to index investigation							
	<input type="checkbox"/> No ²		D	D	M	M	Y	Y	Y
	(If no, go to QC7)		Was ischaemia induced?						
	Yes ¹ <input type="checkbox"/>		Yes ¹ <input type="checkbox"/>						
	LVEF <input type="text"/> %		Stressor : Adenosine ¹ <input type="checkbox"/>						
	Good ¹ <input type="checkbox"/> Mild ² <input type="checkbox"/>		Dobutamine ² <input type="checkbox"/>						
	Moderate ³ <input type="checkbox"/> Severe ⁴ <input type="checkbox"/>		Dipyridamole ³ <input type="checkbox"/>						

Tick the appropriate combination

Type of perfusion defect	Severity	Basal anterior ¹	Basal anteroseptal ²	Basal inferoseptal ³	Basal inferior ⁴	Basal inferolateral ⁵	Basal anterolateral ⁶	Mid-anterior ⁷	Mid-anteroseptal ⁸	Mid-inferoseptal ⁹	Mid-inferior ¹⁰	Mid-inferolateral ¹¹	Mid-antrolateral ¹²	Apical anterior ¹³	Apical septal ¹⁴	Apical inferior ¹⁵	Lateral ¹⁶	Apex ¹⁷
		Reversible ¹	Mild ¹															
Moderate ²																		
Severe ³																		
Fixed ²																		

If fixed, give details

At time of index investigation

Dose

Unit

OD¹/BD²/TDS³/QDS⁴

On discharge

Dose

Unit

OD¹/BD²/TDS³/QDS⁴

Statin

Yes¹

Atorvastatin¹

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Fluvastatin²

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Lovastatin³

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Pravastatin⁴

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Simvastatin⁵

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Other state name¹⁰

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ACE inhibitor

Yes¹

Captopril¹

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Enalapril²

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Lisinopril³

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Perindopril⁴

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Quinapril⁵

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Ramipril⁶

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Trandolapril⁷

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Other state name¹⁰

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Yes¹

Captopril¹

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Enalapril²

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Lisinopril³

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Perindopril⁴

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Quinapril⁵

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Ramipril⁶

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Trandolapril⁷

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Other state

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<i>At time of index investigation</i>			Dose	Unit	OD ¹ /BD ² /TDS ³ /QDS ⁴	<i>On discharge</i>			Dose	Unit	OD ¹ /BD ² /TDS ³ /QDS ⁴	
Angiotensin receptor blocker	<input type="checkbox"/>	<input type="checkbox"/>	Candesartan ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Candesartan ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Yes ¹		Losartan ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes ¹		Losartan ²	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/>	Other state name ¹⁰ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	Other state <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Calcium channel blocker	<input type="checkbox"/>	<input type="checkbox"/>	Amlodipine ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amlodipine ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Yes ¹		Diltiazem ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes ¹		Diltiazem ²	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/>	Nifedipine ³	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	Nifedipine ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/>	Verapamil ⁴	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	Verapamil ⁴	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/>	Other state name ¹⁰ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	Other state <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long acting nitrate	<input type="checkbox"/>	<input type="checkbox"/>	Isosorbide dinitrate ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isosorbide dinitrate ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Yes ¹		Isosorbide mononitrate ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes ¹		Isosorbide mononitrate ²	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/>	Other state name ¹⁰ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	Other state <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GTN	<input type="checkbox"/>	<input type="checkbox"/>	n/a ⁰	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a ⁰	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Yes ¹						Yes ¹					

		<i>At time of index investigation</i>	Dose	Unit	OD ¹ /BD ² /TDS ³ /QDS ⁴	<i>On discharge</i>	Dose	Unit	OD ¹ /BD ² /TDS ³ /QDS ⁴	
Diuretic	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> Chlorothiazide ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> Chlorothiazide ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Metolazone ²	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Metolazone ²	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Bumetanide ³	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Bumetanide ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Ethacrynic acid ⁴	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Ethacrynic acid ⁴	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Frusemide ⁵	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Frusemide ⁵	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Torsemide ⁶	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Torsemide ⁶	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Amiloride ⁷	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Amiloride ⁷	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Eplerenone ⁸	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Eplerenone ⁸	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Spironolactone ⁹	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Spironolactone ⁹	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Other state name ¹⁰ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Other state <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Glucose lowering	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> Insulin ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> Insulin ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Metformin ²	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Metformin ²	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Gliclazide ³	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Gliclazide ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Other state name ¹⁰ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Other state <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardiac glycosides	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> Digoxin ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> Digoxin ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>

