



**A. 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>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes	
<b>Race</b> : (check all that apply) <input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup>		<input type="checkbox"/> Black/African American <sup>2071</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup>		<input type="checkbox"/> Asian <sup>2072</sup>	

**B. EPISODE OF CARE**

<b>Arrival Date/Time</b> <sup>3000,3001</sup> : mm / dd / yyyy HH:MM					
<b>Insurance Payors</b> : (check all that apply) <input type="checkbox"/> Private Health Insurance <sup>3005</sup> <input type="checkbox"/> Medicare <sup>3006</sup> <input type="checkbox"/> Medicaid <sup>3007</sup> <input type="checkbox"/> Military Health Care <sup>3008</sup> <input type="checkbox"/> State-Specific Plan (non-Medicaid) <sup>3009</sup> <input type="checkbox"/> Indian Health Service <sup>3010</sup> <input type="checkbox"/> Non-US Insurance <sup>3011</sup> <input type="checkbox"/> None <sup>3012</sup>					
<b>HIC</b> <sup>3015</sup> :		<b>Research Study</b> <sup>3030</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Study Patient ID</b> <sup>3032</sup> :			

**C. HISTORY AND RISK FACTORS (PATIENT HISTORY AND RISK FACTORS UP TO THE PROCEDURE)**

**CARDIAC HISTORY**

<b>Endocarditis</b> <sup>4000</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Infectious Endocarditis</b> <sup>4005</sup> : <input type="radio"/> Treated <input type="radio"/> Active	<b>Prior Aortic Valve Procedure</b> <sup>4060</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Most Recent AV Procedure Date</b> <sup>4065</sup> : mm / dd / yyyy
<b>Permanent Pacemaker</b> <sup>4010</sup> : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>AV Replacement – Surgical</b> <sup>4070</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>AV Type</b> <sup>4075</sup> : <input type="radio"/> Bioprosthetic stented <input type="radio"/> Bioprosthetic stentless
<b>Previous ICD</b> <sup>4015</sup> : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>AV Repair – Surgical</b> <sup>4080</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Prior PCI</b> <sup>4020</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Most Recent PCI Date</b> <sup>4025</sup> : mm / dd / yyyy	→ If Yes, <b>AV Balloon Valvuloplasty</b> <sup>4085</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Prior CABG</b> <sup>4030</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Most Recent CABG Date</b> <sup>4035</sup> : mm / dd / yyyy	→ If Yes, <b>AV Transcatheter Valve Replacement</b> <sup>4090</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>AV Transcatheter Valve Intervention</b> <sup>4091</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Prior Other Cardiac Surgery</b> <sup>4040</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Prior Non-Aortic Valve Procedure</b> <sup>4095</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>MV Replacement – Surgical</b> <sup>4100</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>MV Type</b> <sup>4105</sup> : <input type="radio"/> Mechanical <input type="radio"/> Bioprosthetic
<b># Previous Cardiac Surgeries</b> <sup>4055</sup> : <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> >=4	→ If Yes, <b>MV Repair – Surgical</b> <sup>4110</sup> : <input type="radio"/> No <input type="radio"/> Yes

**OTHER HISTORY AND RISK FACTORS**

<b>Prior Stroke</b> <sup>4120</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Most Recent Stroke Date</b> <sup>4125</sup> : mm / dd / yyyy	<b>Hypertension</b> <sup>4155</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Transient Ischemic Attack</b> <sup>4130</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Dyslipidemia</b> <sup>4160</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Carotid Stenosis</b> <sup>4135</sup> : <input type="radio"/> None <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both <input type="radio"/> NA → If Right, Left or Both, <b>Prior CEA/CAS</b> <sup>4140</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Right, Both, <b>Right Carotid Severity</b> <sup>4141</sup> : <input type="radio"/> 80-99% <input type="radio"/> 100% → If Left, Both, <b>Left Carotid Severity</b> <sup>4142</sup> : <input type="radio"/> 80-99% <input type="radio"/> 100% → If Right, Left, Both, <b>Sx w/in 60 days</b> <sup>4144</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Diabetes Mellitus</b> <sup>4165</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Diabetes Therapy</b> <sup>4170</sup> : <input type="radio"/> None <input type="radio"/> Diet <input type="radio"/> Oral <input type="radio"/> Insulin <input type="radio"/> Other
<b>Peripheral Arterial Disease</b> <sup>4145</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Currently on Dialysis</b> <sup>4175</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Current/Recent Smoker</b> <sup>4150</sup> : (<1 Year) <input type="radio"/> No <input type="radio"/> Yes	<b>Chronic Lung Disease</b> <sup>4180</sup> : <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
	<b>Home Oxygen</b> <sup>4181</sup> : <input type="radio"/> No <input type="radio"/> Yes
	<b>Hostile Chest</b> <sup>4182</sup> : <input type="radio"/> No <input type="radio"/> Yes
	<b>Immunocompromise Present</b> <sup>4185</sup> : <input type="radio"/> No <input type="radio"/> Yes

**D. PRE-PROCEDURE STATUS (COMPLETE FOR THE PROCEDURE)**

<b>CAD Presentation</b> <sup>5000</sup> : <input type="radio"/> No Sxs, no angina (14 days) <input type="radio"/> Sx unlikely to be ischemic (14 days) <input type="radio"/> Stable angina (42 days) <input type="radio"/> Unstable angina (60 days) <input type="radio"/> Non-STEMI (7 days) <input type="radio"/> STEMI (7 days)
<b>Prior MI</b> <sup>5005</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Prior MI Timeframe</b> <sup>5010</sup> : <input type="radio"/> < 30 Days <input type="radio"/> >= 30 days



**D. PRE-PROCEDURE STATUS CONT'D (COMPLETE FOR THE PROCEDURE)**

Heart Failure w/in 2 Weeks <sup>5020</sup> :	<input type="radio"/> No <input type="radio"/> Yes	Conduction Defect <sup>5055</sup> :	<input type="radio"/> No <input type="radio"/> Yes
NYHA Class w/in 2 Weeks <sup>5025</sup> :	<input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV	Five Meter Walk Test <sup>5085</sup> :	<input type="radio"/> No <input type="radio"/> Yes
Cardiogenic Shock w/in 24 Hours <sup>5030</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, Time 1 <sup>5090</sup> :	_____ seconds
Cardiac Arrest w/in 24 Hours <sup>5035</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, Time 2 <sup>5095</sup> :	_____ seconds
Cardiac Procedure w/in 30 Days <sup>5040</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, Time 3 <sup>5100</sup> :	_____ seconds
Porcelain Aorta <sup>5045</sup> :	<input type="radio"/> No <input type="radio"/> Yes	EuroSCORE II <sup>5110</sup> :	_____ %
Atrial Fibrillation/Flutter <sup>5050</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
KCCQ-12 Performed <sup>5169</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
→If Yes, KCCQ-12 <sup>5170-5181</sup> :	Q1a: _____ Q1b: _____ Q1c: _____ Q2: _____ Q3: _____ Q4: _____		
(See separate questionnaire)	Q5: _____ Q6: _____ Q7: _____ Q8a: _____ Q8b: _____ Q8c: _____		

**CLINICAL DATA (CLOSEST TO THE PROCEDURE)**

Height <sup>5200</sup> :	_____ cm	Weight <sup>5205</sup> :	_____ kg
Hemoglobin <sup>5250</sup> :	_____ g/dL <input type="checkbox"/> Not Drawn <sup>5251</sup>	Creatinine <sup>5255</sup> :	_____ mg/dL <input type="checkbox"/> Not Drawn <sup>5256</sup>
Platelet Count <sup>5260</sup> :	_____ $\mu$ L <input type="checkbox"/> Not Drawn <sup>5261</sup>	INR <sup>5265</sup> :	_____ <input type="checkbox"/> Not Drawn <sup>5266</sup>
Albumin <sup>5270</sup> :	_____ g/dL <input type="checkbox"/> Not Drawn <sup>5271</sup>	Bilirubin <sup>5275</sup> :	_____ mg/dL <input type="checkbox"/> Not Drawn <sup>5276</sup>
FEV1 Predicted <sup>5280</sup> :	_____ % <input type="checkbox"/> Not Performed <sup>5281</sup>	DLCO Predicted <sup>5285</sup> :	_____ % <input type="checkbox"/> Not Performed <sup>5286</sup>

**MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO THE PROCEDURE)**

Unfractionated Heparin <sup>5400,5405</sup> :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Anticoagulants <sup>5400,5405</sup> : (other)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Aspirin <sup>5400,5405</sup> :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Direct Thrombin Inhibitors <sup>5400,5405</sup> :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Inotropes <sup>5400,5405</sup> : (positive)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded

**DIAGNOSTIC CATH FINDINGS / ECHOCARDIOGRAM FINDINGS**

Diagnostic Cath <sup>5500</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Diagnostic Cath Date <sup>5505</sup> :	mm / dd / yyyy
Number of Diseased Vessels <sup>5506</sup> :	<input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		
Left Main Stenosis $\geq$ 50% <sup>5507</sup> :	<input type="radio"/> No <input type="radio"/> Yes	Left Atrial Area <sup>5592</sup> :	_____ cm <sup>2</sup>
Proximal LAD $\geq$ 70% <sup>5508</sup> :	<input type="radio"/> No <input type="radio"/> Yes	Left Ventricular Internal Systolic Dimension <sup>5595</sup> :	_____ cm
LVEF <sup>5565</sup> :	_____ % <input type="checkbox"/> LVEF Not Assessed <sup>5566</sup>	Left Ventricular Internal Diastolic Dimension <sup>5600</sup> :	_____ cm
Right Ventricular Systolic Pressure <sup>5568</sup> : (highest)	_____ mmHg	Septal Wall Thickness <sup>5605</sup> :	_____ cm
Pulmonary Capillary Wedge Pressure <sup>5590</sup> :	_____ mmHg	Posterior Wall Thickness <sup>5610</sup> :	_____ cm

AV Disease Etiology <sup>5620</sup> :	<input type="radio"/> Degenerative <input type="radio"/> Endocarditis <input type="radio"/> Congenital <input type="radio"/> Rheumatic <input type="radio"/> Primary aortic disease <input type="radio"/> LV outflow tract obstruction <input type="radio"/> Supravalvular aortic stenosis <input type="radio"/> Tumor <input type="radio"/> Trauma <input type="radio"/> Other
Aortic Insufficiency <sup>5630</sup> : (highest)	<input type="radio"/> None <input type="radio"/> Trace/Trivial <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
Valve Morphology <sup>5640</sup> :	<input type="radio"/> Unicuspid <input type="radio"/> Bicuspid <input type="radio"/> Tricuspid <input type="radio"/> Quadracuspid <input type="radio"/> Uncertain
Annular Calcification <sup>5645</sup> :	<input type="radio"/> No <input type="radio"/> Yes
AV Peak Velocity (CW) <sup>5650</sup> :	_____ m/s
AV Annulus Size <sup>5655</sup> :	_____ mm
→Annulus Size Assessment Method <sup>5660</sup> :	<input type="radio"/> TTE <input type="radio"/> TEE <input type="radio"/> CTA <input type="radio"/> Angiography



## DIAGNOSTIC CATH FINDINGS / ECHOCARDIOGRAM FINDINGS CONT'D

**Aortic Stenosis**<sup>5665</sup>:

No  Yes

→If Yes, **AV Area**<sup>5670</sup>: (smallest) \_\_\_\_\_ cm<sup>2</sup>

→If Yes, **AV Mean Gradient**<sup>5675</sup>: (highest) \_\_\_\_\_ mmHg

→If Yes, **AV Peak Gradient**<sup>5680</sup>: (highest) \_\_\_\_\_ mmHg

**Mitral Valve Disease**<sup>5685</sup>:

No  Yes

→If Yes, **Mitral Insufficiency**<sup>5695</sup>: (highest)  None  Trace/Trivial  Mild  Moderate  Severe

→If Yes, **Mitral Stenosis**<sup>5705</sup>:  No  Yes

→If Yes, **MV Area**<sup>5710</sup>: (smallest) \_\_\_\_\_ cm<sup>2</sup>

→If Yes, **MV Mean Gradient**<sup>5715</sup>: (highest) \_\_\_\_\_ mmHg

**Tricuspid Valve Disease**<sup>5720</sup>:

No  Yes

→If Yes, **Tricuspid Insufficiency**<sup>5735</sup>: (highest)  None  Trace/Trivial  Mild  Moderate  Severe

## E. PROCEDURE INFORMATION

**Operator A Name**<sup>6000,6005,6010</sup>:

**Operator A NPI**<sup>6015</sup>:

**Operator B Name**<sup>6020,6025,6030</sup>:

**Operator B NPI**<sup>6035</sup>:

**Procedure Start Date/Time**<sup>6040,6041</sup>: mm / dd / yyyy HH:MM

**Procedure Stop Date/Time**<sup>6045,6046</sup>: mm / dd / yyyy HH:MM

**Procedure Location**<sup>6050</sup>:  Hybrid OR Suite  Hybrid Cath Suite  CathLab  Other

**Procedure Status**<sup>6055</sup>:  Elective  Urgent  Emergency  Salvage

**Primary Procedure Indication**<sup>6060</sup>:  Primary AS  Primary AI  Mixed AS/AI  Failed Bioprosthetic Valve

**Valve-in-Valve Procedure**<sup>6065</sup>:  No  Yes →If Yes, **Status**<sup>6070</sup>:  Elective  Immediate intraprocedure

**Operator Reason for Procedure**<sup>6071</sup>:

- Patient preference  Inoperable (technical)  
 Prohibitive risk (co-morbid conditions)  Prohibitive risk (debilitated/deconditioned patient)  
 Other

**Evaluation of Suitability for Open AVR by Two Surgeons**<sup>6072</sup>:  No  Yes

**Procedure Aborted**<sup>6075</sup>:  No  Yes

→If Yes, **Reason**<sup>6080</sup>:  Difficult arterial access  Annulus too large for implant  Transapical access issue  
 Transaortic access issue  Inability to navigate from access to valve  Other

**Conversion to Open Heart Surgery**<sup>6085</sup>:  No  Yes

→If Yes, **Reason**<sup>6090</sup>:  Valve dislodged to aorta  Valve dislodged to left ventricle  Ventricular rupture  
 Annulus rupture  Aortic dissection  Coronary occlusion  Other

**Mechanical Assist Device in Place at Start of Procedure**<sup>6095</sup>:  No  Yes – IABP  Yes - Catheter-based assist device (Impella, Tandem Heart)

**CardioPulmonary Bypass Used**<sup>6100</sup>:  No  Yes

→If Yes, **Status**<sup>6101</sup>:  Elective  Emergent →If Yes, **CPB Time**<sup>6105</sup>: \_\_\_\_\_ mins

**Type of Anesthesia**<sup>6110</sup>:  Moderate sedation  General anesthesia  Epidural  Combination

**Rapid Ventricular Pacing**<sup>6115</sup>:  No  Yes →If Yes, **Total Pacing Time**<sup>6116</sup>: \_\_\_\_\_ mins

## INTRA-PROCEDURE MEDICATIONS (ADMINISTERED DURING THE PROCEDURE)

**Unfractionated Heparin**<sup>6120,6125</sup>:  No  Yes  Contraindicated  Blinded

**Anticoagulants**<sup>6120,6125</sup>: (other)  No  Yes  Contraindicated  Blinded

**Direct Thrombin Inhibitors**<sup>6120,6125</sup>:  No  Yes  Contraindicated  Blinded

**Inotropes**<sup>6120,6125</sup>: (positive)  No  Yes  Contraindicated  Blinded



## DEVICE INFORMATION

**Minimum Lumen Diameter in Access Ilio-femoral Artery**<sup>6195</sup>: \_\_\_\_\_ mm  Not Accessed<sup>6196</sup>

**Valve Sheath Access Site**<sup>6200</sup>:  Femoral  Axillary  Transapical  
 Transaortic  Subclavian  Other

**Valve Sheath Access Method**<sup>6205</sup>:  Percutaneous  Cutdown  Mini thoracotomy  Mini sternotomy  Other

**Valve Sheath Delivery Size**<sup>6210</sup>: \_\_\_\_\_ French **Largest Valvuloplasty Balloon Size**<sup>6215</sup>: (pre-implant) \_\_\_\_\_ mm

**Device 1 Used**<sup>6225</sup>: \_\_\_\_\_ Refer to Device List **Device Serial Number**<sup>6230</sup>: \_\_\_\_\_

**Device 2 Used**<sup>6225</sup>: \_\_\_\_\_ Refer to Device List **Device Success**<sup>6235</sup>:  No  Yes

HEMODYNAMICS	PRE-IMPLANT	POST-IMPLANT
<b>Pulse</b> <sup>6310,6365</sup> :	_____ bpm	_____ bpm
<b>Aortic Sys/Diastolic Pressure</b> <sup>6315,6320,6370,6375</sup> :	_____ / _____ mmHg	_____ / _____ mmHg
<b>Mean Aortic Pressure</b> <sup>6325,6380</sup> :	_____ mmHg	_____ mmHg
<b>AV Gradient</b> <sup>6385,6390</sup> :		<b>Mean:</b> _____ mmHg <b>Peak:</b> _____ mmHg
<b>Calculated Aortic Valve Area</b> <sup>6340,6395</sup> :	_____ cm <sup>2</sup>	_____ cm <sup>2</sup>
<b>Cardiac Output</b> <sup>6345,6400</sup> :	_____ L/min	_____ L/min
<b>Contrast Volume</b> <sup>6450</sup> : _____ ml		
<b>Radiation Dose Measurement Method</b> <sup>6455</sup> : <input type="radio"/> Single Plane <input type="radio"/> Biplane		
→ <b>Fluoroscopy Time</b> <sup>6460</sup> : _____ minutes		
→ <b>Cumulative Air Kerma</b> <sup>6465</sup> : _____ mGy		
→ <b>Dose Area Product</b> <sup>6470</sup> : _____ → <b>DAP Units</b> <sup>6475</sup> : <input type="radio"/> Gy-cm2 <input type="radio"/> cGy-cm2 <input type="radio"/> mGy-cm2 <input type="radio"/> μGy-M2		

## F. ADVERSE EVENTS, INTERVENTIONS AND SURGICAL PROCEDURES (SPECIFY THE EVENT DATE FOR EACH EVENT OCCURRENCE.)

**Intra or Post Procedure Events Occurred**<sup>7300</sup>:  No  Yes →If Yes, specify the **Event**<sup>7301</sup> and **Event Date(s)**<sup>7302</sup>:

<b>Myocardial Infarction</b> <sup>E001</sup> :	mm / dd / yyyy	<b>Hematoma at Access Site</b> <sup>E018</sup> :	mm / dd / yyyy
<b>Coronary Compression or Obstruction</b> <sup>E002</sup> :	mm / dd / yyyy	<b>Retroperitoneal Bleeding</b> <sup>E019</sup> :	mm / dd / yyyy
<b>Endocarditis</b> <sup>E003</sup> :	mm / dd / yyyy	<b>GI Bleed</b> <sup>E020</sup> :	mm / dd / yyyy
<b>Conduction/Native Pacer Disturbance</b> <sup>E004</sup> :	mm / dd / yyyy	<b>GU Bleed</b> <sup>E021</sup> :	mm / dd / yyyy
<b>Cardiac Arrest</b> <sup>E005</sup> :	mm / dd / yyyy	<b>Other Bleed</b> <sup>E022</sup> :	mm / dd / yyyy
<b>Atrial Fibrillation</b> <sup>E006</sup> :	mm / dd / yyyy	<b>Device Migration</b> <sup>E023</sup> :	mm / dd / yyyy
<b>Annular Dissection</b> <sup>E007</sup> :	mm / dd / yyyy	<b>Device Embolization Left Ventricle</b> <sup>E024</sup> :	mm / dd / yyyy
<b>Aortic Dissection</b> <sup>E008</sup> :	mm / dd / yyyy	<b>Device Embolization Aorta</b> <sup>E025</sup> :	mm / dd / yyyy
<b>Perforation with or w/o Tamponade</b> <sup>E009</sup> :	mm / dd / yyyy	<b>Device Recapture or Retrieval</b> <sup>E026</sup> :	mm / dd / yyyy
<b>Transient Ischemic Attack</b> <sup>E010</sup> : (complete Adjudication)	mm / dd / yyyy	<b>Device Thrombosis</b> <sup>E027</sup> :	mm / dd / yyyy
<b>Ischemic Stroke</b> <sup>E011</sup> : (complete Adjudication)	mm / dd / yyyy	<b>Other Device Related Event</b> <sup>E028</sup> :	mm / dd / yyyy
<b>Hemorrhagic Stroke</b> <sup>E012</sup> : (complete Adjudication)	mm / dd / yyyy	<b>New Requirement for Dialysis</b> <sup>E029</sup> :	mm / dd / yyyy
<b>Undetermined Stroke</b> <sup>E013</sup> : (complete Adjudication)	mm / dd / yyyy	<b>Aortic Valve Re-intervention</b> <sup>E030</sup> : (complete Adjudication)	mm / dd / yyyy
<b>Transapical Related Event</b> <sup>E014</sup> :	mm / dd / yyyy	<b>Unplanned Other Cardiac Surgery or Intervention</b> <sup>E031</sup> : (not AVR or PCI)	mm / dd / yyyy
<b>Transaortic Related Event</b> <sup>E015</sup> :	mm / dd / yyyy		<b>Unplanned Vascular Surgery or Intervention</b> <sup>E032</sup> : (for Bleeding or Access Site Complication)
<b>Vascular Access Site Complication Req Rx</b> <sup>E016</sup> :	mm / dd / yyyy	<b>PCI</b> <sup>E033</sup> :	
<b>Bleeding at Access Site</b> <sup>E017</sup> :	mm / dd / yyyy		



**G. POST-PROCEDURE LABS AND TESTS**

<p><b>Troponin</b><sup>8000</sup>: <input type="radio"/> No <input type="radio"/> Yes – I <input type="radio"/> Yes – T</p> <p>→If Yes, <b>Date/Time</b><sup>8005,8006</sup>: mm / dd / yyyy HH:MM</p> <p>→If Yes, <b>Value</b><sup>8010</sup>: _____ (ng/mL)</p> <p>→URL<sup>8015</sup>: _____</p>	<p><b>CK</b><sup>8020</sup>: <input type="radio"/> Not Drawn <input type="radio"/> Drawn and normal <input type="radio"/> Drawn and not normal</p> <p>→If not normal, <b>CK-MB Date/Time</b><sup>8025,8026</sup>: mm / dd / yyyy HH:MM</p> <p>→If not normal, <b>CK-MB Value</b><sup>8030</sup>: _____ ng/mL</p> <p>→ <b>ULN</b><sup>8035</sup>: _____</p>
<p><b>Lowest Hemoglobin</b><sup>8040</sup>: _____ g/dL <input type="checkbox"/> Not Drawn<sup>8041</sup></p>	<p><b>Highest Creatinine</b><sup>8050</sup>: _____ mg/dL <input type="checkbox"/> Not Drawn<sup>8051</sup></p>
<p><b>Discharge Hemoglobin</b><sup>8045</sup>: _____ g/dL <input type="checkbox"/> Not Drawn<sup>8046</sup></p>	<p><b>Discharge Creatinine</b><sup>8055</sup>: _____ mg/dL <input type="checkbox"/> Not Drawn<sup>8056</sup></p>
<p><b>12-Lead ECG Findings</b><sup>8060</sup>: <input type="radio"/> Not performed <input type="radio"/> No significant changes <input type="radio"/> New pathological Q-wave or LBBB</p>	
<p><b>Echocardiogram</b><sup>8065</sup>: <input type="radio"/> Not Performed <input type="radio"/> Yes - TTE <input type="radio"/> Yes - TEE</p> <p>→If TTE, TEE, <b>Date</b><sup>8070</sup>: mm / dd / yyyy</p> <p>→If TTE, TEE, <b>Mitral Insufficiency</b><sup>8075</sup>: <input type="radio"/> None <input type="radio"/> Trace/Trivial <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe</p> <p>→If TTE, TEE, <b>Aortic Stenosis</b><sup>8080</sup>: <input type="radio"/> No <input type="radio"/> Yes</p> <p>→If TTE, TEE, <b>AV Area</b><sup>8085</sup>: (smallest) _____ cm<sup>2</sup></p> <p>→If TTE, TEE, <b>Mean Gradient</b><sup>8090</sup>: (highest) _____ mmHg</p> <p>→If TTE, TEE, <b>Aortic Insufficiency Severity</b><sup>8095</sup>: <input type="radio"/> None <input type="radio"/> Trace/Trivial <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe</p> <p>→If Trace/Trivial, Mild, Moderate, or Severe <b>Perivalvular Severity</b><sup>8106</sup>: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe</p> <p>→If Trace/Trivial, Mild, Moderate, or Severe <b>Central Severity</b><sup>8107</sup>: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe</p>	

**H. DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE)**

<p><b>RBC/Whole Blood Transfusion</b><sup>9011</sup>: <input type="radio"/> No <input type="radio"/> Yes</p> <p>→If Yes, <b># Units Transfused</b><sup>9012</sup>: _____</p>
<p><b>Number of Hours in ICU</b><sup>9040</sup>: _____</p>
<p><b>Discharge Date</b><sup>9045</sup>: mm / dd / yyyy</p>
<p><b>Discharge Status</b><sup>9050</sup>: <input type="radio"/> Alive <input type="radio"/> Deceased</p> <p>→If Alive, <b>Discharge Location</b><sup>9055</sup>: <input type="radio"/> Home <input type="radio"/> Extended care/TCU/rehab <input type="radio"/> Other acute care hospital</p> <p><input type="radio"/> Nursing home <input type="radio"/> Hospice <input type="radio"/> Other <input type="radio"/> Left against medical advice (AMA)</p> <p>→If Deceased, <b>Death in Lab/OR</b><sup>9060</sup>: <input type="radio"/> No <input type="radio"/> Yes</p> <p>→If Deceased, <b>Primary Cause of Death</b><sup>9065</sup>: <input type="radio"/> Cardiac <input type="radio"/> Neurologic <input type="radio"/> Renal <input type="radio"/> Vascular <input type="radio"/> Infection</p> <p><input type="radio"/> Valvular <input type="radio"/> Pulmonary <input type="radio"/> Unknown <input type="radio"/> Other</p>

**DISCHARGE MEDICATIONS (DISCHARGE MEDICATIONS ARE NOT REQUIRED FOR PATIENTS WHO EXPIRED OR WERE DISCHARGED TO 'OTHER ACUTE CARE HOSPITAL', 'HOSPICE', OR 'AMA')**

<b>ACE Inhibitor</b> <sup>9100,9105</sup> : (any)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
<b>Warfarin</b> <sup>9100,9105</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
<b>ARB</b> <sup>9100,9105</sup> : (any)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
<b>Aspirin</b> <sup>9100,9105</sup> : (any)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
<b>Beta Blocker</b> <sup>9100,9105</sup> : (any)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
<b>Antiarrhythmics</b> <sup>9100,9105</sup> : (any)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
<b>Dabigatran</b> <sup>9100,9105</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
<b>P2Y12</b> <sup>9100,9105</sup> : (any)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded



**I. FOLLOW-UP (30 DAYS, 1 YEAR FROM DATE OF PROCEDURE)**

<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</b> <sup>6040</sup> : mm / dd / yyyy	<b>Other ID</b> <sup>2045</sup> :	<b>Study Patient ID</b> <sup>3032</sup> : (optional)

**Assessment Date**<sup>10000</sup>: mm / dd / yyyy (Note: if the patient has not been discharged at 30 days, capture the 30 day F/U at the date of discharge.)

**Primary Method to Determine Status**<sup>10005</sup>:  Clinic  Medical record  Letter from medical provider  
 Phone call to patient/family  Social Security death master file  Other

**Status**<sup>10010</sup>:  Alive  Deceased  Lost to follow-up  Withdrawn  
 →If Deceased, **Primary Cause of Death**<sup>10015</sup>:  Cardiac  Neurologic  Renal  Vascular  Infection  
 Valvular  Pulmonary  Unknown  Other  
 →If Deceased, **Date of Death**<sup>10020</sup>: mm / dd / yyyy

**Hemoglobin**<sup>10085</sup>: \_\_\_\_ g/dL  Not Drawn<sup>10086</sup> **Creatinine**<sup>10090</sup>: \_\_\_\_ mg/dL  Not Drawn<sup>10091</sup>

**Anginal Class at Follow-up**<sup>10095</sup>:  No angina  I  II  III  IV **NYHA Classification at Follow-up**<sup>10100</sup>:  I  II  III  IV

**Five Meter Walk**<sup>10135</sup>:  No  Yes →If Yes, **Time 1**<sup>10140</sup>: \_\_\_\_ seconds **Time 2**<sup>10145</sup>: \_\_\_\_ seconds **Time 3**<sup>10150</sup>: \_\_\_\_ seconds

**12-Lead ECG Findings**<sup>10155</sup>:  Not performed  No significant changes  New changes noted  
 →If New changes noted, **ECG Changes Noted**<sup>10160</sup>:  Pathological Q-wave or LBBB  Arrhythmia  Both

**Echocardiogram**<sup>10206</sup>:  Not Performed  Yes - TTE  Yes - TEE →If TTE, TEE, **Date**<sup>10207</sup>: mm / dd / yyyy  
 →If TTE, TEE, **LVEF**<sup>10210</sup>: \_\_\_\_ %  LVEF Not Assessed<sup>10211</sup>  
 →If TTE, TEE, **Mean Gradient**<sup>10215</sup>: (highest) \_\_\_\_ mmHg  
 →If TTE, TEE, **Aortic Insufficiency Severity**<sup>10220</sup>:  None  Trace/Trivial  Mild  Moderate  Severe  
 →If Trace/Trivial, Mild, Moderate, or Severe **Perivalvular Severity**<sup>10225</sup>:  None  Mild  Moderate  Severe  
 →If Trace/Trivial, Mild, Moderate, or Severe **Central Severity**<sup>10227</sup>:  None  Mild  Moderate  Severe

**KCCQ-12 Performed**<sup>10230</sup>:  No  Yes  
 →If Yes, **KCCQ-12**<sup>10231-10243</sup>: **Q1a:** \_\_\_\_ **Q1b:** \_\_\_\_ **Q1c:** \_\_\_\_ **Q2:** \_\_\_\_ **Q3:** \_\_\_\_ **Q4:** \_\_\_\_  
 (See separate questionnaire) **Q5:** \_\_\_\_ **Q6:** \_\_\_\_ **Q7:** \_\_\_\_ **Q8a:** \_\_\_\_ **Q8b:** \_\_\_\_ **Q8c:** \_\_\_\_

**ADVERSE EVENTS, READMISSIONS, INTERVENTIONS AND SURGICAL PROCEDURES** (SPECIFY THE EVENT DATE FOR EACH EVENT THAT OCCURRED BETWEEN DISCHARGE AND 30-DAY F/U, OR BETWEEN F/U ASSESSMENT DATE #1 AND F/U ASSESSMENT DATE #2.)

**Follow-Up Event(s) Occurred**<sup>10245</sup>:  No  Yes →If Yes, specify the **Event**<sup>10246</sup> and **Event Date(s)**<sup>10247</sup>:

<b>Myocardial Infarction</b> <sup>E001</sup> : mm / dd / yyyy	<b>Unplanned Other Cardiac Surgery or Intervention</b> <sup>E031</sup> : (not AVR or PCI) mm / dd / yyyy
<b>Transient Ischemic Attack</b> <sup>E010</sup> : (complete Adjudication) mm / dd / yyyy	<b>Unplanned Vascular Surgery or Intervention</b> <sup>E032</sup> : (for Bleeding or Access Site Complication) mm / dd / yyyy
<b>Ischemic Stroke</b> <sup>E011</sup> : (complete Adjudication) mm / dd / yyyy	<b>PCI</b> <sup>E033</sup> : mm / dd / yyyy
<b>Hemorrhagic Stroke</b> <sup>E012</sup> : (complete Adjudication) mm / dd / yyyy	<b>Valve Related Readmission</b> <sup>E034</sup> : mm / dd / yyyy
<b>Undetermined Stroke</b> <sup>E013</sup> : (complete Adjudication) mm / dd / yyyy	<b>Non-Valve Related Readmission</b> <sup>E035</sup> : mm / dd / yyyy
<b>Transapical Related Event</b> <sup>E014</sup> : mm / dd / yyyy	<b>Major Vascular Complication</b> <sup>E036</sup> : mm / dd / yyyy
<b>New Requirement for Dialysis</b> <sup>E029</sup> : mm / dd / yyyy	<b>Life Threatening Bleeding</b> <sup>E037</sup> : mm / dd / yyyy
<b>Aortic Valve Re-intervention</b> <sup>E030</sup> : (complete Adjudication) mm / dd / yyyy	<b>Device Fracture</b> <sup>E038</sup> : mm / dd / yyyy

**FOLLOW-UP MEDICATIONS** (MEDICATIONS PRESCRIBED OR TAKEN AT THE TIME OF FOLLOW-UP)

<b>ACE Inhibitor</b> <sup>10250,10255</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<b>Aspirin</b> <sup>10250,10255</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
<b>Warfarin</b> <sup>10250,10255</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<b>Beta Blocker</b> <sup>10250,10255</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
<b>ARB</b> <sup>10250,10255</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<b>Antiarrhythmics</b> <sup>10250,10255</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
<b>Dabigatran</b> <sup>10250,10255</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<b>P2Y12</b> <sup>10250,10255</sup> : (any) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded



**J. ADJUDICATION FORM** (COMPLETE FOR EACH ISCHEMIC, HEMORRHAGIC, UNDETERMINED STROKE, TIA OR AORTIC VALVE RE-INTERVENTION)

**Last Name**<sup>2000</sup>: \_\_\_\_\_ **First Name**<sup>2010</sup>: \_\_\_\_\_ **Patient ID**<sup>2040</sup>: \_\_\_\_\_  
**Reference Procedure Start Date**<sup>6040</sup>: mm / dd / yyyy **Other ID**<sup>2045</sup>: \_\_\_\_\_ **Study Patient ID**<sup>3032</sup>: (optional)

**Adjudication Event**<sup>12000</sup>:  Stroke  TIA  Aortic Valve Re-intervention

**Adjudication Date**<sup>12005</sup>: mm / dd / yyyy

**Status**<sup>12010</sup>:  Alive  Deceased → **If Deceased, Date of Death**<sup>12011</sup>: mm / dd / yyyy

→ **If Event**<sup>12000</sup> = Stroke or TIA

**Date of Symptom Onset**<sup>12015</sup>: (approximate) mm / dd / yyyy  
**Neurologic Deficit with Rapid Onset**<sup>12020</sup>:  No  Yes  
 → **If Yes, Clinical Presentation**<sup>12025</sup>:  Stroke/TIA  Non-Stroke  
 → **If Stroke/TIA, Symptom Duration ≥ 24 hours**<sup>12030</sup>:  No  Yes  
 → **If Stroke/TIA, Therapeutic Intervention Performed**<sup>12035</sup>:  No  Yes  
 → **If Stroke/TIA, Neuroimaging Performed**<sup>12040</sup>:  No  Yes  
 → **If Yes, Deficit Type**<sup>12045</sup>:  No deficit  Infarction  Hemorrhage  Both  
 → **If Stroke/TIA, Lumbar Puncture Confirmation of Intracranial Hemorrhage**<sup>12050</sup>:  No  Yes  
 → **If Stroke/TIA, Neurologist/Neurosurgeon Confirmation of Diagnosis**<sup>12055</sup>:  No  Yes  
 → **If Stroke/TIA, Death as a Result of Neurologic Deficit**<sup>12060</sup>:  No  Yes

**Clinical Comments**<sup>12065</sup>: (information and details that may assist in assessing the stroke or TIA)

→ **If Event**<sup>12000</sup> = Aortic Valve Re-intervention

**Aortic Valve Re-intervention Date**<sup>12100</sup>: mm / dd / yyyy

**Aortic Valve Re-intervention Type**<sup>12105</sup>:  Surgical AV Repair/Replacement  Transcatheter AVR  
 Balloon Valvuloplasty  Other Transcatheter Intervention

→ **If Other Transcatheter Intervention, Type**<sup>12110</sup>: \_\_\_\_\_

**Primary Indication**<sup>12115</sup>:  Aortic insufficiency  Aortic stenosis  Device migration  Device fracture  
 Endocarditis  Valve thrombosis  Other

→ **If Aortic Insufficiency, AI Severity**<sup>12120</sup>: (highest)  None  Trace/Trivial  Mild  Moderate  Severe

→ **If Trace/Trivial, Mild, Moderate, or Severe Perivalvular Severity**<sup>12125</sup>:  None  Mild  Moderate  Severe

→ **If Trace/Trivial, Mild, Moderate, or Severe Central Severity**<sup>12130</sup>:  None  Mild  Moderate  Severe

→ **If Aortic Stenosis, AS Severity**<sup>12135</sup>: (highest)  Possible stenosis  Significant stenosis

→ **If Other, Other Indication**<sup>12140</sup>: \_\_\_\_\_

**Clinical Comments**<sup>12145</sup>: (information and details that may assist in assessing this re-intervention)