



A. DEMOGRAPHICS

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

B. EPISODE OF CARE

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

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

CARDIAC HISTORY

Infective Endocarditis <sup>4000</sup> : <input type="radio"/> No <input type="radio"/> Yes →If Yes, Infective Endocarditis Type <sup>4005</sup> : <input type="radio"/> Treated <input type="radio"/> Active	Prior Aortic Valve Procedure <sup>4060</sup> : <input type="radio"/> No <input type="radio"/> Yes →If Yes, Most Recent AV Procedure Date <sup>4065</sup> : mm / dd / yyyy
Permanent Pacemaker <sup>4010</sup> : <input type="radio"/> No <input type="radio"/> Yes →If Yes, Previous Pacer Date <sup>4012</sup> : mm / dd / yyyy	→If Yes, AV Replacement – Surgical <sup>4070</sup> : <input type="radio"/> No <input type="radio"/> Yes →If Yes, AV Type <sup>4075</sup> : <input type="radio"/> Bioprosthetic stented <input type="radio"/> Bioprosthetic stentless <input type="radio"/> Not Documented
Previous ICD <sup>4015</sup> : <input type="radio"/> No <input type="radio"/> Yes	→If Yes, AV Model ID <sup>4078</sup> : <a href="#">Refer to Device List</a>
Prior PCI <sup>4020</sup> : <input type="radio"/> No <input type="radio"/> Yes →If Yes, Most Recent PCI Date <sup>4025</sup> : mm / dd / yyyy	→If Yes, AV Repair – Surgical <sup>4080</sup> : <input type="radio"/> No <input type="radio"/> Yes
Prior CABG <sup>4030</sup> : <input type="radio"/> No <input type="radio"/> Yes →If Yes, Most Recent CABG Date <sup>4035</sup> : mm / dd / yyyy	→If Yes, AV Balloon Valvuloplasty <sup>4085</sup> : <input type="radio"/> No <input type="radio"/> Yes
Prior Other Cardiac Surgery <sup>4040</sup> : <input type="radio"/> No <input type="radio"/> Yes	→If Yes, AV Transcatheter Valve Replacement <sup>4090</sup> : <input type="radio"/> No <input type="radio"/> Yes
# Previous Cardiac Surgeries <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, AV Transcath Valve Model ID <sup>4092</sup> : <a href="#">Refer to Device List</a>
	→If Yes, AV Transcatheter Valve Intervention <sup>4091</sup> : <input type="radio"/> No <input type="radio"/> Yes
	Prior Non-Aortic Valve Procedure <sup>4095</sup> : <input type="radio"/> No <input type="radio"/> Yes
	→If Yes, MV Replacement – Surgical <sup>4100</sup> : <input type="radio"/> No <input type="radio"/> Yes
	→If Yes, MV Type <sup>4105</sup> : <input type="radio"/> Mechanical <input type="radio"/> Bioprosthetic stented <input type="radio"/> Bioprosthetic stentless <input type="radio"/> Not Documented
	→If Yes, MV Repair – Surgical <sup>4110</sup> : <input type="radio"/> No <input type="radio"/> Yes

OTHER HISTORY AND RISK FACTORS

Prior Stroke <sup>4120</sup> : <input type="radio"/> No <input type="radio"/> Yes →If Yes, Most Recent Stroke Date <sup>4125</sup> : mm / dd / yyyy	Hypertension <sup>4155</sup> : <input type="radio"/> No <input type="radio"/> Yes
Transient Ischemic Attack <sup>4130</sup> : <input type="radio"/> No <input type="radio"/> Yes	Diabetes Mellitus <sup>4165</sup> : <input type="radio"/> No <input type="radio"/> Yes
Carotid Stenosis <sup>4135</sup> : <input type="radio"/> None <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both <input type="radio"/> N/A →If Right, Left or Both, Prior CEA/CAS <sup>4140</sup> : <input type="radio"/> No <input type="radio"/> Yes →If R or B, Rt Carotid Severity <sup>4141</sup> (%): <input type="radio"/> 50-79 <input type="radio"/> 80-99 <input type="radio"/> 100 <input type="radio"/> N/A →If L or B, Lt Carotid Severity <sup>4142</sup> (%): <input type="radio"/> 50-79 <input type="radio"/> 80-99 <input type="radio"/> 100 <input type="radio"/> N/A	→If Yes, Diabetes Therapy <sup>4170</sup> : <input type="radio"/> None <input type="radio"/> Diet <input type="radio"/> Oral <input type="radio"/> Insulin <input type="radio"/> Other
Peripheral Arterial Disease <sup>4145</sup> : <input type="radio"/> No <input type="radio"/> Yes	Currently on Dialysis <sup>4175</sup> : <input type="radio"/> No <input type="radio"/> Yes
Current/Recent Smoker <sup>4150</sup> : (<1 Year) <input type="radio"/> No <input type="radio"/> Yes	Chronic Lung Disease <sup>4180</sup> : <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
	Home Oxygen <sup>4181</sup> : <input type="radio"/> No <input type="radio"/> Yes
	Hostile Chest <sup>4182</sup> : <input type="radio"/> No <input type="radio"/> Yes
	Immunocompromise Present <sup>4185</sup> : <input type="radio"/> No <input type="radio"/> Yes



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

CAD Presentation <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)
Prior MI <sup>5005</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	→If Yes, Prior MI Timeframe <sup>5010</sup> :
			<input type="radio"/> < 30 Days
			<input type="radio"/> ≥ 30 days
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"/> Not performed	
		<input type="radio"/> Yes	
		<input type="radio"/> Unable to walk	
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	STS Risk Score <sup>5105</sup> :
			%:
Atrial Fibrillation/Flutter <sup>5050</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	
→If Yes, AF Class w/in past 30 days <sup>5052</sup> :	<input type="radio"/> None	<input type="radio"/> Persistent	<input type="radio"/> Paroxysmal
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="radio"/> Not Drawn <sup>5251</sup>	Creatinine <sup>5255</sup> : _
			mg/dL
			<input type="radio"/> Not Drawn <sup>5256</sup>
Platelet Count <sup>5260</sup> :	µL	<input type="radio"/> Not Drawn <sup>5261</sup>	INR <sup>5265</sup> : _
			<input type="radio"/> Not Drawn <sup>5266</sup>
Albumin <sup>5270</sup> :	g/dL	<input type="radio"/> Not Drawn <sup>5271</sup>	Bilirubin <sup>5275</sup> : _
			mg/dL
			<input type="radio"/> Not Drawn <sup>5276</sup>
FEV1 Predicted <sup>5280</sup> :	%	<input type="radio"/> Not Performed <sup>5281</sup>	DLCO (Adjusted) <sup>5285</sup> : _
			%
			<input type="radio"/> Not Performed <sup>5286</sup>

MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO THE PROCEDURE)

Anticoagulants <sup>5400,5405</sup> (any):	<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
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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 Vent Internal Systolic Dim <sup>5595</sup> :	_	cm	<input type="radio"/> Not Measured <sup>5608</sup>	
Left Main Stenosis ≥ 50% <sup>5507</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	Left Vent Internal Diastolic Dim <sup>5600</sup> :	_
			cm	<input type="radio"/> Not Measured <sup>5609</sup>
Proximal LAD ≥ 70% <sup>5508</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	Septal Wall Thickness <sup>5605</sup> :	_
			cm	
Right Ventricular Systolic Pressure <sup>5568</sup> : (highest)	_	mmHg	Posterior Wall Thickness <sup>5610</sup> :	_
			cm	
LVEF <sup>5565</sup> : _	%	<input type="radio"/> LVEF Not Assessed <sup>5566</sup>	Left Atrial Volume <sup>5606</sup> : _	ml or LA Volume Index <sup>5607</sup> : _
			mL/m2	
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"/> LV outflow tract obstruction	<input type="radio"/> Supravalvular aortic stenosis	<input type="radio"/> Primary aortic disease	<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"/> 1+/Mild	<input type="radio"/> 2+/Moderate
			<input type="radio"/> 3-4+/Severe	
Valve Morphology <sup>5640</sup> :	<input type="radio"/> Unicuspid	<input type="radio"/> Bicuspid	<input type="radio"/> Tricuspid	<input type="radio"/> Quadricuspid
			<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  1+/mild  2+/moderate  3+/mod/severe  4+/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 Insufficiency<sup>5735</sup>: (highest)  None  Trace/Trivial  Mild  Moderate  Severe

E. PROCEDURE INFORMATION

Procedures:  Transcatheter Aortic Valve Replacement<sup>6600</sup>  Transcatheter Mitral Valve Replacement<sup>6601</sup>  Mitral Leaflet Clip Procedure<sup>6602</sup>  
 Other Procedure Performed Concurrently<sup>6620</sup>:  No  Yes-PCI  Yes-Other

Operator A Name<sup>6000,6005,6010</sup>: \_\_\_\_\_ Operator ANPI<sup>6015</sup>: \_\_\_\_\_  
 Operator B Name<sup>6020,6025,6030</sup>: \_\_\_\_\_ Operator BNPI<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>:  Inoperable/Extreme Risk (technically inoperable, co-morbid or deconditioned patient)  
 High risk (>=8% risk of 30 day mortality)  
 Intermediate risk (4-7% risk of 30 day mortality)  
 Low risk (<4% risk of 30 day mortality)

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>:  Access related  Navigation Issue after successful access  Device/delivery system malfunction  
 New clinical findings  Patient status  Consent Issue  
 System issue  Other (not specified)  
 →If Yes, Action<sup>6082</sup>:  Balloon valvuloplasty  Rescheduled transcatheter procedure  Conversion to open heart surgery  
 Converted to medical therapy  Converted to clinical trial  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

INTRA-PROCEDURE MEDICATIONS (ADMINISTERED DURING THE PROCEDURE)

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





DEVICE INFORMATION

Valve Sheath Access Site <sup>6200</sup> :	<input type="radio"/> Femoral	<input type="radio"/> Axillary	<input type="radio"/> Transapical	<input type="radio"/> Transaortic
	<input type="radio"/> Subclavian	<input type="radio"/> Transiliac	<input type="radio"/> Transseptal	<input type="radio"/> Transcarotid <input type="radio"/> Other
Valve Sheath Access Method <sup>6205</sup> :	<input type="radio"/> Percutaneous	<input type="radio"/> Cutdown	<input type="radio"/> Mini thoracotomy	<input type="radio"/> Mini sternotomy <input type="radio"/> Other
Valve Sheath Delivery Size <sup>6210</sup> :	French		Device Serial Number <sup>6230</sup> :	
Device 1 Used <sup>6225</sup> :	<a href="#">Refer to Device List</a>		UDI <sup>6236, 6237, 6238</sup> : (future)	
Device 2 Used <sup>6225</sup> :	<a href="#">Refer to Device List</a>		Device Implanted Successfully <sup>6232</sup> : <input type="radio"/> No <input type="radio"/> Yes	
			Device Success <sup>6235</sup> : <input type="radio"/> No <input type="radio"/> Yes	

E. PROCEDURE INFORMATION – CONTINUED: POST IMPLANT

AV Gradient (mean) <sup>6385</sup> :	mmHg
Calculated Aortic Valve Area <sup>6395</sup> :	cm <sup>2</sup>
Contrast Volume <sup>6450</sup> :	ml
Radiation Dose Measurement Method <sup>6455</sup> :	<input type="radio"/> Single Plane <input type="radio"/> Biplane
→Fluoroscopy Time <sup>6460</sup> :	minutes
→Cumulative Air Kerma <sup>6465</sup> :	mGy
→Dose Area Product <sup>6470</sup> :	→DAP Units <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> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, specify the Event <sup>7301</sup> and Event Date(s) <sup>7302</sup> :
Myocardial Infarction <sup>E059</sup> :	mm / dd / yyyy	Bleeding at Access Site <sup>E017</sup> : mm / dd / yyyy
Coronary Compression or Obstruction <sup>E002</sup> :	mm / dd / yyyy	Hematoma at Access Site <sup>E018</sup> : mm / dd / yyyy
Endocarditis <sup>E003</sup> :	mm / dd / yyyy	Retroperitoneal Bleeding <sup>E019</sup> : mm / dd / yyyy
Conduction/Native Pacer Disturbance Req Pacer <sup>E039</sup> :	mm / dd / yyyy	GI Bleed <sup>E020</sup> : mm / dd / yyyy
Conduction/Native Pacer Disturbance Req ICD <sup>E040</sup> :	mm / dd / yyyy	GU Bleed <sup>E021</sup> : mm / dd / yyyy
Cardiac Arrest <sup>E005</sup> :	mm / dd / yyyy	Other Bleed <sup>E022</sup> : mm / dd / yyyy
Atrial Fibrillation <sup>E006</sup> :	mm / dd / yyyy	Device Migration <sup>E023</sup> : mm / dd / yyyy
Annular Dissection <sup>E007</sup> :	mm / dd / yyyy	Device Embolization Left Ventricle <sup>E024</sup> : mm / dd / yyyy
Aortic Dissection <sup>E008</sup> :	mm / dd / yyyy	Device Embolization Aorta <sup>E025</sup> : mm / dd / yyyy
Perforation with or w/o Tamponade <sup>E009</sup> :	mm / dd / yyyy	Device Recapture or Retrieval <sup>E026</sup> : mm / dd / yyyy
Transient Ischemic Attack <sup>E010</sup> : (complete Adjudication)	mm / dd / yyyy	Device Thrombosis <sup>E027</sup> : mm / dd / yyyy
Ischemic Stroke <sup>E011</sup> : (complete Adjudication)	mm / dd / yyyy	Other Device Related Event <sup>E028</sup> : mm / dd / yyyy
Hemorrhagic Stroke <sup>E012</sup> : (complete Adjudication)	mm / dd / yyyy	New Requirement for Dialysis <sup>E029</sup> : mm / dd / yyyy
Undetermined Stroke <sup>E013</sup> : (complete Adjudication)	mm / dd / yyyy	Aortic Valve Re-intervention <sup>E030</sup> : (complete Adjudication) mm / dd / yyyy
Transapical Related Event <sup>E014</sup> :	mm / dd / yyyy	Unplanned Other Cardiac Surgery or Intervention <sup>E031</sup> : mm / dd / yyyy
Transaortic Related Event <sup>E015</sup> :	mm / dd / yyyy	(not AVR or PCI)
Major Vascular Complication <sup>E041</sup> :	mm / dd / yyyy	Unplanned Vascular Surgery or Intervention <sup>E032</sup> : mm / dd / yyyy
Minor Vascular Complication <sup>E042</sup> :	mm / dd / yyyy	(for Bleeding or Access Site Complication)
		PCI <sup>E033</sup> : mm / dd / yyyy



G. POST-PROCEDURE LABS AND TESTS

Lowest Hemoglobin <sup>8040</sup> : _____ g/dL <input type="checkbox"/> Not Drawn <sup>8041</sup>	Highest Creatinine <sup>8050</sup> : _____ mg/dL <input type="checkbox"/> Not Drawn <sup>8051</sup>
	Discharge Creatinine <sup>8055</sup> : _____ mg/dL <input type="checkbox"/> Not Drawn <sup>8056</sup>
12-Lead ECG Findings <sup>8060</sup> : <input type="checkbox"/> Not performed <input type="checkbox"/> No significant changes <input type="checkbox"/> New pathological Q-wave or LBBB	
Echocardiogram <sup>8065</sup> : <input type="checkbox"/> Not Performed <input type="checkbox"/> Yes - TTE <input type="checkbox"/> Yes - TEE	
→If TTE, TEE, Date <sup>8070</sup> : _____ mm / dd / yyyy	
→If TTE, TEE, Mitral Regurgitation <sup>8075</sup> : <input type="checkbox"/> None <input type="checkbox"/> Trace/Trivial <input type="checkbox"/> 1+/mild <input type="checkbox"/> 2+/moderate <input type="checkbox"/> 3+/mod/severe <input type="checkbox"/> 4+/severe	
→If TTE, TEE, Aortic Stenosis <sup>8080</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes	
→If TTE, TEE, AV Area <sup>8085</sup> : (smallest) _____ cm <sup>2</sup>	
→If TTE, TEE, AV Peak Doppler Velocity <sup>8086</sup> : _____ m/sec	
→If TTE, TEE, Mean Gradient <sup>8090</sup> : (highest) _____ mmHg	
→If TTE, TEE, Aortic Insufficiency Severity <sup>8095</sup> : <input type="checkbox"/> None <input type="checkbox"/> Trace/Trivial <input type="checkbox"/> 1+/Mild <input type="checkbox"/> 2+/Moderate <input type="checkbox"/> 3-4+/Severe	
→If Trace/Trivial, Mild, Moderate, or Severe Perivalvular Severity <sup>8106</sup> : <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not documented	
→If Trace/Trivial, Mild, Moderate, or Severe Central Severity <sup>8107</sup> : <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not documented	

H. DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE)

RBC/Whole Blood Transfusion<sup>9011</sup>:  No  Yes  
*Note: Code the total # of units between start of the procedure and discharge*

→ If Yes, # Units Transfused<sup>9012</sup>: \_\_\_\_\_

Number of Hours in ICU<sup>9040</sup>: \_\_\_\_\_

Discharge Date<sup>9045</sup>: \_\_\_\_\_ mm / dd / yyyy

Discharge Status<sup>9050</sup>:  Alive  Deceased

→If Alive, Discharge Location<sup>9055</sup>:  Home  Extended care/TCU/rehab  Other acute care hospital  
 Nursing home  Hospice  Other  Left against medical advice (AMA)

→If Deceased, Death in Lab/OR<sup>9060</sup>:  No  Yes

→If Deceased, Primary Cause of Death<sup>9065</sup>:  Cardiac  Neurologic  Renal  Vascular  Infection  
 Valvular  Pulmonary  Unknown  Other

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

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



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

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)

Assessment Date<sup>10000</sup>: mm / dd / yyyy (If the patient has not been discharged at 30 days, capture the 30 day F/U while still in the facility.)

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>

NYHA Classification at Follow-up<sup>10100</sup>:  I  II  III  IV

Five Meter Walk<sup>10135</sup>:  Not performed  Yes  Unable to walk →If Yes, Time 1<sup>10140</sup>: sec Time 2<sup>10145</sup>: sec Time 3<sup>10150</sup>: sec

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  1+/Mild  2+/Moderate  3-4+/Severe  
 Trace/Trivial, Mild, Moderate, or Severe Perivalvular Severity<sup>10225</sup>:  None  Mild  Moderate  Severe  Not documented

→If Trace/Trivial, Mild, Moderate, or Severe Central Severity<sup>10227</sup>:  None  Mild  Moderate  Severe  Not documented

KCCQ-12 Performed<sup>10230</sup>:  No  Yes

→If Yes, KCCQ-12<sup>10231-10242</sup>: Q1a: \_\_\_\_\_ Q1b: \_\_\_\_\_ Q1c: \_\_\_\_\_ Q2: \_\_\_\_\_ Q3: \_\_\_\_\_ Q4: \_\_\_\_\_  
 (See separate questionnaire)

Q5: \_\_\_\_\_ Q6: \_\_\_\_\_ Q7: \_\_\_\_\_ Q8a: \_\_\_\_\_ Q8b: \_\_\_\_\_ Q8c: \_\_\_\_\_



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

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>:

Myocardial Infarction <sup>E059</sup> : mm / dd / yyyy	Aortic Valve Re-intervention <sup>E030</sup> : (complete Adjudication) mm / dd / yyyy
Endocarditis <sup>E003</sup> : mm / dd / yyyy	Unplanned Other Cardiac Surgery or Intervention <sup>E031</sup> : (not AVR or PCI) mm / dd / yyyy
Conduction/Native Pacer Disturbance Req Pacer <sup>E039</sup> : mm / dd / yyyy	Unplanned Vascular Surgery or Intervention <sup>E032</sup> : mm / dd / yyyy (for Bleeding or Access Site Complication)
Conduction/Native Pacer Disturbance Req ICD <sup>E040</sup> : mm / dd / yyyy	PCI <sup>E033</sup> : mm / dd / yyyy
Transient Ischemic Attack <sup>E010</sup> : (complete Adjudication) mm / dd / yyyy	Valve Related Readmission <sup>E034</sup> : mm / dd / yyyy
Ischemic Stroke <sup>E011</sup> : (complete Adjudication) mm / dd / yyyy	Non-Valve Related Readmission <sup>E035</sup> : mm / dd / yyyy
Hemorrhagic Stroke <sup>E012</sup> : (complete Adjudication) mm / dd / yyyy	Major Vascular Complication <sup>E041</sup> : mm / dd / yyyy
Undetermined Stroke <sup>E013</sup> : (complete Adjudication) mm / dd / yyyy	Minor Vascular Complication <sup>E042</sup> : mm / dd / yyyy
Device Fracture <sup>E038</sup> : mm / dd / yyyy	Transapical Related Event <sup>E014</sup> : mm / dd / yyyy
Device Thrombosis <sup>E027</sup> : mm / dd / yyyy	Major Bleeding Event <sup>E043</sup> : mm / dd / yyyy
New Requirement for Dialysis <sup>E029</sup> : mm / dd / yyyy	Life Threatening Bleeding <sup>E037</sup> : mm / dd / yyyy

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

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

Ischemic Stroke(In-hospital)  Hemorrhagic Stroke(In-hospital)  Undetermined Stroke(In-hospital)  TIA(In-hospital)  Aortic Valve Re-intervention(In-hospital)

Ischemic Stroke(F-U)  Hemorrhagic Stroke(F-U)  Undetermined Stroke(F-U)  TIA(F-U)  Aortic Valve Re-intervention(F-U)

Event 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, Neuroimaging Performed<sup>12040</sup>:  No  Yes

→ If Yes, Deficit Type<sup>12045</sup>:  No deficit  Infarction  Hemorrhage  Both (hem/infarct)  Subarachnoid Hemorrhage

→ If Stroke/TIA, Neurologist/Neurosurgeon Confirmation of Diagnosis<sup>12055</sup>:  No  Yes

→ If Stroke/TIA, Social/Recreational Activities Impaired<sup>12056</sup>:  No  Yes

→ If Stroke/TIA, Neurocognitive Functions Essential to Pt or their Livelihood Impaired<sup>12057</sup>:  No  Yes

→ If Stroke/TIA, New Aids or Assistance Required<sup>12058</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  1+/Mild  2+/Moderate  3-4+/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)

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