TAVR Data Collection Form v2.1

STS/ACC TVT Registry™

A. Demographics

Last Name[2000]:	First Name[2010]:	Middle Name[2020]:
SSN[2030]: - - □ SSN N/A[2031]	Patient ID[2040]: (auto)	Other ID[2045]:
Birth Date[2050]: mm / dd / yyyy	Sex[2060]: Male Female	Hispanic or Latino Ethnicity[2076]: No Yes

Race: (check all that apply)
White[2070] Black/African American[2071] Asian[2072]
American Indian/Alaskan Native[2073] Native Hawaiian/Pacific Islander[2074]

B. Episode of Care

Arrival Date/Time[3000,3001]: mm / dd / yyyy HH:MM

Insurance Payors: (check all that apply)
Private Health Insurance[3005] Medicare[3006] Medicaid[3007] Military Health Care[3008]
State-Specific Plan (non-Medicaid)[3009] Indian Health Service[3010] Non-US Insurance[3011] None[3012]

HIC[3015]:

Research Study[3030]: No Yes

If Yes, Study Patient ID[3032]:

C. History and Risk Factors (patient history and risk factors up to the procedure)

Cardiac History

Infective Endocarditis[4000]: No Yes

If Yes, Infective Endocarditis Type[4005]: Treated Active

Permanent Pacemaker[4010]: No Yes

If Yes, Previous Pacer Date[4012]: mm / dd / yyyy

Previous ICD[4015]: No Yes

Prior PCI[4020]: No Yes

If Yes, Most Recent PCI Date[4025]: mm / dd / yyyy

Prior CABG[4030]: No Yes

If Yes, Most Recent CABG Date[4035]: mm / dd / yyyy

Prior Other Cardiac Surgery[4040]: No Yes

Previous Cardiac Surgeries[4055]: 0 1 2 3 >=4

Prior Aortic Valve Procedure[4060]: No Yes

If Yes, Most Recent AV Procedure Date[4065]: mm / dd / yyyy

If Yes, AV Replacement – Surgical[4070]: No Yes

If Yes, AV Type[4075]: Bioprosthetic stented Bioprosthetic stentless Not Documented

If Yes, AV Model ID[4078]: Refer to Device List

If Yes, AV Repair – Surgical[4080]: No Yes

If Yes, AV Balloon Valvuloplasty[4085]: No Yes

If Yes, AV Transcatheter Valve Replacement[4090]: No Yes

If Yes, AV Transcath Valve Model ID[4092]: Refer to Device List

If Yes, AV Transcatheter Valve Intervention[4091]: No Yes

Prior Non-Aortic Valve Procedure[4095]: No Yes

If Yes, MV Replacement – Surgical[4100]: No Yes

If Yes, MV Type[4105]: Mechanical Bioprosthetic stented Bioprosthetic stentless Not Documented

If Yes, MV Repair – Surgical[4110]: No Yes

Other History and Risk Factors

Prior Stroke[4120]: No Yes

If Yes, Most Recent Stroke Date[4125]: mm / dd / yyyy

Transient Ischemic Attack[4130]: No Yes

Carotid Stenosis[4135]: None Right Left Both N/A

If Right, Left or Both, Prior CEA/CAS[4140]: No Yes

If R or B, Rt Carotid Severity[4141](%): 50-79 80-99 100 N/A

If L or B, Lt Carotid Severity[4142] (%): 50-79 80-99 100 N/A

Peripheral Arterial Disease[4145]: No Yes

Current/Recent Smoker[4150]: (<1 Year) No Yes

Hypertension[4155]: No Yes

Diabetes Mellitus[4165]: No Yes

If Yes, Diabetes Therapy[4170]: None Diet Oral Insulin Other

Currently on Dialysis[4175]: No Yes

Chronic Lung Disease[4180]: None Mild Moderate Severe

Home Oxygen[4181]: No Yes

Hostile Chest[4182]: No Yes

Immunocompromise Present[4185]: No Yes

D. Pre-Procedure Status (complete for the procedure)

CAD Presentation[5000]: No Sxs, no angina (14 days) | Sx unlikely to be ischemic (14 days) | Stable angina (42 days) | Unstable angina (60 days) | Non-STEMI (7 days) | STEMI (7 days)

Prior MI[5005]: No Yes ▦ If Yes, Prior MI Timeframe[5010]: < 30 Days >= 30 days

Heart Failure w/in 2 Weeks[5020]: No Yes

NYHA Class w/in 2 Weeks[5025]: I II III IV

Cardiogenic Shock w/in 24 Hours[5030]: No Yes

Cardiac Arrest w/in 24 Hours[5035]: No Yes

Cardiac Procedure w/in 30 Days[5040]: No Yes

Porcelain Aorta[5045]: No Yes

Conduction Defect[5055]: No Yes

Five Meter Walk Test[5085]: Not performed Yes Unable to walk

▦ If Yes, Time 1[5090]: _____seconds

▦ If Yes, Time 2[5095]: _____seconds

▦ If Yes, Time 3[5100]: _____seconds

STS Risk Score[5105]: _____%:

Atrial Fibrillation/Flutter[5050]: No Yes

▦ If Yes, AF Class w/in past 30 days[5052]: None Persistent Paroxysmal

KCCQ-12 Performed[5169]: No Yes

▦ If Yes, KCCQ-12[5170-5181]: Q1a:_____Q1b:_____Q1c:_____Q2:_____Q3:_____Q4: _____

(See separate questionnaire) Q5:_____Q6: _____Q7: _____Q8a:_____Q8b:_____Q8c: _____

Clinical Data (closest to the procedure)

Height[5200]:_____cm

Weight[5205]:_____kg

Hemoglobin[5250]: _____g/dL □ Not Drawn[5251]

Creatinine[5255]: _____mg/dL □ Not Drawn[5256]

Platelet Count[5260]: _____µL □ Not Drawn[5261]

INR[5265]: _____ □ Not Drawn[5266]

Albumin[5270]: _____g/dL □ Not Drawn[5271]

Bilirubin[5275]: _____mg/dL □ Not Drawn[5276]

FEV1 Predicted[5280]: _____% □ Not Performed[5281]

DLCO (Adjusted)[5285]:_____% □ Not Performed[5286]

Medications (administered within 24 hours prior to the procedure)

Anticoagulants[5400,5405](any): No Yes Contraindicated Blinded

Inotropes[5400,5405] (positive): No Yes Contraindicated Blinded

Diagnostic Cath Findings / Echocardiogram Findings

Diagnostic Cath[5500]: No Yes ▦ If Yes, Diagnostic Cath Date[5505]: mm / dd / yyyy

Number of Diseased Vessels[5506]: None 1 2 3

Left Main Stenosis >=50%[5507]: No Yes

Proximal LAD >=70%[5508]: No Yes

Right Ventricular Systolic Pressure[5568]: (highest)_____mmHg

LVEF[5565]:_____% □ LVEF Not Assessed[5566]

Left Vent Internal Systolic Dim[5595]:_____cm □ Not Measured[5608]

Left Vent Internal Diastolic Dim[5600]:_____cm □ Not Measured[5609]

Septal Wall Thickness[5605]: _____cm

Posterior Wall Thickness[5610]:_____cm

Left Atrial Volume[5606]:_____ml or LA Volume Index[5607]:_____mL/m2

AV Disease Etiology[5620]: Degenerative Endocarditis Congenital Rheumatic Primary aortic disease LV outflow tract obstruction Supravalvular aortic stenosis Tumor Trauma Other

Aortic Insufficiency[5630]: (highest) None Trace/Trivial 1+/Mild 2+/Moderate 3-4+/Severe

Valve Morphology[5640]: Unicuspid Bicuspid Tricuspid Quadracuspid Uncertain

Annular Calcification[5645]: No Yes

AV Peak Velocity (CW)[5650]: _____m/s

AV Annulus Size[5655]: _____mm

▦ Annulus Size Assessment Method[5660]: TTE TEE CTA Angiography

DIAGNOSTIC CATH FINDINGS / ECHOCARDIOGRAM FINDINGS (CONT.)

Aortic Stenosis[5665]: No Yes

If Yes, AV Area[5670]: (smallest) _____cm²

If Yes, AV Mean Gradient[5675]: (highest) _____mmHg

If Yes, AV Peak Gradient[5680]: (highest) _____mmHg

Mitral Valve Disease[5685]: No Yes

If Yes, Mitral Insufficiency[5695]: (highest) None Trace/Trivial 1+/mild 2+/moderate 3+/mod/severe 4+/severe

If Yes, Mitral Stenosis[5705]: No Yes

If Yes, MV Area[5710]: (smallest) _____cm²

If Yes, MV Mean Gradient[5715]: (highest) _____mmHg

Tricuspid Insufficiency[5735]: (highest) None Trace/Trivial Mild Moderate Severe

E. PROCEDURE INFORMATION

Procedures: □ Transcatheter Aortic Valve Replacement[6600] □ Transcatheter Mitral Valve Replacement[6601] □ Mitral Leaflet Clip Procedure[6602]

Other Procedure Performed Concurrently[6620]: No Yes-PCI Yes-Other

Operator A Name[6000,6005,6010]: Operator A NPI[6015]:

Operator B Name[6020,6025,6030]: Operator B NPI[6035]:

Procedure Start Date/Time[6040,6041]: mm / dd / yyyy HH:MM Procedure Stop Date/Time[6045,6046]: mm / dd / yyyy HH:MM

Procedure Location[6050]: Hybrid OR Suite Hybrid Cath Suite CathLab Other

Procedure Status[6055]: Elective Urgent Emergency Salvage

Primary Procedure Indication[6060]: Primary AS Primary AI Mixed AS/AI Failed Bioprosthetic Valve

Valve-in-Valve Procedure[6065]: No Yes If Yes, Status[6070]: Elective Immediate intraprocedure

Operator Reason for Procedure[6071]:
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[6072]: No Yes

Procedure Aborted[6075]: No Yes

If Yes, Reason[6080]: 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[6082]: Balloon valvuloplasty; Rescheduled transcatheter procedure; Conversion to open heart surgery; Converted to medical therapy; Converted to clinical trial; Other

Conversion to Open Heart Surgery[6085]: No Yes

If Yes, Reason[6090]: 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[6095]: No Yes–IABP Yes - Catheter-based assist device (Impella, Tandem Heart)

CardioPulmonary Bypass Used[6100]: No Yes

If Yes, Status[6101]: Elective Emergent If Yes, CPB Time[6105]:_____mins

Type of Anesthesia[6110]: Moderate sedation General anesthesia Epidural Combination

INTRA-PROCEDURE MEDICATIONS (ADMINISTERED DURING THE PROCEDURE)

Inotropes[6120,6125]: (positive) No Yes Contraindicated Blinded

DEVICE INFORMATION

Valve Sheath Access Site[6200]: Femoral Axillary Transapical Transaortic Subclavian Transiliac Transseptal Transcarotid Transcaval Other

Valve Sheath Access Method[6205]: Percutaneous Cutdown Mini thoracotomy Mini sternotomy Other

Valve Sheath Delivery Size[6210]: _____ French

Device 1 Used[6225]: Refer to Master Device List (code all valves, embolic protection, valve fracture and the BASILICA)

Device 2 Used[6225]:

Device Serial Number[6230]:

UDI[6236, 6237, 6238]: ____ (future) ____

Device Implanted Successfully[6232]: No Yes

Device Success[6235]: No Yes

E. PROCEDURE INFORMATION – CONTINUED: POST IMPLANT

AV Gradient (mean)[6385]: _____ mmHg

Calculated Aortic Valve Area[6395]: _____ cm^2

Contrast Volume[6450]: _____ ml

Radiation Dose Measurement Method[6455]: Single Plane Biplane

Fluoroscopy Time[6460]: _____ minutes

Cumulative Air Kerma[6465]: _____ mGy

Dose Area Product[6470]: _____ DAP Units[6475]: Gy-cm2 cGy-cm2 mGy-cm2 µGy-M2

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

Intra or Post Procedure Events Occurred[7300]: No Yes If Yes, specify the Event[7301] and Event Date(s)[7302]:

Myocardial Infarction[E059]:	mm / dd / yyyy	Bleeding at Access Site[E017]:	mm / dd / yyyy
Coronary Compression or Obstruction[E002]:	mm / dd / yyyy	Hematoma at Access Site[E018]:	mm / dd / yyyy
Endocarditis[E003]:	mm / dd / yyyy	Retroperitoneal Bleeding[E019]:	mm / dd / yyyy
Conduction/Native Pacer Disturbance Req Pacer[E039]:	mm / dd / yyyy	GI Bleed[E020]:	mm / dd / yyyy
Conduction/Native Pacer Disturbance Req ICD[E040]:	mm / dd / yyyy	GU Bleed[E021]:	mm / dd / yyyy
Cardiac Arrest[E005]:	mm / dd / yyyy	Other Bleed[E022]:	mm / dd / yyyy
Atrial Fibrillation[E006]:	mm / dd / yyyy	Device Migration[E023]:	mm / dd / yyyy
Annular Dissection[E007]:	mm / dd / yyyy	Device Embolization Left Ventricle[E024]:	mm / dd / yyyy
Aortic Dissection[E008]:	mm / dd / yyyy	Device Embolization Aorta[E025]:	mm / dd / yyyy
Perforation with or w/o Tamponade[E009]:	mm / dd / yyyy	Device Recapture or Retrieval[E026]:	mm / dd / yyyy
Transient Ischemic Attack[E010]: (complete Adjudication)	mm / dd / yyyy	Device Thrombosis[E027]:	mm / dd / yyyy
Ischemic Stroke[E011]: (complete Adjudication)	mm / dd / yyyy	Other Device Related Event[E028]:	mm / dd / yyyy
Hemorrhagic Stroke[E012]: (complete Adjudication)	mm / dd / yyyy	New Requirement for Dialysis[E029]:	mm / dd / yyyy
Undetermined Stroke[E013]: (complete Adjudication)	mm / dd / yyyy	Aortic Valve Re-intervention[E030]: (complete Adjudication)	mm / dd / yyyy
Transapical Related Event[E014]:	mm / dd / yyyy	Unplanned Other Cardiac Surgery or Intervention[E031]: (not AVR or PCI)	mm / dd / yyyy
Transaortic Related Event[E015]:	mm / dd / yyyy	Unplanned Vascular Surgery or Intervention[E032]: (for Bleeding or Access Site Complication)	mm / dd / yyyy
Major Vascular Complication[E041]:	mm / dd / yyyy		
Minor Vascular Complication[E042]:	mm / dd / yyyy	PCI[E033]:	mm / dd / yyyy

G. Post-Procedure Labs and Tests

Lowest Hemoglobin[8040]: _____g/dL □ Not Drawn[8041] Highest Creatinine[8050]: _____mg/dL □ Not Drawn[8051]

Discharge Creatinine[8055]:_____mg/dL □ Not Drawn[8056]

12-Lead ECG Findings[8060]: Not performed No significant changes New pathological Q-wave or LBBB

Echocardiogram[8065]: Not Performed Yes - TTE Yes - TEE

If TTE, TEE, Date[8070]: mm / dd / yyyy

If TTE, TEE, Mitral Regurgitation[8075]: None Trace/Trivial 1+/mild 2+/moderate 3+/mod/severe 4+/severe

If TTE, TEE, Aortic Stenosis[8080]: No Yes

If TTE, TEE, AV Area[8085]: (smallest) _____cm^2

If TTE, TEE, AV Peak Doppler Velocity[8086]:_____m/sec

If TTE, TEE, Mean Gradient[8090]: (highest) _____mmHg

If TTE, TEE, Aortic Insufficiency Severity[8095]: None Trace/Trivial 1+/Mild 2+/Moderate 3-4+/Severe

If Trace/Trivial, Mild, Moderate, or Severe Perivalvular Severity[8106]: None Mild Moderate Severe Not documented

If Trace/Trivial, Mild, Moderate, or Severe Central Severity[8107]: None Mild Moderate Severe Not documented

H. Discharge (Complete for each episode of care)

RBC/Whole Blood Transfusion[9011]: No Yes

Note: Code the total # of units between start of the procedure and discharge

If Yes, # Units Transfused[9012]: _____

Number of Hours in ICU[9040]: _____

Discharge Date[9045]: mm / dd / yyyy

Discharge Status[9050]: Alive Deceased

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

If Deceased, Death in Lab/OR[9060]: No Yes

If Deceased, Primary Cause of Death[9065]: 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[9100,9105]: (any)	No	Yes	Contraindicated	Blinded
Warfarin[9100,9105]:	No	Yes	Contraindicated	Blinded
ARB[9100,9105]: (any)	No	Yes	Contraindicated	Blinded
Aspirin[9100,9105]: (any)	No	Yes	Contraindicated	Blinded
Dabigatran[9100,9105]:	No	Yes	Contraindicated	Blinded
Beta Blocker[9100,9105]: (any)	No	Yes	Contraindicated	Blinded
Antiarrhythmics[9100,9105]: (any)	No	Yes	Contraindicated	Blinded
P2Y12[9100,9105]: (any)	No	Yes	Contraindicated	Blinded
Factor Xa inhibitor[9100,9105]: (any)	No	Yes	Contraindicated	Blinded

I. Follow-Up (30 days, 1 Year from date of Procedure)

Last Name[2000]: First Name[2010]: Patient ID[2040]:

Reference Procedure Start Date[6040]: mm / dd / yyyy Other ID[2045]: Study Patient ID[3032]: (optional)

Assessment Date[10000]: 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[10005]: Clinic Medical record Letter from medical provider Phone call to patient/family Social Security death master file Other

Status[10010]: Alive Deceased Lost to follow-up Withdrawn

If Deceased, Primary Cause of Death[10015]: Cardiac Neurologic Renal Vascular Infection Valvular Pulmonary Unknown Other

If Deceased, Date of Death[10020]: mm / dd / yyyy

Hemoglobin[10085]:_____g/dL □ Not Drawn[10086]

Creatinine[10090]: _____mg/dL □ Not Drawn[10091]

NYHA Classification at Follow-up[10100]: I II III IV

Five Meter Walk[10135]: Not performed Yes Unable to walk If Yes, Time 1[10140]:_____sec Time 2[10145]:____sec Time 3[10150]:____sec

12-Lead ECG Findings[10155]: Not performed No significant changes New changes noted

If New changes noted, ECG Changes Noted[10160]: Pathological Q-wave or LBBB Arrhythmia Both

Echocardiogram[10206]: Not Performed Yes - TTE Yes - TEE If TTE, TEE, Date[10207]: mm / dd / yyyy

If TTE, TEE, LVEF[10210]:_____% □ LVEF Not Assessed[10211] If TTE, TEE, Mean Gradient[10215]: (highest) _____ mmHg

If TTE, TEE, Aortic Insufficiency Severity[10220]: None Trace/Trivial 1+/Mild 2+/Moderate 3-4+/Severe

If Trace/Trivial, Mild, Moderate, or Severe Perivalvular Severity[10225]: None Mild Moderate Severe Not documented

If Trace/Trivial, Mild, Moderate, or Severe Central Severity[10227]: None Mild Moderate Severe Not documented

KCCQ-12 Performed[10230]: No Yes

If Yes, KCCQ-12[10231-10242]: (See separate questionnaire) Q1a:_____Q1b:_____Q1c:_____Q2:_____Q3:_____Q4: _____

Q5:_____Q6: _____Q7: _____Q8a:_____Q8b:_____Q8c: _____

I. Follow-Up (cont.) (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[10245]: No Yes ▦ If Yes, specify the Event[10246] and Event Date(s)[10247]:

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

Follow-Up Medications (medications prescribed or taken at the time of follow-up)

ACE Inhibitor[10250,10255]: No Yes Contraindicated Blinded	Beta Blocker[10250,10255]: No Yes Contraindicated Blinded
Warfarin[10250,10255]: No Yes Contraindicated Blinded	Antiarrhythmics[10250,10255]: No Yes Contraindicated Blinded
ARB[10250,10255]: No Yes Contraindicated Blinded	P2Y12[10250,10255]: (any) No Yes Contraindicated Blinded
Aspirin[10250,10255]: No Yes Contraindicated Blinded	Factor Xa inhibitor[10250,10255] No Yes Contraindicated Blinded
Dabigatran[10250,10255]: No Yes Contraindicated Blinded	

J. Adjudication Form (Complete for EACH Ischemic, Hemorrhagic, Undetermined Stroke, TIA or Aortic Valve Re-intervention)

Last Name[2000]: First Name[2010]: Patient ID[2040]:

Reference Procedure Start Date[6040]: mm / dd / yyyy Other ID[2045]: Study Patient ID[3032]: (optional)

Adjudication Event[12000]:

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[12005]: mm / dd / yyyy

Status[12010]: Alive Deceased If Deceased, Date of Death[12011]: mm / dd / yyyy

If Event[12000] = Stroke or TIA

Date of Symptom Onset[12015]: (approximate) mm / dd / yyyy

Neurologic Deficit with Rapid Onset[12020]: No Yes

If Yes, Clinical Presentation[12025]: Stroke/TIA Non-Stroke

If Stroke/TIA, Symptom Duration ≥ 24 hours[12030]: No Yes

If Stroke/TIA, Neuroimaging Performed[12040]: No Yes

If Yes, Deficit Type[12045]: No deficit Infarction Hemorrhage Both (hem/infarc) Subarachnoid Hemorrhage

If Stroke/TIA, Neurologist/Neurosurgeon Confirmation of Diagnosis[12055]: No Yes

If Stroke/TIA, Social/Recreational Activities Impaired[12056]: No Yes

If Stroke/TIA, Neurocognitive Functions Essential to Pt or their Livelihood Impaired[12057]: No Yes

If Stroke/TIA, New Aids or Assistance Required[12058]: No Yes

If Stroke/TIA, Death as a Result of Neurologic Deficit[12060]: No Yes

Clinical Comments[12065]: (information and details that may assist in assessing the stroke or TIA)

If Event[12000] = Aortic Valve Re-intervention

Aortic Valve Re-intervention Date[12100]: mm / dd / yyyy

Aortic Valve Re-intervention Type[12105]: Surgical AV Repair/Replacement Transcatheter AVR Balloon Valvuloplasty Other Transcatheter Intervention

If Other Transcatheter Intervention, Type[12110]: _____

Primary Indication[12115]: Aortic insufficiency Aortic stenosis Device migration Device fracture Endocarditis Valve thrombosis Other

If Aortic Insufficiency, AI Severity[12120]: (highest) None Trace/Trivial 1+/Mild 2+/Moderate 3-4+/Severe

If Trace/Trivial, Mild, Moderate, or Severe Perivalvular Severity[12125]: None Mild Moderate Severe

If Trace/Trivial, Mild, Moderate, or Severe Central Severity[12130]: None Mild Moderate Severe

If Aortic Stenosis, AS Severity[12135]: (highest) Possible stenosis Significant stenosis

If Other, Other Indication[12140]: _____

Clinical Comments[12145]: (information and details that may assist in assessing this re-intervention)