

## Data Dictionary Codebook

27.06.2021 0

[^ Collapse all instrument](#)

| #   | Variable / Field Name         | Field Label<br><i>Field Note</i>  | Field Attributes (Field Type, Validation, Choices, Calculations, etc.)  |   |            |   |                               |   |          |
|---|-------------------------------|---|---|---|------------|---|-------------------------------|---|----------|
| Instrument: <b>Center &amp; Patient ID</b> (center_patient_id) <a href="#">^ Collapse</a> |                               |   |   |   |            |   |                               |   |          |
| 1   | record_id                     | Record ID   | text  |   |            |   |                               |   |          |
| 2   | nhc                           | Number of clinical history<br><i>Of the hospitalization center</i>  | text, Required, Identifier  |   |            |   |                               |   |          |
| 3   | dob                           | Date of Birth   | text (date_dmy, Max: 2020-02-24), Required  |   |            |   |                               |   |          |
| 4   | sex                           | Gender  | radio, Required<br><table border="1"> <tr><td>1</td><td>Men</td></tr> <tr><td>2</td><td>Women</td></tr> </table>  | 1 | Men        | 2 | Women                         |   |          |
| 1   | Men                           |   |   |   |            |   |                               |   |          |
| 2   | Women                         |   |   |   |            |   |                               |   |          |
| 5   | coordinating_center           | Did the patient was enrolled in the coordinating center?  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes        | 0 | No                            |   |          |
| 1   | Yes                           |   |   |   |            |   |                               |   |          |
| 0   | No                            |   |   |   |            |   |                               |   |          |
| 6   | postal_code                   | Postal code (código postal)<br><i>ONLY FOR BARCELONA CENTERS (SOLO PARA CENTROS DE BARCELONA)</i>   | text (number)   |   |            |   |                               |   |          |
| 7   | center_patient_id_complete    | Section Header: <i>Form Status</i><br>Complete?   | dropdown<br><table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>                      | 0 | Incomplete | 1 | Unverified                    | 2 | Complete |
| 0   | Incomplete                    |   |   |   |            |   |                               |   |          |
| 1   | Unverified                    |   |   |   |            |   |                               |   |          |
| 2   | Complete                      |   |   |   |            |   |                               |   |          |
| Instrument: <b>Baseline</b> (baseline) <a href="#">^ Collapse</a>                         |                               |   |   |   |            |   |                               |   |          |
| 8   | base_height_cm                | Section Header: <i>BASELINE - CLINICAL CHARACTERISTICS (If any characteristic is unknown, use the NO option)</i><br>Height (cm)<br><i>If unknown use 999.</i>   | text (number, Min: 50, Max: 999), Required  |   |            |   |                               |   |          |
| 9   | base_weight_kg                | Weight (Kg)<br><i>If unknown use 999.</i>   | text (number, Min: 40, Max: 999), Required  |   |            |   |                               |   |          |
| 10  | base_smoking                  | Previous smoking status   | radio, Required<br><table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Current</td></tr> <tr><td>2</td><td>Former</td></tr> </table>                         | 0 | Never      | 1 | Current                       | 2 | Former   |
| 0   | Never                         |   |   |   |            |   |                               |   |          |
| 1   | Current                       |   |   |   |            |   |                               |   |          |
| 2   | Former                        |   |   |   |            |   |                               |   |          |
| 11  | base_diabetes                 | Previous Diabetes mellitus  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes        | 0 | No                            |   |          |
| 1   | Yes                           |   |   |   |            |   |                               |   |          |
| 0   | No                            |   |   |   |            |   |                               |   |          |
| 12  | base_hypertension             | Previous Hypertension   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes        | 0 | No                            |   |          |
| 1   | Yes                           |   |   |   |            |   |                               |   |          |
| 0   | No                            |   |   |   |            |   |                               |   |          |
| 13  | base_hypercholesterolemia     | Previous Hypercholesterolemia   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes        | 0 | No                            |   |          |
| 1   | Yes                           |   |   |   |            |   |                               |   |          |
| 0   | No                            |   |   |   |            |   |                               |   |          |
| 14  | base_ckd                      | Previous Chronic Kidney Disease<br><i>For eGFR calculation: <a href="https://www.mdcalc.com/ckd-epi-equations-glomerular-filtration-rate-gfr">https://www.mdcalc.com/ckd-epi-equations-glomerular-filtration-rate-gfr</a></i> | radio, Required<br><table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes - eGFR &lt; 60 ml/min/1.73m2</td></tr> <tr><td>3</td><td>Dialysis</td></tr> </table> | 1 | No         | 2 | Yes - eGFR < 60 ml/min/1.73m2 | 3 | Dialysis |
| 1   | No                            |   |   |   |            |   |                               |   |          |
| 2   | Yes - eGFR < 60 ml/min/1.73m2 |   |   |   |            |   |                               |   |          |
| 3   | Dialysis                      |   |   |   |            |   |                               |   |          |

|    |  |  |   |   |     |   |                          |   |              |   |    |
|----|--|--|---|---|-----|---|--------------------------|---|--------------|---|----|
| 15 | base_atrial_fib  | Previous Atrial fibrillation or Atrial flutter   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 16 | base_family_hist_cad   | Family History of Premature Coronary Artery Disease<br><i>&lt; 55 years in first-degree male relatives and &lt; 65 years in female relatives.</i>  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 17 | base_stroke_tia  | Previous Stroke or transient ischemic attack   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 18 | base_mi  | Previous Myocardial infarction   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 19 | base_pci   | Previous Percutaneous coronary intervention  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 20 | base_cabg  | Previous Coronary artery bypass grafting (CABG)  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 21 | base_pvd   | Previous Peripheral Vascular Disease   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 22 | base_copd_asthma   | Previous Chronic obstructive pulmonary disease (COPD) or Asthma  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 23 | base_pneumonia   | Previous history of pneumonia<br><i>Any type</i>   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 24 | baseline_hf  | Previous Heart Failure   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 25 | base_hf_nhya<br><i>Show the field ONLY if: [baseline_hf] = '1'</i> | If the patient has previous heart failure, specify the New York Heart Association (NYHA) classification.<br><i><a href="https://es.wikipedia.org/wiki/Clasificación_funcional_New_York_Heart_Association">https://es.wikipedia.org/wiki/Clasificación_funcional_New_York_Heart_Association</a></i> | radio, Required<br><table border="1"> <tr><td>1</td><td>I</td></tr> <tr><td>2</td><td>II</td></tr> <tr><td>3</td><td>III</td></tr> <tr><td>4</td><td>IV</td></tr> </table>  | 1 | I   | 2 | II                       | 3 | III          | 4 | IV |
| 1  | I  |  |   |   |     |   |                          |   |              |   |    |
| 2  | II   |  |   |   |     |   |                          |   |              |   |    |
| 3  | III  |  |   |   |     |   |                          |   |              |   |    |
| 4  | IV   |  |   |   |     |   |                          |   |              |   |    |
| 26 | base_pul_hyper   | Pulmonary hypertension<br><i>Define by clinical history or PA systolic pressure &gt;30 mmHg by echocardiogram.</i>   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 27 | base_vte_pe  | Previous Venous Thromboembolism/Pulmonary Embolism   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 28 | base_bleeding  | Previous Major bleeding<br><i>Any history of bleeding requiring medical attention (i.e. gastrointestinal bleeding, intracranial bleeding, or hemorrhagic stroke, etc.)</i>   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes | 0 | No                       |   |              |   |    |
| 1  | Yes  |  |   |   |     |   |                          |   |              |   |    |
| 0  | No   |  |   |   |     |   |                          |   |              |   |    |
| 29 | base_dementia  | Any dementia or cognitive impairment?  | radio, Required<br><table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Any cognitive impairment</td></tr> <tr><td>3</td><td>Any dementia</td></tr> </table> | 1 | No  | 2 | Any cognitive impairment | 3 | Any dementia |   |    |
| 1  | No   |  |   |   |     |   |                          |   |              |   |    |
| 2  | Any cognitive impairment   |  |   |   |     |   |                          |   |              |   |    |
| 3  | Any dementia   |  |   |   |     |   |                          |   |              |   |    |
| 30 | base_cancer  | Previous Cancer  | radio, Required<br><table border="1"> <tr><td>1</td><td></td></tr> </table>   | 1 |     |   |                          |   |              |   |    |
| 1  |  |  |   |   |     |   |                          |   |              |   |    |

|    |  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
|----|--|---|---|---|-------------|---|-----------|---|---------------------|---|------------------------|---|------|---|------------|---|------------|---|----------------------|---|----------------|----|-----------------|----|-----------------|----|---------------------------|
|    |  |   | <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Previous</td></tr> <tr><td>2</td><td>Active no treatment</td></tr> <tr><td>3</td><td>Active under treatment</td></tr> </table>  | 0 | No          | 1 | Previous  | 2 | Active no treatment | 3 | Active under treatment |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 0  | No   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 1  | Previous   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 2  | Active no treatment  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 3  | Active under treatment   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 31 | <p>base_cancer_type</p> <p>Show the field ONLY if:<br/>[base_cancer] = '1' or [base_cancer] = '2' or [base_cancer] = '3'</p> | If yes, specify the cancer type   | text, Required  |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 32 | base_transplantation   | The patient has any type of organ transplant?   | <p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes         | 0 | No        |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 1  | Yes  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 0  | No   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 33 | <p>base_transplantation_type</p> <p>Show the field ONLY if:<br/>[base_transplantation] = '1'</p>                             | Which type of organ transplant?   | <p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Renal</td></tr> <tr><td>2</td><td>Liver</td></tr> <tr><td>3</td><td>Heart</td></tr> <tr><td>4</td><td>Bone marrow</td></tr> <tr><td>5</td><td>Lung</td></tr> <tr><td>6</td><td>Pancreatic</td></tr> <tr><td>7</td><td>Intestinal</td></tr> <tr><td>8</td><td>Renal and pancreatic</td></tr> <tr><td>9</td><td>Lung and Heart</td></tr> <tr><td>10</td><td>Liver and Heart</td></tr> <tr><td>11</td><td>Renal and liver</td></tr> <tr><td>12</td><td>Liver, heart and pancreas</td></tr> </table> | 1 | Renal       | 2 | Liver     | 3 | Heart               | 4 | Bone marrow            | 5 | Lung | 6 | Pancreatic | 7 | Intestinal | 8 | Renal and pancreatic | 9 | Lung and Heart | 10 | Liver and Heart | 11 | Renal and liver | 12 | Liver, heart and pancreas |
| 1  | Renal  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 2  | Liver  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 3  | Heart  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 4  | Bone marrow  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 5  | Lung   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 6  | Pancreatic   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 7  | Intestinal   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 8  | Renal and pancreatic   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 9  | Lung and Heart   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 10 | Liver and Heart  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 11 | Renal and liver  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 12 | Liver, heart and pancreas  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 34 | other_disease_base   | <p>If any other relevant disease (i.e. immunosuppression)</p> <p>Use a comma to separate the diagnoses. Example: lupus, gastrinoma.</p> | notes   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 35 | base_aspirin   | <p>Section Header: <i>BASELINE - TREATMENT</i></p> <p>Aspirin</p>   | <p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes         | 0 | No        |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 1  | Yes  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 0  | No   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 36 | base_p2y12   | <p>P2Y12 inhibitor</p> <p>Example: clopidogrel, prasugrel, Ticagrelor</p>   | <p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes         | 0 | No        |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 1  | Yes  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 0  | No   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 37 | <p>base_p2y12_type</p> <p>Show the field ONLY if:<br/>[base_p2y12] = '1'</p>   | P2Y12 inhibitor   | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Clopidogrel</td></tr> <tr><td>2</td><td>Prasugrel</td></tr> <tr><td>3</td><td>Ticagrelor</td></tr> </table>   | 1 | Clopidogrel | 2 | Prasugrel | 3 | Ticagrelor          |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 1  | Clopidogrel  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 2  | Prasugrel  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 3  | Ticagrelor   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 38 | base_ace_inh   | <p>ACE inhibitor</p> <p>Angiotensin-converting-enzyme inhibitors (ACE inhibitors)</p>   | <p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes         | 0 | No        |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 1  | Yes  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 0  | No   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 39 | <p>base_ace_type</p> <p>Show the field ONLY if:<br/>[base_ace_inh] = '1'</p>   | ACE inhibitor type  | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Lisinopril</td></tr> <tr><td>2</td><td>Enalapril</td></tr> <tr><td>3</td><td>Perindopril</td></tr> <tr><td>4</td><td>Other</td></tr> </table>   | 1 | Lisinopril  | 2 | Enalapril | 3 | Perindopril         | 4 | Other                  |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 1  | Lisinopril   |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 2  | Enalapril  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 3  | Perindopril  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 4  | Other  |   |   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 40 | <p>base_ace_other</p> <p>Show the field ONLY if:<br/>[base_ace_type] = '4'</p>   | If other ACE inhibitor, specify which   | text, Required  |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |
| 41 | <p>base_ace_dose</p> <p>Show the field ONLY if:<br/>[base_ace_inh] = '1'</p>   | <p>ACE inhibitor TOTAL daily dose (mg)</p> <p>If unknown use 999.</p>   | text (number, Min: 1, Max: 999)   |   |             |   |           |   |                     |   |                        |   |      |   |            |   |            |   |                      |   |                |    |                 |    |                 |    |                           |

|    |  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
|----|--|---|---|---|--------------|---|--------------|---|-------------|---|-------------|---|-----------|---|------------|---|-------|
| 42 | base_arbs  | ARBs<br><i>Angiotensin II receptor blockers</i>   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes          | 0 | No           |   |             |   |             |   |           |   |            |   |       |
| 1  | Yes  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 0  | No   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 43 | base_arbs_type<br><i>Show the field ONLY if: [base_arbs] = '1'</i>                   | ARBs type   | radio, Required<br><table border="1"> <tr><td>1</td><td>Losartan</td></tr> <tr><td>2</td><td>Candesartan</td></tr> <tr><td>3</td><td>Irbesartan</td></tr> <tr><td>4</td><td>Telmisartan</td></tr> <tr><td>5</td><td>Valsartan</td></tr> <tr><td>6</td><td>Olmesartan</td></tr> <tr><td>7</td><td>Other</td></tr> </table> | 1 | Losartan     | 2 | Candesartan  | 3 | Irbesartan  | 4 | Telmisartan | 5 | Valsartan | 6 | Olmesartan | 7 | Other |
| 1  | Losartan   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 2  | Candesartan  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 3  | Irbesartan   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 4  | Telmisartan  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 5  | Valsartan  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 6  | Olmesartan   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 7  | Other  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 44 | base_arbs_other<br><i>Show the field ONLY if: [base_arbs_type] = '7'</i>             | If other ARBs, specify which  | text  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 45 | base_arbs_dose<br><i>Show the field ONLY if: [base_arbs] = '1'</i>                   | ARBs TOTAL daily dose (mg)<br><i>If unknown use 999.</i>  | text (number, Min: 0, Max: 999), Required   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 46 | base_arni  | Angiotensin receptor neprilysin inhibitor (ARNI)<br><i>Sacubitril/valsartan (Entresto)</i>  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes          | 0 | No           |   |             |   |             |   |           |   |            |   |       |
| 1  | Yes  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 0  | No   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 47 | base_arni_dose<br><i>Show the field ONLY if: [base_arni] = '1'</i>                   | Angiotensin receptor neprilysin inhibitor (ARNI) TOTAL daily dose (mg)<br><i>Sacubitril/valsartan (Entresto). If unknown use 999.</i> | text (number, Min: 0, Max: 999)   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 48 | base_statis  | Statins   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes          | 0 | No           |   |             |   |             |   |           |   |            |   |       |
| 1  | Yes  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 0  | No   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 49 | base_statin_type<br><i>Show the field ONLY if: [base_statis] = '1'</i>               | Statin type   | radio, Required<br><table border="1"> <tr><td>1</td><td>Atorvastatin</td></tr> <tr><td>2</td><td>Rosuvastatin</td></tr> <tr><td>3</td><td>Simvastatin</td></tr> <tr><td>4</td><td>Other</td></tr> </table>  | 1 | Atorvastatin | 2 | Rosuvastatin | 3 | Simvastatin | 4 | Other       |   |           |   |            |   |       |
| 1  | Atorvastatin   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 2  | Rosuvastatin   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 3  | Simvastatin  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 4  | Other  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 50 | base_statin_other<br><i>Show the field ONLY if: [base_statin_type] = '4'</i>         | If other statin, specify which  | text, Required  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 51 | base_statin_dose<br><i>Show the field ONLY if: [base_statis] = '1'</i>               | Statin TOTAL daily dose (mg)<br><i>If unknown use 999.</i>  | text (number, Min: 0, Max: 999)   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 52 | base_beta_block  | Beta Blocker  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes          | 0 | No           |   |             |   |             |   |           |   |            |   |       |
| 1  | Yes  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 0  | No   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 53 | base_beta_block_type<br><i>Show the field ONLY if: [base_beta_block] = '1'</i>       | Beta Blocker type   | radio, Required<br><table border="1"> <tr><td>1</td><td>Bisoprolol</td></tr> <tr><td>2</td><td>Atenolol</td></tr> <tr><td>3</td><td>Metoprolol</td></tr> <tr><td>4</td><td>Carvedilol</td></tr> <tr><td>5</td><td>Other</td></tr> </table>  | 1 | Bisoprolol   | 2 | Atenolol     | 3 | Metoprolol  | 4 | Carvedilol  | 5 | Other     |   |            |   |       |
| 1  | Bisoprolol   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 2  | Atenolol   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 3  | Metoprolol   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 4  | Carvedilol   |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 5  | Other  |   |   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 54 | base_beta_block_other<br><i>Show the field ONLY if: [base_beta_block_type] = '5'</i> | If other Beta blocker, specify which  | text, Required  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 55 | base_beta_block_dose<br><i>Show the field ONLY if:</i>                               | Beta Blocker TOTAL daily dose (mg)<br><i>If unknown use 999.</i>  | text (number, Min: 0, Max: 999)   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |

|    |   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
|----|---|---|--|---|---------------------------------------|---|--------------------------------------|---|--|---|------------|---|-----------|---|-------|
|    | [base_beta_block] = '1'   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 56 | base_ccb  | Calcium channel blocker   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                   | 0 | No                                   |   |  |   |            |   |           |   |       |
| 1  | Yes   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 0  | No  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 57 | base_ccb_type<br>Show the field ONLY if:<br>[base_ccb] = '1'                      | Calcium channel blockers type   | radio, Required<br><table border="1"> <tr><td>1</td><td>Amlodipine</td></tr> <tr><td>2</td><td>Diltiazem</td></tr> <tr><td>3</td><td>Nicardipine</td></tr> <tr><td>4</td><td>Nifedipine</td></tr> <tr><td>5</td><td>Verapamil</td></tr> <tr><td>6</td><td>Other</td></tr> </table> | 1 | Amlodipine                            | 2 | Diltiazem                            | 3 | Nicardipine                                    | 4 | Nifedipine | 5 | Verapamil | 6 | Other |
| 1  | Amlodipine  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 2  | Diltiazem   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 3  | Nicardipine   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 4  | Nifedipine  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 5  | Verapamil   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 6  | Other   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 58 | base_ccb_other<br>Show the field ONLY if:<br>[base_ccb_type] = '6'                | If other calcium channel blocker, specify which   | text, Required   |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 59 | base_ccb_dose<br>Show the field ONLY if:<br>[base_ccb] = '1'                      | Calcium channel blocker TOTAL daily dose (mg)<br><i>If unknown use 999.</i>                       | text (number, Min: 0, Max: 999), Required  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 60 | base_loop_diuretics   | Loop diuretic<br><i>Example: Furosemide, Torsemide, etc.</i>                                      | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                   | 0 | No                                   |   |  |   |            |   |           |   |       |
| 1  | Yes   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 0  | No  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 61 | base_loop_diuretic_dose<br>Show the field ONLY if:<br>[base_loop_diuretics] = '1' | Loop diuretic TOTAL daily dose (mg)<br><i>If unknown use 999.</i>                                 | text (number, Min: 0, Max: 999), Required  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 62 | base_mras   | Mineralocorticoid receptor antagonists (MRAs)<br><i>Spirolactone or eplerenone</i>                | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                   | 0 | No                                   |   |  |   |            |   |           |   |       |
| 1  | Yes   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 0  | No  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 63 | base_mras_type<br>Show the field ONLY if:<br>[base_mras] = '1'                    | Mineralocorticoid receptor antagonists type   | radio, Required<br><table border="1"> <tr><td>1</td><td>Spirolactone</td></tr> <tr><td>2</td><td>Eplerenone</td></tr> </table>   | 1 | Spirolactone                          | 2 | Eplerenone                           |   |  |   |            |   |           |   |       |
| 1  | Spirolactone  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 2  | Eplerenone  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 64 | base_mras_dose<br>Show the field ONLY if:<br>[base_mras] = '1'                    | Mineralocorticoid receptor antagonists (MRAs) TOTAL daily dose (mg)<br><i>If unknown use 999.</i> | text (number, Min: 0, Max: 999), Required  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 65 | base_ppis   | Proton-pump inhibitors  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                   | 0 | No                                   |   |  |   |            |   |           |   |       |
| 1  | Yes   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 0  | No  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 66 | base_oral_hypo_glc  | Oral hypoglycemic agents  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                   | 0 | No                                   |   |  |   |            |   |           |   |       |
| 1  | Yes   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 0  | No  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 67 | base_insulin  | Insulin   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                   | 0 | No                                   |   |  |   |            |   |           |   |       |
| 1  | Yes   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 0  | No  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 68 | base_anticoagulant  | Anticoagulant treatment<br><i>Example: sintrom, ACODs, enoxaparin, etc.</i>                       | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                   | 0 | No                                   |   |  |   |            |   |           |   |       |
| 1  | Yes   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 0  | No  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 69 | base_anticoagulant_tx<br>Show the field ONLY if:<br>[base_anticoagulant] = '1'    | Which anticoagulant treatment<br><i>*Example: Rivaroxaban, dabigatran, apixaban, or edoxaban.</i> | radio, Required<br><table border="1"> <tr><td>1</td><td>Vitamin K antagonists (acenocoumarol)</td></tr> <tr><td>2</td><td>Directly acting oral anticoagulants*</td></tr> <tr><td>3</td><td>Low-molecular-weight heparin (enoxaparin, etc)</td></tr> </table>                       | 1 | Vitamin K antagonists (acenocoumarol) | 2 | Directly acting oral anticoagulants* | 3 | Low-molecular-weight heparin (enoxaparin, etc) |   |            |   |           |   |       |
| 1  | Vitamin K antagonists (acenocoumarol)   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 2  | Directly acting oral anticoagulants*  |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 3  | Low-molecular-weight heparin (enoxaparin, etc)                                    |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |
| 70 | base_noac_type<br>Show the field ONLY if:<br>[base anticoagulant tx] = '2'        | If Directly acting oral anticoagulants was used which one:  | radio, Required<br><table border="1"> <tr><td>1</td><td>Rivaroxaban (Xarelto)</td></tr> </table>   | 1 | Rivaroxaban (Xarelto)                 |   |                                      |   |  |   |            |   |           |   |       |
| 1  | Rivaroxaban (Xarelto)   |   |  |   |                                       |   |                                      |   |  |   |            |   |           |   |       |

|    |  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
|----|--|---|--|---|----------------------|---|----------------------|---|-----------------------|---|-----------------------------|---|-------------------------|---|-------|
|    |  |   | <table border="1"> <tr><td>2</td><td>Dabigatran (Pradaxa)</td></tr> <tr><td>3</td><td>Apixaban (Eliquis)</td></tr> <tr><td>4</td><td>Edoxaban (Lixiana)</td></tr> </table>   | 2 | Dabigatran (Pradaxa) | 3 | Apixaban (Eliquis)   | 4 | Edoxaban (Lixiana)    |   |                             |   |                         |   |       |
| 2  | Dabigatran (Pradaxa)   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 3  | Apixaban (Eliquis)   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 4  | Edoxaban (Lixiana)   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 71 | base_noac_dose<br>Show the field ONLY if:<br>[base_anticoagulant_tx] = '2'             | Specify the Directly acting oral anticoagulants TOTAL Daily dose (mg)<br><i>If unknown use 999.</i>   | text (number, Min: 0, Max: 999), Required  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 72 | base_nsaid   | Nonsteroidal anti-inflammatory drugs (NSAIDs)   | radio, Required<br><table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes - Chronic use</td></tr> <tr><td>2</td><td>Yes - Only recent use</td></tr> </table>  | 0 | No                   | 1 | Yes - Chronic use    | 2 | Yes - Only recent use |   |                             |   |                         |   |       |
| 0  | No   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 1  | Yes - Chronic use  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 2  | Yes - Only recent use  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 73 | base_nsaid_type<br>Show the field ONLY if:<br>[base_nsaid] = '1' or [base_nsaid] = '2' | NSAIDs type   | radio<br><table border="1"> <tr><td>1</td><td>Ibuprofen</td></tr> <tr><td>2</td><td>Diclofenac</td></tr> <tr><td>3</td><td>Naproxen</td></tr> <tr><td>4</td><td>Dexketoprofen or ketoprofen</td></tr> <tr><td>5</td><td>Celecoxib</td></tr> <tr><td>6</td><td>Other</td></tr> </table>       | 1 | Ibuprofen            | 2 | Diclofenac           | 3 | Naproxen              | 4 | Dexketoprofen or ketoprofen | 5 | Celecoxib               | 6 | Other |
| 1  | Ibuprofen  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 2  | Diclofenac   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 3  | Naproxen   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 4  | Dexketoprofen or ketoprofen  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 5  | Celecoxib  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 6  | Other  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 74 | base_nsaid_other<br>Show the field ONLY if:<br>[base_nsaid_type] = '6'                 | If other Nonsteroidal anti-inflammatory drugs (NSAIDs), specify which   | text, Required   |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 75 | base_nsaid_dose<br>Show the field ONLY if:<br>[base_nsaid] = '1' or [base_nsaid] = '2' | NSAIDs total daily dose (mg)<br><i>If unknown use 9999.</i>   | text (number, Min: 0, Max: 9999), Required   |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 76 | base_paracetamol   | Paracetamol   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                  | 0 | No                   |   |                       |   |                             |   |                         |   |       |
| 1  | Yes  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 0  | No   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 77 | base_other_tx  | If any other relevant medication (i.e. Immunosuppressive therapy,) specify which<br><i>Use a comma to separate the diagnoses. Example: ezetimibe, levothyroxine.</i>              | notes  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 78 | base_lvef  | Left ventricular ejection fraction (LVEF) (%)<br>Assessed by any method.<br><i>If unknow use 999.</i>   | text (number, Min: 0, Max: 999), Required  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 79 | base_vhd_mod_sev   | Did the patient have any Moderate or Severe valvular heart disease?<br><i>Example: aortic stenosis, aortic regurgitation, Mitral regurgitation, Tricuspid regurgitation, etc.</i> | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                  | 0 | No                   |   |                       |   |                             |   |                         |   |       |
| 1  | Yes  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 0  | No   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 80 | base_vhd_mod_sev_1<br>Show the field ONLY if:<br>[base_vhd_mod_sev] = '1'              | Specify which type of Moderate or severe valvular heart disease   | radio, Required<br><table border="1"> <tr><td>1</td><td>Aortic stenosis</td></tr> <tr><td>2</td><td>Aortic regurgitation</td></tr> <tr><td>3</td><td>Mitral regurgitation</td></tr> <tr><td>4</td><td>Mitral Stenosis</td></tr> <tr><td>5</td><td>Tricuspid regurgitation</td></tr> </table> | 1 | Aortic stenosis      | 2 | Aortic regurgitation | 3 | Mitral regurgitation  | 4 | Mitral Stenosis             | 5 | Tricuspid regurgitation |   |       |
| 1  | Aortic stenosis  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 2  | Aortic regurgitation   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 3  | Mitral regurgitation   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 4  | Mitral Stenosis  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 5  | Tricuspid regurgitation  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 81 | base_vhd_mod_sev_2<br>Show the field ONLY if:<br>[base_vhd_mod_sev] = '1'              | If the patient had a second Moderate or severe valvular heart disease, specify which type   | radio<br><table border="1"> <tr><td>1</td><td>Aortic stenosis</td></tr> <tr><td>2</td><td>Aortic regurgitation</td></tr> <tr><td>3</td><td>Mitral regurgitation</td></tr> <tr><td>4</td><td>Mitral Stenosis</td></tr> <tr><td>5</td><td>Tricuspid regurgitation</td></tr> </table>           | 1 | Aortic stenosis      | 2 | Aortic regurgitation | 3 | Mitral regurgitation  | 4 | Mitral Stenosis             | 5 | Tricuspid regurgitation |   |       |
| 1  | Aortic stenosis  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 2  | Aortic regurgitation   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 3  | Mitral regurgitation   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 4  | Mitral Stenosis  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 5  | Tricuspid regurgitation  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 82 | base_valve_replacement   | Did the patient have any type of previous valve repair or replacement?<br><i>Surgical or transcatheter valve replacement.</i>   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                  | 0 | No                   |   |                       |   |                             |   |                         |   |       |
| 1  | Yes  |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 0  | No   |   |  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |
| 83 | base_valve_replace_type  | Which type of valve repair or replacement?  | radio, Required  |   |                      |   |                      |   |                       |   |                             |   |                         |   |       |

|    |   |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
|----|---|---|--|---|---------------------------------|---|----------------------------|---|-----------------------|---|--|---|-------------------------------|---|-------|
|    | Show the field ONLY if:<br>[base_valve_replacement] = '1'                           |   | <table border="1"> <tr><td>1</td><td>Transcatheter valve replacement</td></tr> <tr><td>2</td><td>Surgical valve replacement</td></tr> <tr><td>3</td><td>Surgical valve repair</td></tr> <tr><td>4</td><td>Transcatheter and Surgical valve replacement</td></tr> </table>                            | 1 | Transcatheter valve replacement | 2 | Surgical valve replacement | 3 | Surgical valve repair | 4 | Transcatheter and Surgical valve replacement |   |                               |   |       |
| 1  | Transcatheter valve replacement   |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 2  | Surgical valve replacement  |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 3  | Surgical valve repair   |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 4  | Transcatheter and Surgical valve replacement  |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 84 | base_valve_replaced<br>Show the field ONLY if:<br>[base_valve_replacement] = '1'    | Which cardiac valve was repair or replaced?   | radio, Required<br><table border="1"> <tr><td>1</td><td>Aortic</td></tr> <tr><td>2</td><td>Mitral</td></tr> <tr><td>3</td><td>Tricuspid</td></tr> <tr><td>4</td><td>Aortic and Mitral</td></tr> <tr><td>5</td><td>Aortic, Mitral, and Tricuspid</td></tr> <tr><td>6</td><td>Other</td></tr> </table> | 1 | Aortic                          | 2 | Mitral                     | 3 | Tricuspid             | 4 | Aortic and Mitral                            | 5 | Aortic, Mitral, and Tricuspid | 6 | Other |
| 1  | Aortic  |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 2  | Mitral  |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 3  | Tricuspid   |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 4  | Aortic and Mitral   |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 5  | Aortic, Mitral, and Tricuspid   |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 6  | Other   |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 85 | base_valve_replaced_other<br>Show the field ONLY if:<br>[base_valve_replaced] = '6' | If other cardiac valve was replaced, specify which  | text, Required   |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 86 | base_cci  | Section Header: <i>BASELINE - COMORBIDITY AND FRAILITY</i><br>Calculate the Charlson Comorbidity Index (CCI) and provide the numerical value (minimum 0 maximum 37)           | text (number, Min: 0, Max: 50), Required   |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 87 | base_cci_weblink  | Online Charlson Comorbidity index calculator<br>( <a href="https://www.mdcalc.com/charlson-comorbidity-index-cci">https://www.mdcalc.com/charlson-comorbidity-index-cci</a> ) | descriptive  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 88 | base_frailty  | Patient functional health status  | radio, Required<br><table border="1"> <tr><td>0</td><td>Independent</td></tr> <tr><td>1</td><td>Partially dependent</td></tr> <tr><td>2</td><td>Totally dependent</td></tr> </table>   | 0 | Independent                     | 1 | Partially dependent        | 2 | Totally dependent     |   |  |   |                               |   |       |
| 0  | Independent   |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 1  | Partially dependent   |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 2  | Totally dependent   |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 89 | baseline_complete   | Section Header: <i>Form Status</i><br>Complete?   | dropdown<br><table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>   | 0 | Incomplete                      | 1 | Unverified                 | 2 | Complete              |   |  |   |                               |   |       |
| 0  | Incomplete  |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 1  | Unverified  |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |
| 2  | Complete  |   |  |   |                                 |   |                            |   |                       |   |  |   |                               |   |       |

Instrument: **COVID-19 status & Symptoms** (covid19\_status\_symptoms)

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|    |   |  |   |   |   |   |  |   |             |   |                                   |
|----|---|--|---|---|---|---|--|---|-------------|---|-----------------------------------|
| 90 | covid_swab  | Section Header: <i>COVID-19 STATUS</i><br>Coronavirus swab result  | radio, Required<br><table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>  | 0 | Negative                                | 1 | Positive   |   |             |   |                                   |
| 0  | Negative  |  |   |   |   |   |  |   |             |   |                                   |
| 1  | Positive  |  |   |   |   |   |  |   |             |   |                                   |
| 91 | covid_swab_date   | Coronavirus swab date<br><i>Date in which the coronavirus swab was performed.</i>  | text (date_dmy, Min: 2020-02-01), Required  |   |   |   |  |   |             |   |                                   |
| 92 | covid_other_virus<br>Show the field ONLY if:<br>[covid_swab] = 0              | If swab negative for coronavirus, specify if there was any other respiratory virus.  | radio, Required<br><table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Influenza A</td></tr> <tr><td>2</td><td>Influenza B</td></tr> <tr><td>3</td><td>Human respiratory syncytial virus</td></tr> </table> | 0 | No                                      | 1 | Influenza A  | 2 | Influenza B | 3 | Human respiratory syncytial virus |
| 0  | No  |  |   |   |   |   |  |   |             |   |                                   |
| 1  | Influenza A   |  |   |   |   |   |  |   |             |   |                                   |
| 2  | Influenza B   |  |   |   |   |   |  |   |             |   |                                   |
| 3  | Human respiratory syncytial virus   |  |   |   |   |   |  |   |             |   |                                   |
| 93 | hospitalization   | Section Header: <i>NEED OF HOSPITAL ADMISSION</i><br>Did the patient require hospital admission?<br><i>In any moment.</i>                | radio, Required<br><table border="1"> <tr><td>0</td><td>No - (Ambulatory care in subjects home)</td></tr> <tr><td>1</td><td>Yes - (Emergency department, hospital admission, health hotel, etc.)</td></tr> </table>         | 0 | No - (Ambulatory care in subjects home) | 1 | Yes - (Emergency department, hospital admission, health hotel, etc.) |   |             |   |                                   |
| 0  | No - (Ambulatory care in subjects home)                                       |  |   |   |   |   |  |   |             |   |                                   |
| 1  | Yes - (Emergency department, hospital admission, health hotel, etc.)          |  |   |   |   |   |  |   |             |   |                                   |
| 94 | covid_antibody_test   | Section Header: <i>COVID-19 ANTIBODY TEST</i><br>Did the patient perform a Coronavirus antibody test?<br><i>Serology test, any type.</i> | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes                                     | 0 | No   |   |             |   |                                   |
| 1  | Yes   |  |   |   |   |   |  |   |             |   |                                   |
| 0  | No  |  |   |   |   |   |  |   |             |   |                                   |
| 95 | covid_antibody_date<br>Show the field ONLY if:<br>[covid_antibody_test] = '1' | If the patient performed a Coronavirus antibody test, indicate the date.   | text (date_dmy, Min: 2020-02-01), Required  |   |   |   |  |   |             |   |                                   |
| 96 | covid_antibody_igg<br>Show the field ONLY if:<br>[covid_antibody_test] = '1'  | If the patient performed an antibody test, provide the result of IgG.  | radio<br><table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>  | 0 | Negative                                | 1 | Positive   |   |             |   |                                   |
| 0  | Negative  |  |   |   |   |   |  |   |             |   |                                   |
| 1  | Positive  |  |   |   |   |   |  |   |             |   |                                   |

|     |  |   |  |
|-----|--|---|--|
| 97  | covid_antibody_igm<br>Show the field ONLY if:<br>[covid_antibody_test] = '1' | If the patient performed an antibody test, provide the result of IgM.   | radio<br>0 Negative<br>1 Positive                                    |
| 98  | covid_antibody_iga<br>Show the field ONLY if:<br>[covid_antibody_test] = '1' | If the patient performed an antibody test, provide the result of IgA.   | radio<br>0 Negative<br>1 Positive                                    |
| 99  | covid_symptoms   | Section Header: <i>PATIENT SYMPTOMS</i><br>Did the patient present any suspected viral disease symptoms?<br><i>Example: fever, dyspnea, cough, diarrhea, anosmia/ageusia, sore throat, cephalgia, etc. Choose NO only when the patient was completely asymptomatic.</i> | yesno, Required<br>1 Yes<br>0 No                                     |
| 100 | covid_symptoms_date<br>Show the field ONLY if:<br>[covid_symptoms] = '1'     | Beginning of symptoms   | text (date_dmy, Min: 2020-01-01), Required                           |
| 101 | symp_fever<br>Show the field ONLY if:<br>[covid_symptoms] = '1'              | Fever (>37.3°C)   | yesno, Required<br>1 Yes<br>0 No                                     |
| 102 | symp_dysnea<br>Show the field ONLY if:<br>[covid_symptoms] = '1'             | Dyspnea   | yesno, Required<br>1 Yes<br>0 No                                     |
| 103 | symp_cough<br>Show the field ONLY if:<br>[covid_symptoms] = '1'              | Cough   | radio, Required<br>1 No<br>2 Yes without sputum<br>3 Yes with sputum |
| 104 | symp_diarrhea<br>Show the field ONLY if:<br>[covid_symptoms] = '1'           | Diarrhea  | yesno, Required<br>1 Yes<br>0 No                                     |
| 105 | symp_anosmia<br>Show the field ONLY if:<br>[covid_symptoms] = '1'            | Anosmia or Ageusia  | yesno, Required<br>1 Yes<br>0 No                                     |
| 106 | covid19_status_symptoms_complete   | Section Header: <i>Form Status</i><br>Complete?   | dropdown<br>0 Incomplete<br>1 Unverified<br>2 Complete               |

Instrument: **Hospitalization** (hospitalization)

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|     |  |  |  |
|-----|--|--|--|
| 107 | inhosp_adm_date<br>Show the field ONLY if:<br>[hospitalization] = '1'          | Section Header: <i>HOSPITALIZATION (including (Emergency department, hospital admission, and health hotel).</i><br>Hospital admission date | text (date_dmy, Min: 2020-02-01), Required   |
| 108 | inhosp_covid_admission<br>Show the field ONLY if:<br>[hospitalization] = '1'   | Was hospital admission related to COVID-19?<br><i>Including emergency department, hospital admission, health hotel, etc.</i>               | yesno, Required<br>1 Yes<br>0 No   |
| 109 | inhosp_cv_disease<br>Show the field ONLY if:<br>[inhosp_covid_admission] = '0' | Was the patient admitted to the hospital because of cardiovascular disease?  | yesno, Required<br>1 Yes<br>0 No   |
| 110 | inhosp_cv_diag<br>Show the field ONLY if:<br>[inhosp_cv_disease] = '1'         | Specify which cardiovascular disease (including pulmonary embolism)?   | dropdown, Required<br>1 STEMI<br>2 NSTEMI<br>3 Chest pain/angor (negative troponin)<br>4 Heart failure<br>5 Cardiogenic Shock<br>6 Supraventricular Arrhythmia |



|     |  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
|-----|--|---|---|---|-------------------------------------|---|-------------------------------------|---|----------------|----|--------------------|----|-------------------|----|--------------|----|-------|
|     |  |   | <table border="1"> <tr><td>7</td><td>Ventricular Arrhythmia</td></tr> <tr><td>8</td><td>Syncope</td></tr> <tr><td>9</td><td>Cardiac arrest</td></tr> <tr><td>10</td><td>Pulmonary embolism</td></tr> <tr><td>11</td><td>Aortic dissection</td></tr> <tr><td>12</td><td>Endocarditis</td></tr> <tr><td>13</td><td>Other</td></tr> </table> | 7 | Ventricular Arrhythmia              | 8 | Syncope                             | 9 | Cardiac arrest | 10 | Pulmonary embolism | 11 | Aortic dissection | 12 | Endocarditis | 13 | Other |
| 7   | Ventricular Arrhythmia   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 8   | Syncope  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 9   | Cardiac arrest   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 10  | Pulmonary embolism   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 11  | Aortic dissection  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 12  | Endocarditis   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 13  | Other  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 111 | inhosp_cv_diag_other<br>Show the field ONLY if:<br>[inhosp_cv_diag] = '13'         | If other, specify which cardiovascular disease.   | text, Required  |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 112 | inhosp_noncv_adm_specify<br>Show the field ONLY if:<br>[inhosp_cv_disease] = '0'   | If the patient was the patient admitted with a non-cardiovascular diagnosis, specify which (DIAGNOSIS, SPECIALTY) and if any SURGERY was needed?<br><i>Use a comma to separate. Example: hip fracture, trauma, hip replacement.</i> | notes   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 113 | inhosp_icu_semi<br>Show the field ONLY if:<br>[hospitalization] = '1'              | Did the patient need intensive or semi-intensive care unit admission?   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes                                 | 0 | No                                  |   |                |    |                    |    |                   |    |              |    |       |
| 1   | Yes  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 0   | No   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 114 | inhosp_icu_semi_admin<br>Show the field ONLY if:<br>[inhosp_icu_semi] = '1'        | If intensive or semi-intensive was needed, specify where.<br><i>If the patient was admitted in both, choose the Intensive care Unit.</i>  | radio, Required<br><table border="1"> <tr><td>1</td><td>Semi-Intensive Care Units</td></tr> <tr><td>2</td><td>Intensive care Unit</td></tr> </table>  | 1 | Semi-Intensive Care Units           | 2 | Intensive care Unit                 |   |                |    |                    |    |                   |    |              |    |       |
| 1   | Semi-Intensive Care Units  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 2   | Intensive care Unit  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 115 | inhosp_icu_adm_date<br>Show the field ONLY if:<br>[inhosp_icu_semi] = '1'          | Intensive Care Unit admission date  | text (date_dmy, Min: 2020-02-01), Required  |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 116 | inhosp_icu_disch_date<br>Show the field ONLY if:<br>[inhosp_icu_semi] = '1'        | Intensive care Unit discharge date  | text (date_dmy, Min: 2020-02-01), Required  |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 117 | inhosp_imv<br>Show the field ONLY if:<br>[inhosp_icu_semi] = '1'                   | Invasive mechanical ventilation   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes                                 | 0 | No                                  |   |                |    |                    |    |                   |    |              |    |       |
| 1   | Yes  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 0   | No   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 118 | inhosp_ecmo<br>Show the field ONLY if:<br>[inhosp_icu_semi] = '1'                  | Extracorporeal membrane oxygenation (ECMO)  | radio, Required<br><table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>ECMO V-V</td></tr> <tr><td>2</td><td>ECMO V-A</td></tr> </table>   | 0 | No                                  | 1 | ECMO V-V                            | 2 | ECMO V-A       |    |                    |    |                   |    |              |    |       |
| 0   | No   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 1   | ECMO V-V   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 2   | ECMO V-A   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 119 | inhosp_rrt<br>Show the field ONLY if:<br>[hospitalization] = '1'                   | Renal replacement therapy   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes                                 | 0 | No                                  |   |                |    |                    |    |                   |    |              |    |       |
| 1   | Yes  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 0   | No   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 120 | inhosp_vasodrug<br>Show the field ONLY if:<br>[hospitalization] = '1'              | Need of vasoactive agents<br><i>Example: dopamine, dobutamine, noradrenaline</i>  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes                                 | 0 | No                                  |   |                |    |                    |    |                   |    |              |    |       |
| 1   | Yes  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 0   | No   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 121 | inhosp_lvef<br>Show the field ONLY if:<br>[hospitalization] = '1'                  | Left-ventricular ejection fraction (%)<br><i>Assessed by any method. If unknown use 999.</i>  | text (number, Min: 0, Max: 999), Required   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 122 | inhosp_cath_available<br>Show the field ONLY if:<br>[hospitalization] = '1'        | Section Header: <i>CARDIAC CATHETERIZATION FINDINGS</i><br>Was a cardiac catheterization performed?<br><i>PCI: percutaneous cardiac intervention</i>  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes                                 | 0 | No                                  |   |                |    |                    |    |                   |    |              |    |       |
| 1   | Yes  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 0   | No   |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 123 | inhosp_cath_pain_date<br>Show the field ONLY if:<br>[inhosp_cath_available] = '1'  | Date of the cardiac catheterization   | text (date_dmy, Min: 2020-02-01), Required  |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 124 | inhosp_cath_indication<br>Show the field ONLY if:<br>[inhosp_cath_available] = '1' | Cardiac catheterization clinical indication   | radio, Required<br><table border="1"> <tr><td>1</td><td>Angina pectoris (troponin negative)</td></tr> <tr><td>2</td><td>Unstable angina (troponin negative)</td></tr> </table>  | 1 | Angina pectoris (troponin negative) | 2 | Unstable angina (troponin negative) |   |                |    |                    |    |                   |    |              |    |       |
| 1   | Angina pectoris (troponin negative)  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |
| 2   | Unstable angina (troponin negative)  |   |   |   |                                     |   |                                     |   |                |    |                    |    |                   |    |              |    |       |

|     |  |   |   |   |                           |   |                                 |   |                        |   |                       |
|-----|--|---|---|---|---------------------------|---|---------------------------------|---|------------------------|---|-----------------------|
|     |  |   | <table border="1"> <tr> <td>3</td> <td>NSTEMI</td> </tr> <tr> <td>4</td> <td>STEMI</td> </tr> </table>  | 3 | NSTEMI                    | 4 | STEMI                           |   |                        |   |                       |
| 3   | NSTEMI   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 4   | STEMI  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 125 | inhosp_cath_culprit<br>Show the field ONLY if:<br>[inhosp_cath_available] = '1'  | Was there a culprit lesion?   | radio, Required<br><table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes - No thrombotic</td> </tr> <tr> <td>2</td> <td>Yes - Thrombotic</td> </tr> </table>   | 0 | No                        | 1 | Yes - No thrombotic             | 2 | Yes - Thrombotic       |   |                       |
| 0   | No   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 1   | Yes - No thrombotic  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 2   | Yes - Thrombotic   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 126 | inhosp_cath_coro_seg<br>Show the field ONLY if:<br>[inhosp_cath_available] = '1' | Choose the culprit lesion coronary segment  | radio<br><table border="1"> <tr> <td>1</td> <td>Left main coronary artery</td> </tr> <tr> <td>2</td> <td>Left anterior descending artery</td> </tr> <tr> <td>3</td> <td>Left circumflex artery</td> </tr> <tr> <td>4</td> <td>Right coronary artery</td> </tr> </table> | 1 | Left main coronary artery | 2 | Left anterior descending artery | 3 | Left circumflex artery | 4 | Right coronary artery |
| 1   | Left main coronary artery  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 2   | Left anterior descending artery  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 3   | Left circumflex artery   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 4   | Right coronary artery  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 127 | inhosp_cath_mv<br>Show the field ONLY if:<br>[inhosp_cath_available] = '1'       | Multi-vessel disease  | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>   | 1 | Yes                       | 0 | No                              |   |                        |   |                       |
| 1   | Yes  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 0   | No   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 128 | inhosp_cath_coro_seg_non1<br>Show the field ONLY if:<br>[inhosp_cath_mv] = '1'   | If multi-vessel disease, choose the non-culprit lesion #1 coronary segment  | radio<br><table border="1"> <tr> <td>1</td> <td>Left main coronary artery</td> </tr> <tr> <td>2</td> <td>Left anterior descending artery</td> </tr> <tr> <td>3</td> <td>Left circumflex artery</td> </tr> <tr> <td>4</td> <td>Right coronary artery</td> </tr> </table> | 1 | Left main coronary artery | 2 | Left anterior descending artery | 3 | Left circumflex artery | 4 | Right coronary artery |
| 1   | Left main coronary artery  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 2   | Left anterior descending artery  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 3   | Left circumflex artery   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 4   | Right coronary artery  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 129 | inhosp_cath_coro_seg_non2<br>Show the field ONLY if:<br>[inhosp_cath_mv] = '1'   | If multi-vessel disease, choose the non-culprit lesion #2 coronary segment  | radio<br><table border="1"> <tr> <td>1</td> <td>Left main coronary artery</td> </tr> <tr> <td>2</td> <td>Left anterior descending artery</td> </tr> <tr> <td>3</td> <td>Left circumflex artery</td> </tr> <tr> <td>4</td> <td>Right coronary artery</td> </tr> </table> | 1 | Left main coronary artery | 2 | Left anterior descending artery | 3 | Left circumflex artery | 4 | Right coronary artery |
| 1   | Left main coronary artery  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 2   | Left anterior descending artery  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 3   | Left circumflex artery   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 4   | Right coronary artery  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 130 | inhosp_pci<br>Show the field ONLY if:<br>[hospitalization] = '1'                 | Was Percutaneous coronary intervention (PCI) performed?<br><i>Example: thrombus aspiration, stent implantation, drug-eluting balloon.</i>                   | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>   | 1 | Yes                       | 0 | No                              |   |                        |   |                       |
| 1   | Yes  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 0   | No   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 131 | inhosp_cath_asa_ld<br>Show the field ONLY if:<br>[inhosp_pci] = '1'              | Aspirin loading dose?   | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>   | 1 | Yes                       | 0 | No                              |   |                        |   |                       |
| 1   | Yes  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 0   | No   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 132 | inhosp_cath_p2y12_ld<br>Show the field ONLY if:<br>[inhosp_pci] = '1'            | P2Y12 inhibitor loading dose?<br><i>If the patient was loaded with clopidogrel and thereafter was switch to Prasugrel or Ticagrelor, select the latter.</i> | radio, Required<br><table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Clopidogrel</td> </tr> <tr> <td>2</td> <td>Prasugrel</td> </tr> <tr> <td>3</td> <td>Ticagrelor</td> </tr> </table>  | 0 | No                        | 1 | Clopidogrel                     | 2 | Prasugrel              | 3 | Ticagrelor            |
| 0   | No   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 1   | Clopidogrel  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 2   | Prasugrel  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 3   | Ticagrelor   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 133 | inhosp_cath_anticoag<br>Show the field ONLY if:<br>[inhosp_pci] = '1'            | Anticoagulation treatment during the procedure?   | radio, Required<br><table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Unfractionated heparin</td> </tr> <tr> <td>2</td> <td>Bivalirudin</td> </tr> </table>   | 0 | No                        | 1 | Unfractionated heparin          | 2 | Bivalirudin            |   |                       |
| 0   | No   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 1   | Unfractionated heparin   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 2   | Bivalirudin  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 134 | inhosp_pci_gpi<br>Show the field ONLY if:<br>[inhosp_pci] = '1'                  | Was GPI used (IIB/IIIA inhibitors)?   | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>   | 1 | Yes                       | 0 | No                              |   |                        |   |                       |
| 1   | Yes  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 0   | No   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 135 | inhosp_cath_device<br>Show the field ONLY if:<br>[inhosp_pci] = '1'              | Device type   | radio, Required<br><table border="1"> <tr> <td>0</td> <td>Trombus aspiration only</td> </tr> <tr> <td>1</td> <td>Bare-metal stent</td> </tr> <tr> <td>2</td> <td>Drug-eluting stent</td> </tr> <tr> <td>3</td> <td>Drug-eluting balloon</td> </tr> </table>             | 0 | Trombus aspiration only   | 1 | Bare-metal stent                | 2 | Drug-eluting stent     | 3 | Drug-eluting balloon  |
| 0   | Trombus aspiration only  |   |   |   |                           |   |                                 |   |                        |   |                       |
| 1   | Bare-metal stent   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 2   | Drug-eluting stent   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 3   | Drug-eluting balloon   |   |   |   |                           |   |                                 |   |                        |   |                       |
| 136 | inhosp_cath_device_brand   | Please provide the device commercial name<br><i>Example: vience, onyx, orsino, etc</i>  | text, Required  |   |                           |   |                                 |   |                        |   |                       |

|     |   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
|-----|---|--|--|---|--|---|--------------------------------------|---|--|---|--------------------------------------|---|--------------------|---|-------------------|---|--------|---|-----------------------------------|---|-------|
|     | Show the field ONLY if:<br>[inhosp_cath_device] = '1' or [inhosp_cath_device] = '2' or [inhosp_cath_device] = '3' |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 137 | inhosp_pci_compli<br>Show the field ONLY if:<br>[inhosp_cath_available] = '1'                                     | Describe any complication during the procedure:<br>1.- Site access hematoma/bleeding<br>2.- Coronary dissection/perforation<br>3.- Acute Stent thrombosis<br><i>Use a comma to separate the complications.</i>   | notes  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 138 | inhosp_cath_ventri<br>Show the field ONLY if:<br>[inhosp_cath_available] = '1'                                    | Was left ventriculography performed?   | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes  | 0 | No                                   |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 1   | Yes   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 0   | No  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 139 | inhosp_cath_ventri_tako<br>Show the field ONLY if:<br>[inhosp_cath_ventri] = '1'                                  | If ventriculography performed, was there any Takotsubo pattern?<br><i>Any pattern (Apical, mid ventricular, basal or focal)</i><br><a href="https://takotsubo.net/information/about-takotsubo-syndrome/">https://takotsubo.net/information/about-takotsubo-syndrome/</a> | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes  | 0 | No                                   |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 1   | Yes   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 0   | No  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 140 | inhosp_cath_second<br>Show the field ONLY if:<br>[inhosp_cath_available] = '1'                                    | If the patient had a Second cardiac catheterization (for example, stent thrombosis or revascularization), specify the following:<br>Date, diagnosis, procedure, and outcome:<br><i>Use a comma to separate the date, diagnosis, procedure, and outcome.</i>              | notes  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 141 | inhosp_thrombo<br>Show the field ONLY if:<br>[hospitalization] = '1'  | Section Header: <i>IN-HOSPITAL THROMBOLYSIS THERAPY</i><br>Was thrombolysis therapy performed?   | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes  | 0 | No                                   |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 1   | Yes   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 0   | No  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 142 | inhosp_thrombo_why<br>Show the field ONLY if:<br>[inhosp_thrombo] = '1'   | If thrombolysis was performed, which was the clinical indication?  | radio, Required<br><table border="1"> <tr> <td>1</td> <td>ST-segment elevation Myocardial infarction</td> </tr> <tr> <td>2</td> <td>Ischemic stroke</td> </tr> <tr> <td>3</td> <td>Pulmonary embolism</td> </tr> </table>  | 1 | ST-segment elevation Myocardial infarction | 2 | Ischemic stroke                      | 3 | Pulmonary embolism                             |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 1   | ST-segment elevation Myocardial infarction  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 2   | Ischemic stroke   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 3   | Pulmonary embolism  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 143 | inhosp_anticoag<br>Show the field ONLY if:<br>[hospitalization] = '1'   | Section Header: <i>IN-HOSPITAL ANTICOAGULANT TREATMENT</i><br>Was the patient treated with any anticoagulant therapy?<br><i>Example: acenocoumarol, enoxaparin, rivaroxaban, unfractionated heparin, etc.</i>  | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes  | 0 | No                                   |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 1   | Yes   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 0   | No  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 144 | inhosp_anticoag_type<br>Show the field ONLY if:<br>[inhosp_anticoag] = '1'  | Which type of Anticoagulant treatment?<br><i>*Example: Rivaroxaban, dabigatran, apixaban, or edoxaban.</i>   | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Vitamin K antagonists (acenocoumarol)</td> </tr> <tr> <td>2</td> <td>Directly acting oral anticoagulants*</td> </tr> <tr> <td>3</td> <td>Low-molecular-weight heparin (Enoxaparin, etc)</td> </tr> <tr> <td>4</td> <td>Unfractionated heparin (UFH) (Sodic)</td> </tr> </table>  | 1 | Vitamin K antagonists (acenocoumarol)      | 2 | Directly acting oral anticoagulants* | 3 | Low-molecular-weight heparin (Enoxaparin, etc) | 4 | Unfractionated heparin (UFH) (Sodic) |   |                    |   |                   |   |        |   |                                   |   |       |
| 1   | Vitamin K antagonists (acenocoumarol)   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 2   | Directly acting oral anticoagulants*  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 3   | Low-molecular-weight heparin (Enoxaparin, etc)  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 4   | Unfractionated heparin (UFH) (Sodic)  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 145 | inhosp_anticoag_type_2nd<br>Show the field ONLY if:<br>[inhosp_anticoag] = '1'                                    | If the patient was treated with a second anticoagulant treatment, specify which<br><i>*Example: Rivaroxaban, dabigatran, apixaban, or edoxaban.</i>  | radio<br><table border="1"> <tr> <td>1</td> <td>Vitamin K antagonists (acenocoumarol)</td> </tr> <tr> <td>2</td> <td>Directly acting oral anticoagulants*</td> </tr> <tr> <td>3</td> <td>Low-molecular-weight heparin (Enoxaparin, etc)</td> </tr> <tr> <td>4</td> <td>Unfractionated heparin (UFH) (Sodic)</td> </tr> </table>  | 1 | Vitamin K antagonists (acenocoumarol)      | 2 | Directly acting oral anticoagulants* | 3 | Low-molecular-weight heparin (Enoxaparin, etc) | 4 | Unfractionated heparin (UFH) (Sodic) |   |                    |   |                   |   |        |   |                                   |   |       |
| 1   | Vitamin K antagonists (acenocoumarol)   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 2   | Directly acting oral anticoagulants*  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 3   | Low-molecular-weight heparin (Enoxaparin, etc)  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 4   | Unfractionated heparin (UFH) (Sodic)  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 146 | inhosp_anticoagulant_why<br>Show the field ONLY if:<br>[inhosp_anticoag] = '1'                                    | Clinical indication for anticoagulant treatment  | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Prophylaxis</td> </tr> <tr> <td>2</td> <td>Atrial fibrillation</td> </tr> <tr> <td>3</td> <td>Acute coronary syndrome</td> </tr> <tr> <td>4</td> <td>Venous thromboembolism</td> </tr> <tr> <td>5</td> <td>Pulmonary embolism</td> </tr> <tr> <td>6</td> <td>Arterial embolism</td> </tr> <tr> <td>7</td> <td>Stroke</td> </tr> <tr> <td>8</td> <td>Cardiac intraventricular thrombus</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table> | 1 | Prophylaxis                                | 2 | Atrial fibrillation                  | 3 | Acute coronary syndrome                        | 4 | Venous thromboembolism               | 5 | Pulmonary embolism | 6 | Arterial embolism | 7 | Stroke | 8 | Cardiac intraventricular thrombus | 9 | Other |
| 1   | Prophylaxis   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 2   | Atrial fibrillation   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 3   | Acute coronary syndrome   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 4   | Venous thromboembolism  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 5   | Pulmonary embolism  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 6   | Arterial embolism   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 7   | Stroke  |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 8   | Cardiac intraventricular thrombus   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 9   | Other   |  |  |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |
| 147 | inhosp_anticoag_other<br>Show the field ONLY if:<br>[inhosp_anticoagulant_why] = '9'                              | If other indication for anticoagulant treatment, specify which   | text, Required   |   |  |   |                                      |   |  |   |                                      |   |                    |   |                   |   |        |   |                                   |   |       |

|     |  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
|-----|--|--|---|---|-----------------------|---|----------------------|---|-------------------------|---|------------------------|---|--------------------|---|-------------------|---|------------|---|-----------------------------------|
| 148 | inhosp_anticoagulant_why_2<br>Show the field ONLY if:<br>[inhosp_anticoag] = '1'   | If there was a second clinical indication for anticoagulant treatment, specify which   | radio<br><table border="1"> <tr><td>1</td><td>Prophylaxis</td></tr> <tr><td>2</td><td>Atrial fibrillation</td></tr> <tr><td>3</td><td>Acute coronary syndrome</td></tr> <tr><td>4</td><td>Venous thromboembolism</td></tr> <tr><td>5</td><td>Pulmonary embolism</td></tr> <tr><td>6</td><td>Arterial embolism</td></tr> <tr><td>7</td><td>Stroke</td></tr> <tr><td>8</td><td>Cardiac intraventricular thrombus</td></tr> </table> | 1 | Prophylaxis           | 2 | Atrial fibrillation  | 3 | Acute coronary syndrome | 4 | Venous thromboembolism | 5 | Pulmonary embolism | 6 | Arterial embolism | 7 | Stroke     | 8 | Cardiac intraventricular thrombus |
| 1   | Prophylaxis  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 2   | Atrial fibrillation  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 3   | Acute coronary syndrome  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 4   | Venous thromboembolism   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 5   | Pulmonary embolism   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 6   | Arterial embolism  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 7   | Stroke   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 8   | Cardiac intraventricular thrombus  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 149 | inhosp_lmwh_tx_type<br>Show the field ONLY if:<br>[inhosp_anticoag_type] = 3 or<br>[inhosp_anticoag_type_2nd] = 3                                      | Which Low-molecular-weight heparin was used?   | radio, Required<br><table border="1"> <tr><td>1</td><td>Enoxaparin</td></tr> <tr><td>2</td><td>Dalteparin</td></tr> <tr><td>3</td><td>Bemiparin</td></tr> <tr><td>4</td><td>Tinzaparin</td></tr> <tr><td>5</td><td>Fondaparinux</td></tr> <tr><td>6</td><td>Nadroparin</td></tr> <tr><td>7</td><td>Certoparin</td></tr> <tr><td>8</td><td>Other</td></tr> </table>  | 1 | Enoxaparin            | 2 | Dalteparin           | 3 | Bemiparin               | 4 | Tinzaparin             | 5 | Fondaparinux       | 6 | Nadroparin        | 7 | Certoparin | 8 | Other                             |
| 1   | Enoxaparin   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 2   | Dalteparin   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 3   | Bemiparin  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 4   | Tinzaparin   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 5   | Fondaparinux   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 6   | Nadroparin   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 7   | Certoparin   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 8   | Other  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 150 | inhosp_lmwh_other<br>Show the field ONLY if:<br>[inhosp_lmwh_tx_type] = '8'  | If other, please specify the type of Low-molecular-weight heparin:   | text, Required  |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 151 | inhosp_lmwh_dose<br>Show the field ONLY if:<br>[inhosp_anticoag_type] = 3 or<br>[inhosp_anticoag_type_2nd] = 3   | Specify the highest dose of Low-molecular-weight heparin (only numbers) that was used.<br><i>Example: 40 mg or 4000 UI (only numbers).</i> | text (number, Min: 0, Max: 10000000), Required  |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 152 | inhosp_lmwh_unit<br>Show the field ONLY if:<br>[inhosp_anticoag_type] = 3 or<br>[inhosp_anticoag_type_2nd] = 3   | Which was the Low-molecular-weight heparin UNIT?<br>(mg or UI)<br><i>mg or UI</i>  | radio, Required<br><table border="1"> <tr><td>1</td><td>mg</td></tr> <tr><td>2</td><td>UI</td></tr> </table>  | 1 | mg                    | 2 | UI                   |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 1   | mg   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 2   | UI   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 153 | inhosp_lmwh_frequency<br>Show the field ONLY if:<br>[inhosp_anticoag_type] = 3 or<br>[inhosp_anticoag_type_2nd] = 3                                    | Which was the frequency of administration of the Low-molecular-weight heparin?   | radio, Required<br><table border="1"> <tr><td>1</td><td>Each 24 hours</td></tr> <tr><td>2</td><td>Each 12 hours</td></tr> </table>  | 1 | Each 24 hours         | 2 | Each 12 hours        |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 1   | Each 24 hours  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 2   | Each 12 hours  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 154 | inhosp_high_dose_date<br>Show the field ONLY if:<br>[coordinating_center] = '1' and<br>[inhosp_anticoag_type] = 3 or<br>[inhosp_anticoag_type_2nd] = 3 | What day was the highest dose of low-weight molecular heparin started?   | text (date_dmy, Min: 2020-02-01), Required  |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 155 | inhosp_lmwh_days<br>Show the field ONLY if:<br>[coordinating_center] = '1' and<br>[inhosp_anticoag_type] = 3 or<br>[inhosp_anticoag_type_2nd] = 3      | TOTAL days of low-weight molecular heparin treatment   | text (number, Min: 0, Max: 100), Required   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 156 | inhosp_noac_type<br>Show the field ONLY if:<br>[inhosp_anticoag_type] = 2 or<br>[inhosp_anticoag_type_2nd] = 2   | If Directly acting oral anticoagulants were used, specify which  | radio, Required<br><table border="1"> <tr><td>1</td><td>Rivaroxaban (Xarelto)</td></tr> <tr><td>2</td><td>Dabigatran (Pradaxa)</td></tr> <tr><td>3</td><td>Apixaban (Eliquis)</td></tr> <tr><td>4</td><td>Edoxaban (Lixiana)</td></tr> </table>   | 1 | Rivaroxaban (Xarelto) | 2 | Dabigatran (Pradaxa) | 3 | Apixaban (Eliquis)      | 4 | Edoxaban (Lixiana)     |   |                    |   |                   |   |            |   |                                   |
| 1   | Rivaroxaban (Xarelto)  |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 2   | Dabigatran (Pradaxa)   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 3   | Apixaban (Eliquis)   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 4   | Edoxaban (Lixiana)   |  |   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |
| 157 | inhosp_noac_dose   | Specify the Directly acting oral anticoagulants TOTAL Daily dose (mg)  | text (number, Min: 0, Max: 999), Required   |   |                       |   |                      |   |                         |   |                        |   |                    |   |                   |   |            |   |                                   |

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|-----|---|---|--|
|     | Show the field ONLY if:<br>[inhosp_anticoag_type] = 2 or<br>[inhosp_anticoag_type_2nd] = 2                          | <i>If unknown use 999.</i>  |  |
| 158 | inhosp_aspirin<br>Show the field ONLY if:<br>[hospitalization] = '1'  | Section Header: <i>IN-HOSPITAL TREATMENT (If data is not available, select not available option)</i><br>Aspirin                   | radio, Required<br>0 No<br>1 Yes<br>2 Not available                                |
| 159 | inhosp_p2y12<br>Show the field ONLY if:<br>[hospitalization] = '1'  | P2Y12 inhibitor<br><i>Example: clopidogrel, prasugrel, Ticagrelor</i>   | radio, Required<br>0 No<br>1 Yes<br>2 Not available                                |
| 160 | inhosp_p2y12_type<br>Show the field ONLY if:<br>[inhosp_p2y12] = '1'  | Which P2Y12 inhibitor   | radio, Required<br>1 Clopidogrel<br>2 Prasugrel<br>3 Ticagrelor<br>4 Not available |
| 161 | inhosp_ace_inh<br>Show the field ONLY if:<br>[hospitalization] = '1'  | ACE inhibitor<br><i>Angiotensin-converting-enzyme inhibitors (ACE inhibitors)</i>   | radio, Required<br>0 No<br>1 Yes<br>2 Not available                                |
| 162 | inhosp_arbs<br>Show the field ONLY if:<br>[hospitalization] = '1'   | ARBs<br><i>Angiotensin II receptor blockers</i>   | radio, Required<br>0 No<br>1 Yes<br>2 Not available                                |
| 163 | inhosp_statins<br>Show the field ONLY if:<br>[hospitalization] = '1'  | Statins   | radio, Required<br>0 No<br>1 Yes<br>2 Not available                                |
| 164 | inhosp_beta_block<br>Show the field ONLY if:<br>[hospitalization] = '1'   | Beta Blocker  | radio, Required<br>0 No<br>1 Yes<br>2 Not available                                |
| 165 | inhosp_ccb<br>Show the field ONLY if:<br>[hospitalization] = '1'  | Calcium channel blocker   | radio, Required<br>0 No<br>1 Yes<br>2 Not available                                |
| 166 | inhosp_loop_diuretics<br>Show the field ONLY if:<br>[hospitalization] = '1'   | Loop diuretic<br><i>Example: Furosemide, Torsemide, etc.</i>  | radio, Required<br>0 No<br>1 Yes<br>2 Not available                                |
| 167 | inhosp_mras<br>Show the field ONLY if:<br>[hospitalization] = '1'   | Mineralocorticoid receptor antagonists (MRAs)<br><i>Spironolactone or eplerenone</i>  | radio, Required<br>0 No<br>1 Yes<br>2 Not available                                |
| 168 | inhosp_thrombophilia_study<br>Show the field ONLY if:<br>[coordinating_center] = '1' and<br>[hospitalization] = '1' | Section Header: <i>IN-HOSPITAL - THROMBOPHILIA AND/OR AUTOIMMUNITY STUDY</i><br>Was thrombophilia study performed to the patient? | yesno, Required<br>1 Yes<br>0 No   |
| 169 | inhosp_thrombophilia_lab  | If a thrombophilia study was done, indicate the date of the   | text (date_dmy, Min: 2020-02-01), Required   |

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|-----|---|--|--|
|     | Show the field ONLY if:<br>[inhosp_thrombophilia_study] = '1'   | laboratory.  |  |
| 170 | inhosp_autoimmunity_study<br>Show the field ONLY if:<br>[coordinating_center] = '1' and [hospitalization] = '1' | Was autoimmunity study performed to the patient?   | yesno, Required<br>1 Yes<br>0 No                       |
| 171 | inhosp_autoimmune_lab<br>Show the field ONLY if:<br>[inhosp_autoimmunity_study] = '1'                           | If a autoimmunity study was done, indicate the date of the laboratory.<br><i>Please anonymize the report and upload it</i> | text (date_dmy, Min: 2020-02-01), Required             |
| 172 | hospitalization_complete  | Section Header: <i>Form Status</i><br>Complete?  | dropdown<br>0 Incomplete<br>1 Unverified<br>2 Complete |

Instrument: **COVID-19 treatment** (covid19\_treatment)

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|-----|--|---|---|
| 173 | covid_tx_kaletra   | Section Header: <i>COVID-19 SPECIFIC TREATMENT (at any time or setting [ambulatory or hospital])</i><br>Kaletra (Lopinavir/Ritonavir)?                | yesno, Required<br>1 Yes<br>0 No  |
| 174 | covid_tx_hydroxyclo  | Hydroxychloroquine?   | yesno, Required<br>1 Yes<br>0 No  |
| 175 | covid_tx_azithro   | Azithromycin?   | yesno, Required<br>1 Yes<br>0 No  |
| 176 | covid_tx_toci  | Tocilizumab (Actemra)?  | yesno, Required<br>1 Yes<br>0 No  |
| 177 | covid_tx_antibody  | Did the patient was treated with a second monoclonal antibody? (Example: Canakinumab, etc.)<br><i>Example: Canakinumab, Sarilumab, or Siltuximab.</i> | yesno, Required<br>1 Yes<br>0 No  |
| 178 | covid_tx_antibody_type<br>Show the field ONLY if:<br>[covid_tx_antibody] = '1'       | Which monoclonal antibody?  | radio, Required<br>1 Canakinumab (Anakinra)<br>2 Sarilumab (Kevzara)<br>3 Siltuximab (Sylvant)<br>4 Other                   |
| 179 | covid_tx_antibody_other<br>Show the field ONLY if:<br>[covid_tx_antibody_type] = '4' | If other, specify which monoclonal antibody   | text, Required  |
| 180 | covid_tx_cortis  | Corticosteroids<br><i>Example: Methylprednisolone, prednisone, dexamethasone, etc.</i>  | yesno, Required<br>1 Yes<br>0 No  |
| 181 | covid_tx_cortis_type<br>Show the field ONLY if:<br>[covid_tx_cortis] = '1'           | Specify which type of Corticosteroids   | radio, Required<br>1 Methylprednisolone<br>2 Dexamethasone<br>3 Prednisone<br>4 Prednisolone<br>5 Hydrocortisone<br>6 Other |
| 182 | covid_tx_cortis_other  | If other corticosteroids, specify which:  | text, Required  |

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|-----|--|--|---|
|     | Show the field ONLY if:<br>[covid_tx_cortis_type] = '6'                    |  |   |
| 183 | covid_tx_cortis_dose<br>Show the field ONLY if:<br>[covid_tx_cortis] = '1' | Which was the maximum used dose of corticosteroids (mg)?<br><i>Example: 250 mg (only numbers).</i> | text, Required  |
| 184 | covid_tx_remde   | Remdesivir?  | yesno, Required<br>1 Yes<br>0 No  |
| 185 | inhosp_nsaid   | Nonsteroidal anti-inflammatory drugs (NSAIDs)  | yesno, Required<br>1 Yes<br>0 No  |
| 186 | covid_nsaid_type<br>Show the field ONLY if:<br>[inhosp_nsaid] = '1'        | If non steroidal anti inflammatory (NSAIDs) were use, specify which type                           | radio, Required<br>1 Ibuprofen<br>2 Diclofenac<br>3 Naproxen<br>4 Dexketoprofen or ketoprofen<br>5 Celecoxib<br>6 Other |
| 187 | inhosp_nsaid_other<br>Show the field ONLY if:<br>[covid_nsaid_type] = '6'  | If other non steroidal anti inflammatory (NSAIDs), specify which                                   | text, Required  |
| 188 | covid_paracetamol  | Paracetamol  | yesno, Required<br>1 Yes<br>0 No  |
| 189 | covid_tx_other   | If there was any other COVID-19 specify treatment, specify:<br><i>Use a comma to separate.</i>     | notes   |
| 190 | covid19_treatment_complete   | Section Header: <i>Form Status</i><br>Complete?  | dropdown<br>0 Incomplete<br>1 Unverified<br>2 Complete  |

Instrument: **Biomarkers** (biomarkers)

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| 191 | inhosp_ctni  | Section Header: <i>INDEX EVALUATION - CARDIAC BIOMARKERS (In-hospital, emergency department, or ambulatory)</i><br>Was the patient tested for Troponin I? | yesno, Required<br>1 Yes<br>0 No  |
| 192 | inhosp_cnti_positive_adm<br>Show the field ONLY if:<br>[inhosp_ctni] = '1' | Was Troponin I already elevated in the first test?  | yesno, Required<br>1 Yes<br>0 No  |
| 193 | inhosp_ctni_peak<br>Show the field ONLY if:<br>[inhosp_ctni] = '1'         | Hs-cardiac Troponin I peak<br><i>Highest value (numerical) during the index hospitalization or ambulatory.</i>  | text (number, Min: 0, Max: 10000000), Required                          |
| 194 | inhosp_ctni_unit<br>Show the field ONLY if:<br>[inhosp_ctni] = '1'         | Hs-cTn-I - units  | dropdown, Required<br>1 ng/L<br>2 ng/mL<br>3 µg/L<br>4 pg/mL<br>5 ng/dL |
| 195 | inhosp_ctni_peak_date<br>Show the field ONLY if:<br>[inhosp_ctni] = '1'    | Hs-cTn-I peak date  | text (date_dmy, Min: 2020-02-24), Required                              |
| 196 | inhosp_cntnt   | Was the patient tested for Troponin T?  | yesno, Required<br>1 Yes  |

|     |   |   |   |   |      |   |       |   |      |   |       |   |       |
|-----|---|---|---|---|------|---|-------|---|------|---|-------|---|-------|
|     |   |   | <table border="1"><tr><td>0</td><td>No</td></tr></table>  | 0 | No   |   |       |   |      |   |       |   |       |
| 0   | No  |   |   |   |      |   |       |   |      |   |       |   |       |
| 197 | inhosp_cntt_positive_adm<br>Show the field ONLY if:<br>[inhosp_cntnt] = '1' | Was Troponin T already elevated in the first test?  | yesno, Required<br><table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>  | 1 | Yes  | 0 | No    |   |      |   |       |   |       |
| 1   | Yes   |   |   |   |      |   |       |   |      |   |       |   |       |
| 0   | No  |   |   |   |      |   |       |   |      |   |       |   |       |
| 198 | inhosp_cntnt_peak<br>Show the field ONLY if:<br>[inhosp_cntnt] = '1'        | Hs-cTn-T peak<br><i>Highest value (numerical) during the index hospitalization or ambulatory.</i>                           | text (number, Min: 0, Max: 10000000), Required  |   |      |   |       |   |      |   |       |   |       |
| 199 | inhosp_cntnt_unit<br>Show the field ONLY if:<br>[inhosp_cntnt] = '1'        | Hs-cTn-T - units  | dropdown, Required<br><table border="1"><tr><td>1</td><td>ng/L</td></tr><tr><td>2</td><td>ng/mL</td></tr><tr><td>3</td><td>µg/L</td></tr><tr><td>4</td><td>pg/mL</td></tr><tr><td>5</td><td>ng/dL</td></tr></table> | 1 | ng/L | 2 | ng/mL | 3 | µg/L | 4 | pg/mL | 5 | ng/dL |
| 1   | ng/L  |   |   |   |      |   |       |   |      |   |       |   |       |
| 2   | ng/mL   |   |   |   |      |   |       |   |      |   |       |   |       |
| 3   | µg/L  |   |   |   |      |   |       |   |      |   |       |   |       |
| 4   | pg/mL   |   |   |   |      |   |       |   |      |   |       |   |       |
| 5   | ng/dL   |   |   |   |      |   |       |   |      |   |       |   |       |
| 200 | inhosp_cntnt_peak_date<br>Show the field ONLY if:<br>[inhosp_cntnt] = '1'   | Hs-cTn-T peak date  | text (date_dmy, Min: 2020-02-24), Required  |   |      |   |       |   |      |   |       |   |       |
| 201 | carbio_bnp  | Was the patient tested for B-type natriuretic peptide (BNP) or NT-BNP?  | yesno, Required<br><table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>  | 1 | Yes  | 0 | No    |   |      |   |       |   |       |
| 1   | Yes   |   |   |   |      |   |       |   |      |   |       |   |       |
| 0   | No  |   |   |   |      |   |       |   |      |   |       |   |       |
| 202 | inhosp_pronbp_peak<br>Show the field ONLY if:<br>[carbio_bnp] = 1           | NT-proBNP peak (pg/mL)<br><i>Highest value (numerical) during the index hospitalization or ambulatory.</i>                  | text (number, Min: 0, Max: 10000000), Required  |   |      |   |       |   |      |   |       |   |       |
| 203 | inhosp_bnp_peak<br>Show the field ONLY if:<br>[carbio_bnp] = 1              | B-type natriuretic peptide peak (pg/mL)<br><i>Highest value (numerical) during the index hospitalization or ambulatory.</i> | text (number, Min: 0, Max: 10000000), Required  |   |      |   |       |   |      |   |       |   |       |
| 204 | inhosp_ddimer   | Was the patient tested for D dimer?   | yesno, Required<br><table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>  | 1 | Yes  | 0 | No    |   |      |   |       |   |       |
| 1   | Yes   |   |   |   |      |   |       |   |      |   |       |   |       |
| 0   | No  |   |   |   |      |   |       |   |      |   |       |   |       |
| 205 | inhosp_ddimer_peak<br>Show the field ONLY if:<br>[inhosp_ddimer] = '1'      | D-dimer (ng/mL) peak<br><i>Highest value (numerical) during the index hospitalization or ambulatory.</i>                    | text (number, Min: 0, Max: 10000000), Required  |   |      |   |       |   |      |   |       |   |       |
| 206 | inhosp_ddimer_peak_date<br>Show the field ONLY if:<br>[inhosp_ddimer] = '1' | D-dimer peak date   | text (date_dmy, Min: 2020-02-24), Required  |   |      |   |       |   |      |   |       |   |       |
| 207 | inhosp_pt<br>Show the field ONLY if:<br>[coordinating_center] = '1'         | Was the patient tested for prothrombin time?  | yesno, Required<br><table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>  | 1 | Yes  | 0 | No    |   |      |   |       |   |       |
| 1   | Yes   |   |   |   |      |   |       |   |      |   |       |   |       |
| 0   | No  |   |   |   |      |   |       |   |      |   |       |   |       |
| 208 | inhosp_pt_peak<br>Show the field ONLY if:<br>[inhosp_pt] = '1'              | Prothrombin time (seconds) peak:<br><i>Highest value (numerical) during the index hospitalization or ambulatory.</i>        | text (number, Min: 0, Max: 300), Required   |   |      |   |       |   |      |   |       |   |       |
| 209 | inhosp_pt_peak_date_2<br>Show the field ONLY if:<br>[inhosp_pt] = '1'       | Prothrombin time (seconds) peak date:   | text (date_dmy, Min: 2020-02-24), Required  |   |      |   |       |   |      |   |       |   |       |
| 210 | inhosp_fibri<br>Show the field ONLY if:<br>[coordinating_center] = '1'      | Was the patient tested for fibrinogen?  | yesno, Required<br><table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>  | 1 | Yes  | 0 | No    |   |      |   |       |   |       |
| 1   | Yes   |   |   |   |      |   |       |   |      |   |       |   |       |
| 0   | No  |   |   |   |      |   |       |   |      |   |       |   |       |
| 211 | inhosp_fibri_lowest<br>Show the field ONLY if:<br>[inhosp_fibri] = '1'      | Fibrinogen lowest value (g/L):<br><i>Lowest value (numerical) during the index hospitalization or ambulatory.</i>           | text (number, Min: 0, Max: 10), Required  |   |      |   |       |   |      |   |       |   |       |
| 212 | inhosp_fibri_lowest_date<br>Show the field ONLY if:                         | Fibrinogen lowest value (g/L) date:   | text (date_dmy, Min: 2020-02-24), Required  |   |      |   |       |   |      |   |       |   |       |



|     |   |  |  |   |            |   |            |   |          |
|-----|---|--|--|---|------------|---|------------|---|----------|
|     | [inhosp_fibri] = '1'  |  |  |   |            |   |            |   |          |
| 213 | inhosp_hb_low   | Section Header: <i>IN-HOSPITAL - BLOOD COUNT (If Hemoglobin or platelet values are unknown use 999).</i><br>Hemoglobin (g/L) lowest value<br><i>Lowest value (numerical) during the index hospitalization or ambulatory. If unknown use 999.</i>                     | text (number, Min: 0, Max: 999), Required  |   |            |   |            |   |          |
| 214 | inhosp_hb_lowest_date<br>Show the field ONLY if:<br>[coordinating_center] = '1' and [inhosp_hb_low] < '999'   | Hemoglobin (g/L) lowest date   | text (date_dmy, Min: 2020-02-24), Required   |   |            |   |            |   |          |
| 215 | inhosp_plt_low  | Platelet (10x9/L) lowest value<br><i>Lowest value (numerical) during the index hospitalization or ambulatory. If unknown use 999.</i>  | text (number, Min: 0, Max: 999), Required  |   |            |   |            |   |          |
| 216 | inhosp_plt_lowest_date<br>Show the field ONLY if:<br>[coordinating_center] = '1' and [inhosp_plt_low] < '999' | Platelet (10x9/L) lowest date  | text (date_dmy, Min: 2020-02-24), Required   |   |            |   |            |   |          |
| 217 | inhosp_lymph  | Lymphocyte count (10x9/L) lowest value<br><i>Lowest value (numerical) during the index hospitalization or ambulatory. If unknown use 999.</i>  | text (number, Min: 0, Max: 999), Required  |   |            |   |            |   |          |
| 218 | inhosp_plt_lowest_date_2<br>Show the field ONLY if:<br>[coordinating_center] = '1' and [inhosp_lymph] < '999' | Lymphocyte count (10x9/L) lowest value date  | text (date_dmy, Min: 2020-02-24), Required   |   |            |   |            |   |          |
| 219 | inhosp_cr_peak  | Section Header: <i>IN-HOSPITAL - SERUM BIOCHEMISTRY (If Creatinine or C-reactive protein values are unknown use 999).</i><br>Creatinine (mg/dL) highest peak<br><i>Highest value (numerical) during the index hospitalization or ambulatory. If unknown use 999.</i> | text (number, Min: 0, Max: 999), Required  |   |            |   |            |   |          |
| 220 | inhosp_cr_peak_date<br>Show the field ONLY if:<br>[coordinating_center] = '1' and [inhosp_cr_peak] < '999'    | Creatinine (mg/dL) highest peak date   | text (date_dmy, Min: 2020-02-24), Required   |   |            |   |            |   |          |
| 221 | inhosp_crp_peak   | C-reactive protein (CRP) (mg/dL) peak value<br><i>Highest value (numerical) during the index hospitalization or ambulatory. If unknown use 999.</i>  | text (number, Min: 0, Max: 999), Required  |   |            |   |            |   |          |
| 222 | inhosp_crp_peak_date<br>Show the field ONLY if:<br>[inhosp_crp_peak] < '999'                                  | C-reactive protein (CRP) (mg/dL) peak date   | text (date_dmy, Min: 2020-02-24), Required   |   |            |   |            |   |          |
| 223 | biomarkers_complete   | Section Header: <i>Form Status</i><br>Complete?  | dropdown<br><table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0   | Incomplete  |  |  |   |            |   |            |   |          |
| 1   | Unverified  |  |  |   |            |   |            |   |          |
| 2   | Complete  |  |  |   |            |   |            |   |          |

Instrument: **Discharge, Medications & Outcomes** (discharge\_medications\_outcomes)

[^ Collaps](#)

|     |  |   |  |   |                          |   |                                      |
|-----|--|---|--|---|--------------------------|---|--------------------------------------|
| 224 | dis_discharge_date<br>Show the field ONLY if:<br>[hospitalization] = '1'             | Section Header: <i>IN-HOSPITAL OUTCOMES</i><br>Hospital discharge date<br><i>If the patient dies during hospitalization, use the date of death.</i> | text (date_dmy, Min: 2020-02-01), Required   |   |                          |   |                                      |
| 225 | inhosp_out_mortality<br>Show the field ONLY if:<br>[hospitalization] = '1'           | -- IN-HOSPITAL PATIENT MORTALITY --<br>(PRIMARY ENDPOINT)   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                      | 0 | No                                   |
| 1   | Yes  |   |  |   |                          |   |                                      |
| 0   | No   |   |  |   |                          |   |                                      |
| 226 | inhosp_out_mortality_date<br>Show the field ONLY if:<br>[inhosp_out_mortality] = '1' | Date of death   | text (date_dmy, Min: 2020-02-01), Required   |   |                          |   |                                      |
| 227 | inhosp_mort_report<br>Show the field ONLY if:<br>[inhosp_out_mortality] = '1'        | Anonymize and upload the discharge (mortality) report.<br>Document needed for death adjudication.   | file   |   |                          |   |                                      |
| 228 | inhosp_out_cv_death<br>Show the field ONLY if:<br>[inhosp_out_mortality] = '1'       | Suspected cardiovascular death  | radio<br><table border="1"> <tr><td>1</td><td>Death caused by acute MI</td></tr> <tr><td>2</td><td>Death caused by sudden cardiac death</td></tr> </table> | 1 | Death caused by acute MI | 2 | Death caused by sudden cardiac death |
| 1   | Death caused by acute MI   |   |  |   |                          |   |                                      |
| 2   | Death caused by sudden cardiac death   |   |  |   |                          |   |                                      |

|     |  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
|-----|--|---|--|---|---|---|---------------------------------------|---|---|---|--|---|--|---|---|---|--|---|-----------------------------|
|     |  |   | <table border="1"> <tr><td>2</td><td>Death caused by sudden cardiac, including unwitnessed</td></tr> <tr><td>3</td><td>Death resulting from heart failure</td></tr> <tr><td>4</td><td>Death caused by stroke</td></tr> <tr><td>5</td><td>Death caused by cardiovascular procedures</td></tr> <tr><td>6</td><td>Death resulting from cardiovascular hemorrhage</td></tr> <tr><td>7</td><td>Death resulting from other cardiovascular causes</td></tr> </table>  | 2 | Death caused by sudden cardiac, including unwitnessed   | 3 | Death resulting from heart failure    | 4 | Death caused by stroke                      | 5 | Death caused by cardiovascular procedures    | 6 | Death resulting from cardiovascular hemorrhage | 7 | Death resulting from other cardiovascular causes      |   |  |   |                             |
| 2   | Death caused by sudden cardiac, including unwitnessed  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 3   | Death resulting from heart failure   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 4   | Death caused by stroke   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 5   | Death caused by cardiovascular procedures  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 6   | Death resulting from cardiovascular hemorrhage   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 7   | Death resulting from other cardiovascular causes   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 229 | inhosp_out_noncv_death<br>Show the field ONLY if:<br>[inhosp_out_mortality] = '1'  | Suspected Non-cardiovascular death                                | radio <table border="1"> <tr><td>1</td><td>Death resulting from malignancy</td></tr> <tr><td>2</td><td>Death resulting from pulmonary causes</td></tr> <tr><td>3</td><td>Death caused by infection (includes sepsis)</td></tr> <tr><td>4</td><td>Death resulting from gastrointestinal causes</td></tr> <tr><td>5</td><td>Death resulting from accident/trauma</td></tr> <tr><td>6</td><td>Death caused by other noncardiovascular organ failure</td></tr> <tr><td>7</td><td>Death resulting from other noncardiovascular cause</td></tr> <tr><td>8</td><td>Undetermined cause of death</td></tr> </table> | 1 | Death resulting from malignancy   | 2 | Death resulting from pulmonary causes | 3 | Death caused by infection (includes sepsis) | 4 | Death resulting from gastrointestinal causes | 5 | Death resulting from accident/trauma           | 6 | Death caused by other noncardiovascular organ failure | 7 | Death resulting from other noncardiovascular cause | 8 | Undetermined cause of death |
| 1   | Death resulting from malignancy  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 2   | Death resulting from pulmonary causes  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 3   | Death caused by infection (includes sepsis)  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 4   | Death resulting from gastrointestinal causes   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 5   | Death resulting from accident/trauma   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 6   | Death caused by other noncardiovascular organ failure  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 7   | Death resulting from other noncardiovascular cause   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 8   | Undetermined cause of death  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 230 | inhosp_out_acs<br>Show the field ONLY if:<br>[hospitalization] = '1'   | IN-HOSPITAL ACS?<br>(Acute Coronary Syndrome)                     | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes   | 0 | No                                    |   |   |   |  |   |  |   |   |   |  |   |                             |
| 1   | Yes  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 0   | No   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 231 | inhosp_out_acs_type<br>Show the field ONLY if:<br>[inhosp_out_acs] = '1'   | Which type of Acute Coronary Syndrome?                            | radio, Required <table border="1"> <tr><td>1</td><td>Unstable angina</td></tr> <tr><td>2</td><td>NSTEMI</td></tr> <tr><td>3</td><td>STEMI</td></tr> </table>   | 1 | Unstable angina   | 2 | NSTEMI                                | 3 | STEMI                                       |   |  |   |  |   |   |   |  |   |                             |
| 1   | Unstable angina  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 2   | NSTEMI   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 3   | STEMI  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 232 | inhosp_out_acs_date<br>Show the field ONLY if:<br>[inhosp_out_acs] = '1'   | Date of the acute coronary syndrome                               | text (date_dmy, Min: 2020-02-01), Required   |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 233 | inhosp_out_stroke<br>Show the field ONLY if:<br>[hospitalization] = '1'  | IN-HOSPITAL Stroke/transient ischemic attack?                     | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes   | 0 | No                                    |   |   |   |  |   |  |   |   |   |  |   |                             |
| 1   | Yes  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 0   | No   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 234 | inhosp_out_stroke_type<br>Show the field ONLY if:<br>[inhosp_out_stroke] = '1'   | Which type of Stroke/transient ischemic attack?                   | radio, Required <table border="1"> <tr><td>1</td><td>Transient ischemic attack</td></tr> <tr><td>2</td><td>Ischemic stroke</td></tr> <tr><td>3</td><td>Hemorrhagic stroke</td></tr> </table>   | 1 | Transient ischemic attack   | 2 | Ischemic stroke                       | 3 | Hemorrhagic stroke                          |   |  |   |  |   |   |   |  |   |                             |
| 1   | Transient ischemic attack  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 2   | Ischemic stroke  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 3   | Hemorrhagic stroke   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 235 | inhosp_stroke_laterality<br>Show the field ONLY if:<br>[inhosp_out_stroke_type] = '2'<br>or [inhosp_out_stroke_type] = '3' | If the patient presented a stroke, specify the laterality         | radio, Required <table border="1"> <tr><td>1</td><td>Right</td></tr> <tr><td>2</td><td>left</td></tr> <tr><td>3</td><td>Both</td></tr> </table>  | 1 | Right   | 2 | left                                  | 3 | Both  |   |  |   |  |   |   |   |  |   |                             |
| 1   | Right  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 2   | left   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 3   | Both   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 236 | inhosp_out_stroke_vessel<br>Show the field ONLY if:<br>[inhosp_out_stroke_type] = '2'                                      | If it was an ischemic stroke, specify the type of stroke          | radio, Required <table border="1"> <tr><td>1</td><td>Large vessel stroke (anterior or posterior cerebral circulation, basilar artery, or vertebral artery)</td></tr> <tr><td>2</td><td>Small vessel stroke (lacunar)</td></tr> </table>  | 1 | Large vessel stroke (anterior or posterior cerebral circulation, basilar artery, or vertebral artery) | 2 | Small vessel stroke (lacunar)         |   |   |   |  |   |  |   |   |   |  |   |                             |
| 1   | Large vessel stroke (anterior or posterior cerebral circulation, basilar artery, or vertebral artery)                      |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 2   | Small vessel stroke (lacunar)  |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 237 | inhosp_out_stroke_bleed<br>Show the field ONLY if:<br>[inhosp_out_stroke_type] = '3'                                       | If it was a hemorrhagic (intracranial bleeding), specify the type | radio <table border="1"> <tr><td>1</td><td>Epidural</td></tr> <tr><td>2</td><td>Subdural</td></tr> <tr><td>3</td><td>Subarachnoid</td></tr> <tr><td>4</td><td>Intracerebral (Intraparenchymal)</td></tr> <tr><td>5</td><td>Intraventricular</td></tr> </table>   | 1 | Epidural  | 2 | Subdural                              | 3 | Subarachnoid                                | 4 | Intracerebral (Intraparenchymal)             | 5 | Intraventricular                               |   |   |   |  |   |                             |
| 1   | Epidural   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 2   | Subdural   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 3   | Subarachnoid   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 4   | Intracerebral (Intraparenchymal)   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 5   | Intraventricular   |   |  |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |
| 238 | inhosp_out_stroke_date   | Date of the stroke/transient ischemic attack                      | text (date_dmy, Min: 2020-02-01), Required   |   |   |   |                                       |   |   |   |  |   |  |   |   |   |  |   |                             |

|     |  |   |   |
|-----|--|---|---|
|     | Show the field ONLY if:<br>[inhosp_out_stroke] = '1'                               |   |   |
| 239 | inhosp_out_vte<br>Show the field ONLY if:<br>[hospitalization] = '1'               | IN-HOSPITAL Venous/arterial thromboembolism?  | yesno, Required<br>1 Yes<br>0 No  |
| 240 | inhosp_out_vte_type<br>Show the field ONLY if:<br>[inhosp_out_vte] = '1'           | If the patient presented venous/arterial thromboembolism, specify which type  | radio, Required<br>1 Deep vein thrombosis<br>2 Arterial embolism  |
| 241 | inhosp_out_pe_vte_date<br>Show the field ONLY if:<br>[inhosp_out_vte] = '1'        | Date of venous/arterial thromboembolism   | text (date_dmy, Min: 2020-02-01), Required  |
| 242 | inhosp_out_vte_describe<br>Show the field ONLY if:<br>[inhosp_out_vte] = '1'       | If the patient presented a venous/arterial thromboembolism, describe the location and if invasive treatment was needed. | notes   |
| 243 | inhosp_out_pe<br>Show the field ONLY if:<br>[hospitalization] = '1'                | IN-HOSPITAL Pulmonary embolism<br><i>Definition requires confirmation by Thorax CT scan.</i>                            | yesno, Required<br>1 Yes<br>0 No  |
| 244 | inhosp_out_pe_laterality<br>Show the field ONLY if:<br>[inhosp_out_pe] = '1'       | If the patient had a Pulmonary embolism, specify the laterality   | radio, Required<br>1 Right<br>2 left<br>3 Both  |
| 245 | inhosp_out_pe_vessel<br>Show the field ONLY if:<br>[inhosp_out_pe] = '1'           | If the patient had a Pulmonary embolism, specify which type   | radio, Required<br>1 Major vessel (Main artery, Lobar artery, Segmental)<br>2 Minor vessel (Sub-segmental)  |
| 246 | inhosp_out_pe_date<br>Show the field ONLY if:<br>[inhosp_out_pe] = '1'             | Date of Pulmonary embolism  | text (date_dmy, Min: 2020-02-01), Required  |
| 247 | inhosp_out_bleeding<br>Show the field ONLY if:<br>[hospitalization] = '1'          | IN-HOSPITAL major bleeding?   | yesno, Required<br>1 Yes<br>0 No  |
| 248 | inhosp_out_bleeding_type<br>Show the field ONLY if:<br>[inhosp_out_bleeding] = '1' | If the patient presented a major bleeding, specify which type?  | radio, Required<br>1 Bleeding with an Hb drop between 3-5 g/dL.<br>2 Bleeding requiring transfusion<br>3 Bleeding requiring surgical intervention<br>4 Non-fatal intracranial hemorrhage<br>5 Fatal bleeding without autopsy/imaging confirmation<br>6 Fatal bleeding with autopsy/imaging confirmation |
| 249 | inhosp_out_bleeding_date<br>Show the field ONLY if:<br>[inhosp_out_bleeding] = '1' | Date of major bleeding  | text (date_dmy, Min: 2020-02-01), Required  |
| 250 | inhosp_out_bleeding_site<br>Show the field ONLY if:<br>[inhosp_out_bleeding] = '1' | Specify the site of origin if the major bleeding:   | radio, Required<br>1 Intracranial or intraspinal<br>2 Pulmonary (hemoptysis, endotracheal tube, bronchoscopy)<br>3 Gastrointestinal (hematemesis, melena, upper endoscopy or colonoscopy)<br>4 Genito-urinary (urine, urinary catheter, cystoscopy)<br>5 Nose (Epistaxis)<br>6 Soft tissue hematoma     |

|     |  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
|-----|--|--|--|---|-------------------------------------|---|---------------------------------|---|--|----|--|----|---|---|---|
|     |  |  | <table border="1"> <tr><td>7</td><td>Solid organ hematoma</td></tr> <tr><td>8</td><td>Ocular</td></tr> <tr><td>9</td><td>Intra-abdominal bleeding</td></tr> <tr><td>10</td><td>Retroperitoneal bleeding</td></tr> <tr><td>11</td><td>Other</td></tr> </table>  | 7 | Solid organ hematoma                | 8 | Ocular                          | 9 | Intra-abdominal bleeding                             | 10 | Retroperitoneal bleeding                             | 11 | Other   |   |   |
| 7   | Solid organ hematoma   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 8   | Ocular   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 9   | Intra-abdominal bleeding   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 10  | Retroperitoneal bleeding   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 11  | Other  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 251 | inhos_out_bleeding_other<br>Show the field ONLY if:<br>[inhosp_out_bleeding_site]=1<br>1           | If other, describe the site of origin:   | text, Required   |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 252 | inhosp_bleeding_descrip<br>Show the field ONLY if:<br>[inhosp_out_bleeding] = '1'                  | Provide a very small description of the bleeding event   | notes, Required  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 253 | inhosp_out_transfusion<br>Show the field ONLY if:<br>[hospitalization] = '1'                       | IN-HOSPITAL Red blood cell transfusion<br><i>At least one red blood cell transfusion</i>   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                 | 0 | No                              |   |  |    |  |    |   |   |   |
| 1   | Yes  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 0   | No   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 254 | inhosp_out_arrhyth<br>Show the field ONLY if:<br>[hospitalization] = '1'                           | IN-HOSPITAL Serious arrhythmias events   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                 | 0 | No                              |   |  |    |  |    |   |   |   |
| 1   | Yes  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 0   | No   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 255 | inhosp_out_arrhyth_type<br>Show the field ONLY if:<br>[inhosp_out_arrhyth] = '1'                   | If the patient presented serious arrhythmias events, specify which   | radio, Required<br><table border="1"> <tr><td>1</td><td>Bradycardia requiring iv Medication</td></tr> <tr><td>2</td><td>Bradycardia requiring pacemaker</td></tr> <tr><td>3</td><td>Supraventricular tachycardia requiring iv Medication</td></tr> <tr><td>4</td><td>Supraventricular tachycardia requiring Cardioversion</td></tr> <tr><td>5</td><td>Ventricular tachycardia requiring iv Medication</td></tr> <tr><td>6</td><td>Ventricular tachycardia requiring Cardioversion</td></tr> </table> | 1 | Bradycardia requiring iv Medication | 2 | Bradycardia requiring pacemaker | 3 | Supraventricular tachycardia requiring iv Medication | 4  | Supraventricular tachycardia requiring Cardioversion | 5  | Ventricular tachycardia requiring iv Medication | 6 | Ventricular tachycardia requiring Cardioversion |
| 1   | Bradycardia requiring iv Medication  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 2   | Bradycardia requiring pacemaker  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 3   | Supraventricular tachycardia requiring iv Medication   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 4   | Supraventricular tachycardia requiring Cardioversion   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 5   | Ventricular tachycardia requiring iv Medication  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 6   | Ventricular tachycardia requiring Cardioversion  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 256 | inhosp_out_arrhyth_date<br>Show the field ONLY if:<br>[inhosp_out_arrhyth] = '1'                   | Date of presentation of cardiac arrhythmia   | text (date_dmy, Min: 2020-02-01), Required   |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 257 | inhosp_other_events<br>Show the field ONLY if:<br>[hospitalization] = '1'                          | If there was another relevant event, specify which.<br><i>Use a comma to separate the complications. Example: urgent surgery, etc.</i> | notes  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 258 | dis_aspirin<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inhosp_out_mortality] = '0' | Section Header: DISCHARGE - TREATMENT<br>Aspirin   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                 | 0 | No                              |   |  |    |  |    |   |   |   |
| 1   | Yes  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 0   | No   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 259 | dis_p2y12<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inhosp_out_mortality] = '0'   | P2Y12 inhibitor<br><i>Example: clopidogrel, prasugrel, Ticagrelor</i>  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                 | 0 | No                              |   |  |    |  |    |   |   |   |
| 1   | Yes  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 0   | No   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 260 | dis_p2y12_type<br>Show the field ONLY if:<br>[dis_p2y12] = '1'                                     | Which P2Y12 inhibitor  | radio, Required<br><table border="1"> <tr><td>1</td><td>Clopidogrel</td></tr> <tr><td>2</td><td>Prasugrel</td></tr> <tr><td>3</td><td>Ticagrelor</td></tr> </table>  | 1 | Clopidogrel                         | 2 | Prasugrel                       | 3 | Ticagrelor   |    |  |    |   |   |   |
| 1   | Clopidogrel  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 2   | Prasugrel  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 3   | Ticagrelor   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 261 | dis_ace_inh<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inhosp_out_mortality] = '0' | ACE inhibitor<br><i>Angiotensin-converting-enzyme inhibitors (ACE inhibitors)</i>  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                                 | 0 | No                              |   |  |    |  |    |   |   |   |
| 1   | Yes  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 0   | No   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 262 | dis_ace_type<br>Show the field ONLY if:<br>[dis_ace_inh] = '1'                                     | ACE inhibitor type   | radio, Required<br><table border="1"> <tr><td>1</td><td>Lisinopril</td></tr> <tr><td>2</td><td>Enalapril</td></tr> <tr><td>3</td><td>Perindopril</td></tr> </table>  | 1 | Lisinopril                          | 2 | Enalapril                       | 3 | Perindopril  |    |  |    |   |   |   |
| 1   | Lisinopril   |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 2   | Enalapril  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |
| 3   | Perindopril  |  |  |   |                                     |   |                                 |   |  |    |  |    |   |   |   |

|     |  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
|-----|--|---|--|---|--------------|---|--------------|---|-------------|---|-------------|---|-----------|---|------------|---|-------|
|     |  |   | <table border="1"> <tr> <td>4</td> <td>Other</td> </tr> </table>   | 4 | Other        |   |              |   |             |   |             |   |           |   |            |   |       |
| 4   | Other  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 263 | dis_ace_other<br>Show the field ONLY if:<br>[dis_ace_type] = '4'                                       | If other ACE inhibitor, specify which   | text, Required   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 264 | dis_ace_dose<br>Show the field ONLY if:<br>[dis_ace_inh] = '1'   | ACE inhibitor TOTAL daily dose (mg)<br><i>If unknown use 999.</i>   | text (number, Min: 1, Max: 999), Required  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 265 | dis_arbs<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'       | ARBs<br><i>Angiotensin II receptor blockers</i>   | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes          | 0 | No           |   |             |   |             |   |           |   |            |   |       |
| 1   | Yes  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 0   | No   |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 266 | dis_arbs_type<br>Show the field ONLY if:<br>[dis_arbs] = '1'   | ARBs type   | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Losartan</td> </tr> <tr> <td>2</td> <td>Candesartan</td> </tr> <tr> <td>3</td> <td>Irbesartan</td> </tr> <tr> <td>4</td> <td>Telmisartan</td> </tr> <tr> <td>5</td> <td>Valsartan</td> </tr> <tr> <td>6</td> <td>Olmesartan</td> </tr> <tr> <td>7</td> <td>Other</td> </tr> </table> | 1 | Losartan     | 2 | Candesartan  | 3 | Irbesartan  | 4 | Telmisartan | 5 | Valsartan | 6 | Olmesartan | 7 | Other |
| 1   | Losartan   |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 2   | Candesartan  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 3   | Irbesartan   |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 4   | Telmisartan  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 5   | Valsartan  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 6   | Olmesartan   |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 7   | Other  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 267 | dis_arbs_other<br>Show the field ONLY if:<br>[dis_arbs_type] = '7'                                     | If other ARBs, specify which  | text, Required   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 268 | dis_abrs_dose<br>Show the field ONLY if:<br>[dis_arbs] = '1'   | ARBs TOTAL daily dose (mg)<br><i>If unknown use 999.</i>  | text (number, Min: 0, Max: 999), Required  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 269 | dis_arni<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'       | Angiotensin receptor neprilysin inhibitor (ARNI)<br><i>Sacubitril/valsartan (Entresto)</i>  | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes          | 0 | No           |   |             |   |             |   |           |   |            |   |       |
| 1   | Yes  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 0   | No   |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 270 | dis_arni_dose<br>Show the field ONLY if:<br>[dis_arni] = '1'   | Angiotensin receptor neprilysin inhibitor (ARNI) total daily dose (mg)<br><i>Sacubitril/valsartan (Entresto). If unknown use 999.</i> | text (number, Min: 0, Max: 999), Required  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 271 | dis_statis<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'     | Statins   | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes          | 0 | No           |   |             |   |             |   |           |   |            |   |       |
| 1   | Yes  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 0   | No   |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 272 | dis_statin_type<br>Show the field ONLY if:<br>[dis_statis] = '1'                                       | Statin type   | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Atorvastatin</td> </tr> <tr> <td>2</td> <td>Rosuvastatin</td> </tr> <tr> <td>3</td> <td>Simvastatin</td> </tr> <tr> <td>4</td> <td>Other</td> </tr> </table>   | 1 | Atorvastatin | 2 | Rosuvastatin | 3 | Simvastatin | 4 | Other       |   |           |   |            |   |       |
| 1   | Atorvastatin   |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 2   | Rosuvastatin   |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 3   | Simvastatin  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 4   | Other  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 273 | dis_statin_other<br>Show the field ONLY if:<br>[dis_statin_type] = '4'                                 | If other statin, specify which  | text, Required   |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 274 | dis_statin_dose<br>Show the field ONLY if:<br>[dis_statis] = '1'                                       | Statin TOTAL daily dose (mg)<br><i>If unknown use 999.</i>  | text (number, Min: 0, Max: 999), Required  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 275 | dis_beta_block<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inh_osp_out_mortality] = '0' | Beta Blocker  | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes          | 0 | No           |   |             |   |             |   |           |   |            |   |       |
| 1   | Yes  |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 0   | No   |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |
| 276 | dis_beta_block_type<br>Show the field ONLY if:   | Beta Blocker type   | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Bisoprolol</td> </tr> </table>   | 1 | Bisoprolol   |   |              |   |             |   |             |   |           |   |            |   |       |
| 1   | Bisoprolol   |   |  |   |              |   |              |   |             |   |             |   |           |   |            |   |       |

|     |  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
|-----|--|---|--|---|----------------|---|------------|---|-------------|---|------------|---|-----------|---|-------|
|     | [dis_beta_block] = '1'   |   | <table border="1"> <tr><td>2</td><td>Atenolol</td></tr> <tr><td>3</td><td>Metoprolol</td></tr> <tr><td>4</td><td>Carvedilol</td></tr> <tr><td>5</td><td>Other</td></tr> </table>   | 2 | Atenolol       | 3 | Metoprolol | 4 | Carvedilol  | 5 | Other      |   |           |   |       |
| 2   | Atenolol   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 3   | Metoprolol   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 4   | Carvedilol   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 5   | Other  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 277 | dis_beta_block_other<br>Show the field ONLY if:<br>[dis_beta_block_type] = '5'                             | If other Beta blocker, specify which  | text, Required   |   |                |   |            |   |             |   |            |   |           |   |       |
| 278 | dis_beta_block_dose<br>Show the field ONLY if:<br>[dis_beta_block] = '1'                                   | Beta Blocker TOTAL daily dose (mg)<br><i>If unknown use 999.</i>                                  | text (number, Min: 0, Max: 999), Required  |   |                |   |            |   |             |   |            |   |           |   |       |
| 279 | dis_ccb<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'            | Calcium channel blocker   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes            | 0 | No         |   |             |   |            |   |           |   |       |
| 1   | Yes  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 0   | No   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 280 | dis_ccb_type<br>Show the field ONLY if:<br>[dis_ccb] = '1'   | Calcium channel blockers type   | radio, Required<br><table border="1"> <tr><td>1</td><td>Amlodipine</td></tr> <tr><td>2</td><td>Diltiazem</td></tr> <tr><td>3</td><td>Nicardipine</td></tr> <tr><td>4</td><td>Nifedipine</td></tr> <tr><td>5</td><td>Verapamil</td></tr> <tr><td>6</td><td>Other</td></tr> </table> | 1 | Amlodipine     | 2 | Diltiazem  | 3 | Nicardipine | 4 | Nifedipine | 5 | Verapamil | 6 | Other |
| 1   | Amlodipine   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 2   | Diltiazem  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 3   | Nicardipine  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 4   | Nifedipine   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 5   | Verapamil  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 6   | Other  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 281 | dis_ccb_other<br>Show the field ONLY if:<br>[dis_ccb_type] = '6'   | If other calcium channel blocker, specify which   | text, Required   |   |                |   |            |   |             |   |            |   |           |   |       |
| 282 | dis_ccb_dose<br>Show the field ONLY if:<br>[dis_ccb] = '1'   | Calcium channel blocker TOTAL daily dose (mg)<br><i>If unknown use 999.</i>                       | text (number, Min: 0, Max: 999), Required  |   |                |   |            |   |             |   |            |   |           |   |       |
| 283 | dis_loop_diuretics<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inh_osp_out_mortality] = '0' | Loop diuretic<br><i>Example: Furosemide, Torsemide, etc.</i>                                      | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes            | 0 | No         |   |             |   |            |   |           |   |       |
| 1   | Yes  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 0   | No   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 284 | dis_loop_diuretic_dose<br>Show the field ONLY if:<br>[dis_loop_diuretics] = '1'                            | Loop diuretic TOTAL daily dose (mg)<br><i>If unknown use 999.</i>                                 | text (number, Min: 0, Max: 999), Required  |   |                |   |            |   |             |   |            |   |           |   |       |
| 285 | dis_mras<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'           | Mineralocorticoid receptor antagonists (MRAs)<br><i>Spironolactone or eplerenone</i>              | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes            | 0 | No         |   |             |   |            |   |           |   |       |
| 1   | Yes  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 0   | No   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 286 | dis_mras_type<br>Show the field ONLY if:<br>[dis_mras] = '1'   | Mineralocorticoid receptor antagonists type   | radio, Required<br><table border="1"> <tr><td>1</td><td>Spironolactone</td></tr> <tr><td>2</td><td>Eplerenone</td></tr> </table>   | 1 | Spironolactone | 2 | Eplerenone |   |             |   |            |   |           |   |       |
| 1   | Spironolactone   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 2   | Eplerenone   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 287 | dis_mras_dose<br>Show the field ONLY if:<br>[dis_mras] = '1'   | Mineralocorticoid receptor antagonists (MRAs) TOTAL daily dose (mg)<br><i>If unknown use 999.</i> | text (number, Min: 0, Max: 999), Required  |   |                |   |            |   |             |   |            |   |           |   |       |
| 288 | dis_ppis<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'           | Proton-pump inhibitors  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes            | 0 | No         |   |             |   |            |   |           |   |       |
| 1   | Yes  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 0   | No   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 289 | dis_oral_hypo_glc<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'  | Oral hypoglycemic agents  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes            | 0 | No         |   |             |   |            |   |           |   |       |
| 1   | Yes  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 0   | No   |   |  |   |                |   |            |   |             |   |            |   |           |   |       |
| 290 | dis_insulin<br>Show the field ONLY if:   | Insulin   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>   | 1 | Yes            |   |            |   |             |   |            |   |           |   |       |
| 1   | Yes  |   |  |   |                |   |            |   |             |   |            |   |           |   |       |

|     |  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
|-----|--|---|---|---|---------------------------------------|---|--------------------------------------|---|--|---|--------------------|---|-------------------|---|------------|---|-----------------------------------|---|-------|
|     | [hospitalization] = '1' and [inh_osp_out_mortality] = '0'  |   | <table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>   | 0 | No                                    |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 0   | No   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 291 | dis_anticoagulant<br>Show the field ONLY if:<br>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'              | Was the patient treated with any anticoagulant therapy?<br><i>Example: acenocoumarol, enoxaparin, rivaroxaban, etc.</i>                             | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>   | 1 | Yes                                   | 0 | No                                   |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 1   | Yes  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 0   | No   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 292 | dis_anticoagulant_type<br>Show the field ONLY if:<br>[dis_anticoagulant] = '1'   | Which type of Anticoagulant treatment?<br><i>*Example: Rivaroxaban, dabigatran, apixaban, or edoxaban.</i>  | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Vitamin K antagonists (acenocoumarol)</td> </tr> <tr> <td>2</td> <td>Directly acting oral anticoagulants*</td> </tr> <tr> <td>3</td> <td>Low-molecular-weight heparin (Enoxaparin, etc)</td> </tr> </table>   | 1 | Vitamin K antagonists (acenocoumarol) | 2 | Directly acting oral anticoagulants* | 3 | Low-molecular-weight heparin (Enoxaparin, etc) |   |                    |   |                   |   |            |   |                                   |   |       |
| 1   | Vitamin K antagonists (acenocoumarol)  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 2   | Directly acting oral anticoagulants*   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 3   | Low-molecular-weight heparin (Enoxaparin, etc)   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 293 | dis_anticoagulant_type_2nd<br>Show the field ONLY if:<br>[dis_anticoagulant] = '1'                                     | If the patient was treated with a second anticoagulant treatment, specify which<br><i>*Example: Rivaroxaban, dabigatran, apixaban, or edoxaban.</i> | radio<br><table border="1"> <tr> <td>1</td> <td>Vitamin K antagonists (acenocoumarol)</td> </tr> <tr> <td>2</td> <td>Directly acting oral anticoagulants*</td> </tr> <tr> <td>3</td> <td>Low-molecular-weight heparin (Enoxaparin, etc)</td> </tr> </table>   | 1 | Vitamin K antagonists (acenocoumarol) | 2 | Directly acting oral anticoagulants* | 3 | Low-molecular-weight heparin (Enoxaparin, etc) |   |                    |   |                   |   |            |   |                                   |   |       |
| 1   | Vitamin K antagonists (acenocoumarol)  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 2   | Directly acting oral anticoagulants*   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 3   | Low-molecular-weight heparin (Enoxaparin, etc)   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 294 | dis_anticoagulant_why<br>Show the field ONLY if:<br>[dis_anticoagulant] = '1'  | Clinical indication for anticoagulant treatment   | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Prophylaxis</td> </tr> <tr> <td>2</td> <td>Atrial fibrillation</td> </tr> <tr> <td>3</td> <td>Venous thromboembolism</td> </tr> <tr> <td>4</td> <td>Pulmonary embolism</td> </tr> <tr> <td>5</td> <td>Arterial embolism</td> </tr> <tr> <td>6</td> <td>Stroke</td> </tr> <tr> <td>7</td> <td>Cardiac intraventricular thrombus</td> </tr> <tr> <td>8</td> <td>Other</td> </tr> </table> | 1 | Prophylaxis                           | 2 | Atrial fibrillation                  | 3 | Venous thromboembolism                         | 4 | Pulmonary embolism | 5 | Arterial embolism | 6 | Stroke     | 7 | Cardiac intraventricular thrombus | 8 | Other |
| 1   | Prophylaxis  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 2   | Atrial fibrillation  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 3   | Venous thromboembolism   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 4   | Pulmonary embolism   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 5   | Arterial embolism  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 6   | Stroke   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 7   | Cardiac intraventricular thrombus  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 8   | Other  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 295 | dis_anticoagulant_other<br>Show the field ONLY if:<br>[dis_anticoagulant_why] = '8'                                    | If other indication for anticoagulant treatment, specify which  | text  |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 296 | dis_anticoagulant_why_2<br>Show the field ONLY if:<br>[dis_anticoagulant] = '1'  | If there was a second clinical indication for anticoagulant treatment, specify which  | radio<br><table border="1"> <tr> <td>1</td> <td>Prophylaxis</td> </tr> <tr> <td>2</td> <td>Atrial fibrillation</td> </tr> <tr> <td>3</td> <td>Venous thromboembolism</td> </tr> <tr> <td>4</td> <td>Pulmonary embolism</td> </tr> <tr> <td>5</td> <td>Arterial embolism</td> </tr> <tr> <td>6</td> <td>Stroke</td> </tr> <tr> <td>7</td> <td>Cardiac intraventricular thrombus</td> </tr> </table>  | 1 | Prophylaxis                           | 2 | Atrial fibrillation                  | 3 | Venous thromboembolism                         | 4 | Pulmonary embolism | 5 | Arterial embolism | 6 | Stroke     | 7 | Cardiac intraventricular thrombus |   |       |
| 1   | Prophylaxis  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 2   | Atrial fibrillation  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 3   | Venous thromboembolism   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 4   | Pulmonary embolism   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 5   | Arterial embolism  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 6   | Stroke   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 7   | Cardiac intraventricular thrombus  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 297 | dis_lwmh_tx_type<br>Show the field ONLY if:<br>[dis_anticoagulant_type] = '3'<br>or [dis_anticoagulant_type_2nd] = '3' | Which Low-molecular-weight heparin was used?  | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Enoxaparin</td> </tr> <tr> <td>2</td> <td>Dalteparin</td> </tr> <tr> <td>3</td> <td>Bemiparin</td> </tr> <tr> <td>4</td> <td>Tinzaparin</td> </tr> <tr> <td>5</td> <td>Fondaparinux</td> </tr> <tr> <td>6</td> <td>Nadroparin</td> </tr> <tr> <td>7</td> <td>Certoparin</td> </tr> <tr> <td>8</td> <td>Other</td> </tr> </table>  | 1 | Enoxaparin                            | 2 | Dalteparin                           | 3 | Bemiparin                                      | 4 | Tinzaparin         | 5 | Fondaparinux      | 6 | Nadroparin | 7 | Certoparin                        | 8 | Other |
| 1   | Enoxaparin   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 2   | Dalteparin   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 3   | Bemiparin  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 4   | Tinzaparin   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 5   | Fondaparinux   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 6   | Nadroparin   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 7   | Certoparin   |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 8   | Other  |   |   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 298 | dis_anticoag_other<br>Show the field ONLY if:<br>[dis_lwmh_tx_type] = '8'  | If other Low-molecular-weight heparin, specify which  | text, Required  |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 299 | dis_lmwh_dose<br>Show the field ONLY if:<br>[dis_anticoagulant_type] = '3'<br>or [dis_anticoagulant_type_2nd] = '3'    | Specify the highest dose of Low-molecularweight heparin (only numbers) that was used.<br><i>Example: 40 mg or 4000 UI (only numbers).</i>           | text (number, Min: 0, Max: 10000000)  |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |
| 200 | dis_lmwh_unit  | Which was the Low-molecular-weight heparin  | radio, Required   |   |                                       |   |                                      |   |  |   |                    |   |                   |   |            |   |                                   |   |       |

|     |   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
|-----|---|---|--|---|-----------------------|---|----------------------|---|--------------------|---|-----------------------------|---|----------------|---|-------|
| 300 | <p>dis_lmwh_unit</p> <p>Show the field ONLY if:<br/>[dis_anticoagulant_type] = '3'<br/>or [dis_anticoagulant_type_2nd] = '3'</p>      | <p>Which was the Low-molecular-weight heparin Unit?</p>   | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>mg</td></tr> <tr><td>2</td><td>UI</td></tr> </table>   | 1 | mg                    | 2 | UI                   |   |                    |   |                             |   |                |   |       |
| 1   | mg  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 2   | UI  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 301 | <p>dis_lmwh_frequency</p> <p>Show the field ONLY if:<br/>[dis_anticoagulant_type] = '3'<br/>or [dis_anticoagulant_type_2nd] = '3'</p> | <p>Which was the frequency of administration of the Low-molecular-weight heparin?</p>                       | <p>radio</p> <table border="1"> <tr><td>1</td><td>Each 24 hours</td></tr> <tr><td>2</td><td>Each 12 hours</td></tr> </table>   | 1 | Each 24 hours         | 2 | Each 12 hours        |   |                    |   |                             |   |                |   |       |
| 1   | Each 24 hours   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 2   | Each 12 hours   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 302 | <p>dis_noac_type</p> <p>Show the field ONLY if:<br/>[dis_anticoagulant_type] = '2'<br/>or [dis_anticoagulant_type_2nd] = '2'</p>      | <p>If Directly acting oral anticoagulants were used, specify which</p>                                      | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Rivaroxaban (Xarelto)</td></tr> <tr><td>2</td><td>Dabigatran (Pradaxa)</td></tr> <tr><td>3</td><td>Apixaban (Eliquis)</td></tr> <tr><td>4</td><td>Edoxaban (Lixiana)</td></tr> </table>  | 1 | Rivaroxaban (Xarelto) | 2 | Dabigatran (Pradaxa) | 3 | Apixaban (Eliquis) | 4 | Edoxaban (Lixiana)          |   |                |   |       |
| 1   | Rivaroxaban (Xarelto)   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 2   | Dabigatran (Pradaxa)  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 3   | Apixaban (Eliquis)  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 4   | Edoxaban (Lixiana)  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 303 | <p>dis_noac_dose</p> <p>Show the field ONLY if:<br/>[dis_anticoagulant_type] = '2'<br/>or [dis_anticoagulant_type_2nd] = '2'</p>      | <p>Specify the Directly acting oral anticoagulants TOTAL Daily dose (mg)<br/><i>If unknown use 999.</i></p> | <p>text (number, Min: 0, Max: 999), Required</p>   |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 304 | <p>dis_nsaid</p> <p>Show the field ONLY if:<br/>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'</p>                         | <p>Nonsteroidal anti-inflammatory drugs (NSAIDs)</p>  | <p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                   | 0 | No                   |   |                    |   |                             |   |                |   |       |
| 1   | Yes   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 0   | No  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 305 | <p>dis_nsaid_type</p> <p>Show the field ONLY if:<br/>[dis_nsaid] = '1'</p>  | <p>NSAIDs type</p>  | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Ibuprofen</td></tr> <tr><td>2</td><td>Diclofenac</td></tr> <tr><td>3</td><td>Naproxen</td></tr> <tr><td>4</td><td>Dexketoprofen or ketoprofen</td></tr> <tr><td>5</td><td>Celecoxib</td></tr> <tr><td>6</td><td>Other</td></tr> </table>     | 1 | Ibuprofen             | 2 | Diclofenac           | 3 | Naproxen           | 4 | Dexketoprofen or ketoprofen | 5 | Celecoxib      | 6 | Other |
| 1   | Ibuprofen   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 2   | Diclofenac  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 3   | Naproxen  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 4   | Dexketoprofen or ketoprofen   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 5   | Celecoxib   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 6   | Other   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 306 | <p>dis_nsaid_dose</p> <p>Show the field ONLY if:<br/>[dis_nsaid] = '1'</p>  | <p>NSAIDs total daily dose (mg)<br/><i>If unknown use 9999.</i></p>   | <p>text (number, Min: 0, Max: 9999), Required</p>  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 307 | <p>dis_cortis</p> <p>Show the field ONLY if:<br/>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'</p>                        | <p>Corticosteroids therapy<br/><i>Example: Methylprednisolone, prednisone, dexamethasone, etc.</i></p>      | <p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes                   | 0 | No                   |   |                    |   |                             |   |                |   |       |
| 1   | Yes   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 0   | No  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 308 | <p>dis_cortis_type</p> <p>Show the field ONLY if:<br/>[dis_cortis] = '1'</p>  | <p>Specify which type of Corticosteroids</p>  | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Methylprednisolone</td></tr> <tr><td>2</td><td>Dexamethasone</td></tr> <tr><td>3</td><td>Prednisone</td></tr> <tr><td>4</td><td>Prednisolone</td></tr> <tr><td>5</td><td>Hydrocortisone</td></tr> <tr><td>6</td><td>Other</td></tr> </table> | 1 | Methylprednisolone    | 2 | Dexamethasone        | 3 | Prednisone         | 4 | Prednisolone                | 5 | Hydrocortisone | 6 | Other |
| 1   | Methylprednisolone  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 2   | Dexamethasone   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 3   | Prednisone  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 4   | Prednisolone  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 5   | Hydrocortisone  |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 6   | Other   |   |  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 309 | <p>dis_cortis_other</p> <p>Show the field ONLY if:<br/>[dis_cortis_type] = '6'</p>  | <p>If other corticosteroids, specify which:</p>   | <p>text, Required</p>  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 310 | <p>dis_cortis_dose</p> <p>Show the field ONLY if:<br/>[dis_cortis] = '1'</p>  | <p>Specify the dose of corticosteroids (mg)?<br/><i>Example: 20 mg (only numbers).</i></p>                  | <p>text</p>  |   |                       |   |                      |   |                    |   |                             |   |                |   |       |
| 311 | <p>dis_another_tx</p> <p>Show the field ONLY if:<br/>[hospitalization] = '1' and [inh_osp_out_mortality] = '0'</p>                    | <p>If there was any other relevant medication, specify which<br/><i>Use a comma to separate.</i></p>        | <p>notes</p>   |   |                       |   |                      |   |                    |   |                             |   |                |   |       |



|     |   |   |  |   |            |   |            |   |          |
|-----|---|---|--|---|------------|---|------------|---|----------|
| 312 | discharge_medications_outcomes_complete | Section Header: <i>Form Status</i><br>Complete? | dropdown<br><table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0   | Incomplete                              |   |  |   |            |   |            |   |          |
| 1   | Unverified                              |   |  |   |            |   |            |   |          |
| 2   | Complete                                |   |  |   |            |   |            |   |          |

Instrument: **@1-year Outcomes & Medications** (year\_outcomes\_medications)

[^ Collapse](#)

|     |   |  |   |   |          |   |          |   |             |   |         |   |       |
|-----|---|--|---|---|----------|---|----------|---|-------------|---|---------|---|-------|
| 313 | fu1y_done   | Section Header: <i>@1-year FOLLOW-UP OUTCOMES</i><br>1-year follow-up was performed                  | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes      | 0 | No       |   |             |   |         |   |       |
| 1   | Yes   |  |   |   |          |   |          |   |             |   |         |   |       |
| 0   | No  |  |   |   |          |   |          |   |             |   |         |   |       |
| 314 | fu1y_date<br><i>Show the field ONLY if: [fu1y_done] = '1'</i>   | Date of Follow-up  | text (date_dmy, Min: 2020-02-01), Required  |   |          |   |          |   |             |   |         |   |       |
| 315 | fu1y_new_swab<br><i>Show the field ONLY if: [fu1y_done] = '1'</i>                                     | Did the patient has undergone a new Coronavirus swab?<br><i>Between baseline and follow-up.</i>      | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes      | 0 | No       |   |             |   |         |   |       |
| 1   | Yes   |  |   |   |          |   |          |   |             |   |         |   |       |
| 0   | No  |  |   |   |          |   |          |   |             |   |         |   |       |
| 316 | fu1y_new_swab_date<br><i>Show the field ONLY if: [fu1y_done] = '1' and [fu1y_new_swab] = '1'</i>      | If the patient performed a new Coronavirus swab, indicate the date                                   | text (date_dmy, Min: 2020-02-01), Required  |   |          |   |          |   |             |   |         |   |       |
| 317 | fu1y_new_swab_result<br><i>Show the field ONLY if: [fu1y_done] = '1' and [fu1y_new_swab] = '1'</i>    | If the patient has undergone a new swab, specify the result.   | radio, Required<br><table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>  | 0 | Negative | 1 | Positive |   |             |   |         |   |       |
| 0   | Negative  |  |   |   |          |   |          |   |             |   |         |   |       |
| 1   | Positive  |  |   |   |          |   |          |   |             |   |         |   |       |
| 318 | fu1y_antibody_test<br><i>Show the field ONLY if: [fu1y_done] = '1'</i>                                | Did the patient has undergone a Coronavirus antibody test?<br><i>Between baseline and follow-up.</i> | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes      | 0 | No       |   |             |   |         |   |       |
| 1   | Yes   |  |   |   |          |   |          |   |             |   |         |   |       |
| 0   | No  |  |   |   |          |   |          |   |             |   |         |   |       |
| 319 | fu1y_antibody_date<br><i>Show the field ONLY if: [fu1y_done] = '1' and [fu1y_antibody_test] = '1'</i> | If the patient has undergone a Coronavirus antibody test, specify the date                           | text (date_dmy, Min: 2020-02-01), Required  |   |          |   |          |   |             |   |         |   |       |
| 320 | fu1y_antibody_igg<br><i>Show the field ONLY if: [fu1y_done] = '1' and [fu1y_antibody_test] = '1'</i>  | If the patient has undergone an antibody test, specify the result of IgG.                            | radio<br><table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>  | 0 | Negative | 1 | Positive |   |             |   |         |   |       |
| 0   | Negative  |  |   |   |          |   |          |   |             |   |         |   |       |
| 1   | Positive  |  |   |   |          |   |          |   |             |   |         |   |       |
| 321 | fu1y_antibody_igm<br><i>Show the field ONLY if: [fu1y_done] = '1' and [fu1y_antibody_test] = '1'</i>  | If the patient has undergone an antibody test, specify the result of IgM.                            | radio<br><table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>  | 0 | Negative | 1 | Positive |   |             |   |         |   |       |
| 0   | Negative  |  |   |   |          |   |          |   |             |   |         |   |       |
| 1   | Positive  |  |   |   |          |   |          |   |             |   |         |   |       |
| 322 | fu1y_antibody_iga<br><i>Show the field ONLY if: [fu1y_done] = '1' and [fu1y_antibody_test] = '1'</i>  | If the patient has undergone an antibody test, specify the result of IgA.                            | radio<br><table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>  | 0 | Negative | 1 | Positive |   |             |   |         |   |       |
| 0   | Negative  |  |   |   |          |   |          |   |             |   |         |   |       |
| 1   | Positive  |  |   |   |          |   |          |   |             |   |         |   |       |
| 323 | fu1y_vaccine<br><i>Show the field ONLY if: [fu1y_done] = '1' and [coordinating_center] = '1'</i>      | Does the patient was vaccinated?   | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes      | 0 | No       |   |             |   |         |   |       |
| 1   | Yes   |  |   |   |          |   |          |   |             |   |         |   |       |
| 0   | No  |  |   |   |          |   |          |   |             |   |         |   |       |
| 324 | fu1y_vaccine_date<br><i>Show the field ONLY if: [fu1y_vaccine]= '1'</i>                               | Date of the first dose   | text (date_dmy, Min: 2020-02-01), Required  |   |          |   |          |   |             |   |         |   |       |
| 325 | fu1y_vaccine_type<br><i>Show the field ONLY if: [fu1y_vaccine]= '1'</i>                               | Which vaccine was used?  | radio, Required<br><table border="1"> <tr><td>1</td><td>Pfizer</td></tr> <tr><td>2</td><td>Moderna</td></tr> <tr><td>3</td><td>AstraZeneca</td></tr> <tr><td>4</td><td>Janssen</td></tr> <tr><td>5</td><td>Other</td></tr> </table> | 1 | Pfizer   | 2 | Moderna  | 3 | AstraZeneca | 4 | Janssen | 5 | Other |
| 1   | Pfizer  |  |   |   |          |   |          |   |             |   |         |   |       |
| 2   | Moderna   |  |   |   |          |   |          |   |             |   |         |   |       |
| 3   | AstraZeneca   |  |   |   |          |   |          |   |             |   |         |   |       |
| 4   | Janssen   |  |   |   |          |   |          |   |             |   |         |   |       |
| 5   | Other   |  |   |   |          |   |          |   |             |   |         |   |       |

|     |   |   |  |
|-----|---|---|--|
|     |   |   |  |
| 326 | fu1y_vaccione_type_other<br>Show the field ONLY if:<br>[fu1y_vaccine_type]='5'          | If other, specify   | text, Required   |
| 327 | fu1y_vaccine_doses<br>Show the field ONLY if:<br>[fu1y_vaccine]='1'                     | Is the vaccination regimen complete?  | radio, Required<br>1 One dose (only for 2 doses vaccines: Pfizer, Moderna or AstraZeneca)<br>2 Full vaccinated   |
| 328 | fu1y_rehosp<br>Show the field ONLY if:<br>[fu1y_done] = '1'                             | Section Header: <i>RE-HOSPITALIZATION</i><br>RE-HOSPITALIZATION   | yesno, Required<br>1 Yes<br>0 No   |
| 329 | fu1y_hosp_cause<br>Show the field ONLY if:<br>[fu1y_rehosp] = '1'                       | Did the re-hospitalization was related to a COVID-19?<br><i>Consider any complication or sequelae related to COVID-19.</i>          | yesno, Required<br>1 Yes<br>0 No   |
| 330 | fu1y_rehosp_specify<br>Show the field ONLY if:<br>[fu1y_rehosp] = '1'                   | Specify the diagnosis (diagnosis/specialty) of the re-hospitalization?<br><i>Use a comma to separate. Example: stroke,neurology</i> | notes  |
| 331 | fu1y_rehosp_quantity<br>Show the field ONLY if:<br>[fu1y_rehosp] = '1'                  | If the patient had more than one hospitalization, specify the number.   | text (number, Min: 2, Max: 100)  |
| 332 | fu1y_rehosp_icu<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_rehosp] = '1' | Did the patient require admission in an intensive care unit?<br><i>In any re-hospitalization.</i>                                   | yesno, Required<br>1 Yes<br>0 No   |
| 333 | fu1y_rehosp_imv<br>Show the field ONLY if:<br>[fu1y_rehosp_icu] = '1'                   | Mechanical ventilation<br><i>In any re-hospitalization.</i>   | yesno, Required<br>1 Yes<br>0 No   |
| 334 | fu1y_out_mortality<br>Show the field ONLY if:<br>[fu1y_done] = '1'                      | Section Header: <i>@1-YEAR OUTCOMES</i><br>-- 1-YEAR PATIENT MORTALITY --<br>(PRIMARY ENDPOINT)                                     | yesno, Required<br>1 Yes<br>0 No   |
| 335 | fu1y_out_mortality_date<br>Show the field ONLY if:<br>[fu1y_out_mortality] = '1'        | Day of death  | text (date_dmy, Min: 2020-02-01), Required   |
| 336 | fu1y_out_cv_death<br>Show the field ONLY if:<br>[fu1y_out_mortality] = '1'              | Suspected cardiovascular death  | radio<br>1 Death caused by acute myocardial infarction<br>2 Death caused by sudden cardiac, including unwitnessed<br>3 Death resulting from heart failure<br>4 Death caused by stroke<br>5 Death caused by cardiovascular procedures<br>6 Death resulting from cardiovascular hemorrhage<br>7 Death resulting from other cardiovascular causes   |
| 337 | fu1y_out_noncv_death<br>Show the field ONLY if:<br>[fu1y_out_mortality] = '1'           | Suspected Non-cardiovascular death  | radio<br>1 Death resulting from malignancy<br>2 Death resulting from pulmonary causes<br>3 Death caused by infection (includes sepsis)<br>4 Death resulting from gastrointestinal causes<br>5 Death resulting from accident/trauma<br>6 Death caused by other noncardiovascular organ failure<br>7 Death resulting from other noncardiovascular cause<br>8 Undetermined cause of death |

|     |  |   |   |
|-----|--|---|---|
|     |  |   | Uncharacterized cause of death  |
| 338 | fu1y_death_report<br>Show the field ONLY if:<br>[fu1y_out_mortality] = '1'   | Anonymize and upload the discharge (mortality) report. Document needed for death adjudication.  | file  |
| 339 | fu1y_out_acs<br>Show the field ONLY if:<br>[fu1y_done] = '1'                 | 1-YEAR FOLLOW-UP ACS<br>(Acute Coronary Syndrome)   | yesno, Required<br>1 Yes<br>0 No  |
| 340 | fu1y_out_acs_type<br>Show the field ONLY if:<br>[fu1y_out_acs] = '1'         | Which type of Acute Coronary Syndrome?  | radio, Required<br>1 Unstable angina<br>2 NSTEMI<br>3 STEMI                                 |
| 341 | fu1y_out_acs_date<br>Show the field ONLY if:<br>[fu1y_out_acs] = '1'         | Date of the ACS?  | text (date_dmy, Min: 2020-02-01), Required  |
| 342 | fu1y_out_revasc<br>Show the field ONLY if:<br>[fu1y_done] = '1'              | 1-YEAR FOLLOW-UP CORONARY REVASCULARIZATION   | yesno, Required<br>1 Yes<br>0 No  |
| 343 | fu1y_out_revasc_type<br>Show the field ONLY if:<br>[fu1y_out_revasc] = '1'   | Which type of coronary Revascularization?   | radio, Required<br>1 PCI<br>2 CABG  |
| 344 | fu1y_out_revasc_date<br>Show the field ONLY if:<br>[fu1y_out_revasc] = '1'   | Date of revascularization   | text (date_dmy, Min: 2020-02-01), Required  |
| 345 | fu1y_out_tlr<br>Show the field ONLY if:<br>[fu1y_out_revasc] = '1'           | If the patient had a revascularization, it was a target lesion revascularization?<br><i>Target lesion revascularization, refers to a stent implanted during the index hospitalization</i> | yesno, Required<br>1 Yes<br>0 No  |
| 346 | fu1y_out_stent_thrombo<br>Show the field ONLY if:<br>[fu1y_out_revasc] = '1' | If the patient had revascularization, it was related to a stent thrombosis?   | yesno, Required<br>1 Yes<br>0 No  |
| 347 | fu1y_stroke<br>Show the field ONLY if:<br>[fu1y_done] = '1'                  | 1-YEAR FOLLOW-UP STROKE/TIA<br><i>TIA: transient ischemic attack</i>  | yesno, Required<br>1 Yes<br>0 No  |
| 348 | fu1y_out_stroke_type<br>Show the field ONLY if:<br>[fu1y_stroke] = '1'       | Which type of Stroke/transient ischemic attack the patient had?   | radio, Required<br>1 Ischemic stroke<br>2 Transient ischemic attack<br>3 Hemorrhagic stroke |
| 349 | fu1y_out_stroke_date<br>Show the field ONLY if:<br>[fu1y_stroke] = '1'       | Date of the Stroke/transient ischemic attack  | text (date_dmy, Min: 2020-02-01), Required  |
| 350 | fu1y_out_hf<br>Show the field ONLY if:<br>[fu1y_done] = '1'                  | 1-YEAR FOLLOW-UP HEART FAILURE HOSPITALIZATION  | yesno, Required<br>1 Yes<br>0 No  |
| 351 | fu1y_out_hf_nyha<br>Show the field ONLY if:<br>[fu1y_out_hf] = '1'           | Which class of New York Heart Association did the patient presented?<br><i>NYHA: New York Heart Association.</i>  | radio, Required<br>1 NYHA I<br>2 NYHA II<br>3 NYHA III<br>4 NYHA IV                         |
| 352 | fu1y_out_ahf_date<br>Show the field ONLY if:<br>[fu1y_out_hf] = '1'          | Date of Heart failure hospitalization admission.  | text (date_dmy, Min: 2020-02-01), Required  |

|     |  |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
|-----|--|---|--|---|---|---|---|---|--|---|--|---|---|---|--|---|----------------------|---|--------|
| 353 | fu1y_out_vte<br>Show the field ONLY if:<br>[fu1y_done] = '1'                   | 1-YEAR FOLLOW-UP VENOUS/ARTERIAL THROMBOEMBOLISM  | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes   | 0 | No  |   |  |   |  |   |   |   |  |   |                      |   |        |
| 1   | Yes  |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 0   | No   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 354 | fu1y_out_vte_type<br>Show the field ONLY if:<br>[fu1y_out_vte] = '1'           | Which type of venous/arterial thromboembolism?  | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Deep vein thrombosis</td> </tr> <tr> <td>2</td> <td>Arterial embolism</td> </tr> </table>  | 1 | Deep vein thrombosis                                | 2 | Arterial embolism                                       |   |  |   |  |   |   |   |  |   |                      |   |        |
| 1   | Deep vein thrombosis   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 2   | Arterial embolism  |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 355 | fu1y_out_vte_date<br>Show the field ONLY if:<br>[fu1y_out_vte] = '1'           | Date of Venous/arterial thromboembolism   | text (date_dmy, Min: 2020-02-01), Required   |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 356 | fu1_out_vte_describe<br>Show the field ONLY if:<br>[fu1y_out_vte] = '1'        | If the patient presented a venous/arterial thromboembolism, describe the location and if invasive treatment was needed.<br><i>Use a comma to separate the diagnosis, location, and treatment.</i> | notes  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 357 | fu1y_out_pe<br>Show the field ONLY if:<br>[fu1y_done] = '1'                    | 1-YEAR FOLLOW-UP PULMONARY EMBOLISM   | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes   | 0 | No  |   |  |   |  |   |   |   |  |   |                      |   |        |
| 1   | Yes  |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 0   | No   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 358 | fu1y_out_pe_laterality<br>Show the field ONLY if:<br>[fu1y_out_pe] = '1'       | If the patient had a Pulmonary embolism, specify the laterality   | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Right</td> </tr> <tr> <td>2</td> <td>left</td> </tr> <tr> <td>3</td> <td>Both</td> </tr> </table>  | 1 | Right   | 2 | left  | 3 | Both   |   |  |   |   |   |  |   |                      |   |        |
| 1   | Right  |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 2   | left   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 3   | Both   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 359 | fu1y_out_pe_vessel<br>Show the field ONLY if:<br>[fu1y_out_pe] = '1'           | If the patient had a Pulmonary embolism, specify which type   | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Major vessel (Main artery, Lobar artery, Segmental)</td> </tr> <tr> <td>2</td> <td>Minor vessel (Sub-segmental)</td> </tr> </table>  | 1 | Major vessel (Main artery, Lobar artery, Segmental) | 2 | Minor vessel (Sub-segmental)                            |   |  |   |  |   |   |   |  |   |                      |   |        |
| 1   | Major vessel (Main artery, Lobar artery, Segmental)                            |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 2   | Minor vessel (Sub-segmental)   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 360 | nhosp_out_pe_date<br>Show the field ONLY if:<br>[fu1y_out_pe] = '1'            | Date of Pulmonary embolism  | text (date_dmy, Min: 2020-02-01), Required   |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 361 | fu1y_out_bleeding<br>Show the field ONLY if:<br>[fu1y_done] = '1'              | 1-YEAR FOLLOW-UP MAJOR BLEEDING   | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes   | 0 | No  |   |  |   |  |   |   |   |  |   |                      |   |        |
| 1   | Yes  |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 0   | No   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 362 | fu1y_out_bleeding_type<br>Show the field ONLY if:<br>[fu1y_out_bleeding] = '1' | If the patient presented a major bleeding, specify which type?  | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Bleeding with an Hb drop between 3-5 g/dL.</td> </tr> <tr> <td>2</td> <td>Bleeding requiring transfusion</td> </tr> <tr> <td>3</td> <td>Bleeding requiring surgical intervention</td> </tr> <tr> <td>4</td> <td>Non-fatal intracranial hemorrhage</td> </tr> <tr> <td>5</td> <td>Fatal bleeding without autopsy/imaging confirmation</td> </tr> <tr> <td>6</td> <td>Fatal bleeding with autopsy/imaging confirmation</td> </tr> </table>   | 1 | Bleeding with an Hb drop between 3-5 g/dL.          | 2 | Bleeding requiring transfusion                          | 3 | Bleeding requiring surgical intervention                               | 4 | Non-fatal intracranial hemorrhage                    | 5 | Fatal bleeding without autopsy/imaging confirmation | 6 | Fatal bleeding with autopsy/imaging confirmation |   |                      |   |        |
| 1   | Bleeding with an Hb drop between 3-5 g/dL.                                     |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 2   | Bleeding requiring transfusion   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 3   | Bleeding requiring surgical intervention                                       |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 4   | Non-fatal intracranial hemorrhage  |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 5   | Fatal bleeding without autopsy/imaging confirmation                            |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 6   | Fatal bleeding with autopsy/imaging confirmation                               |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 363 | fu1y_out_bleeding_date<br>Show the field ONLY if:<br>[fu1y_out_bleeding] = '1' | Date of Major bleeding  | text (date_dmy, Min: 2020-02-01), Required   |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 364 | fu1y_out_bleeding_site<br>Show the field ONLY if:<br>[fu1y_out_bleeding] = '1' | Specify the site of origin if the major bleeding:   | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Intracranial or intraspinal</td> </tr> <tr> <td>2</td> <td>Pulmonary (hemoptysis, endotracheal tube, bronchoscopy)</td> </tr> <tr> <td>3</td> <td>Gastrointestinal (hematemesis, melena, upper endoscopy or colonoscopy)</td> </tr> <tr> <td>4</td> <td>Genito-urinary (urine, urinary catheter, cystoscopy)</td> </tr> <tr> <td>5</td> <td>Nose (Epistaxis)</td> </tr> <tr> <td>6</td> <td>Soft tissue hematoma</td> </tr> <tr> <td>7</td> <td>Solid organ hematoma</td> </tr> <tr> <td>8</td> <td>Ocular</td> </tr> </table> | 1 | Intracranial or intraspinal                         | 2 | Pulmonary (hemoptysis, endotracheal tube, bronchoscopy) | 3 | Gastrointestinal (hematemesis, melena, upper endoscopy or colonoscopy) | 4 | Genito-urinary (urine, urinary catheter, cystoscopy) | 5 | Nose (Epistaxis)                                    | 6 | Soft tissue hematoma                             | 7 | Solid organ hematoma | 8 | Ocular |
| 1   | Intracranial or intraspinal  |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 2   | Pulmonary (hemoptysis, endotracheal tube, bronchoscopy)                        |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 3   | Gastrointestinal (hematemesis, melena, upper endoscopy or colonoscopy)         |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 4   | Genito-urinary (urine, urinary catheter, cystoscopy)                           |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 5   | Nose (Epistaxis)   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 6   | Soft tissue hematoma   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 7   | Solid organ hematoma   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |
| 8   | Ocular   |   |  |   |   |   |   |   |  |   |  |   |   |   |  |   |                      |   |        |

|     |   |  |  |   |                                 |    |   |    |  |   |       |
|-----|---|--|--|---|---------------------------------|----|---|----|--|---|-------|
|     |   |  | <table border="1"> <tr> <td>9</td> <td>Intra-abdominal bleeding</td> </tr> <tr> <td>10</td> <td>Retroperitoneal bleeding</td> </tr> <tr> <td>11</td> <td>Other</td> </tr> </table>   | 9 | Intra-abdominal bleeding        | 10 | Retroperitoneal bleeding                    | 11 | Other                                  |   |       |
| 9   | Intra-abdominal bleeding  |  |  |   |                                 |    |   |    |  |   |       |
| 10  | Retroperitoneal bleeding  |  |  |   |                                 |    |   |    |  |   |       |
| 11  | Other   |  |  |   |                                 |    |   |    |  |   |       |
| 365 | fu1y_out_bleeding_other<br>Show the field ONLY if:<br>[fu1y_out_bleeding_site]=11           | If other, describe the site of origin:   | text, Required   |   |                                 |    |   |    |  |   |       |
| 366 | fu1y_bleeding_descrip<br>Show the field ONLY if:<br>[fu1y_out_bleeding] = '1'               | Provide a very small description of the bleeding event   | notes, Required  |   |                                 |    |   |    |  |   |       |
| 367 | fu1y_out_transfusion<br>Show the field ONLY if:<br>[fu1y_done] = '1'                        | 1-YEAR FOLLOW-UP RED BLOOD CELL TRANSFUSION  | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes                             | 0  | No  |    |  |   |       |
| 1   | Yes   |  |  |   |                                 |    |   |    |  |   |       |
| 0   | No  |  |  |   |                                 |    |   |    |  |   |       |
| 368 | fu1y_out_arrhyth<br>Show the field ONLY if:<br>[fu1y_done] = '1'                            | 1-YEAR FOLLOW-UP SERIOUS ARRHYTHMIAS EVENTS  | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes                             | 0  | No  |    |  |   |       |
| 1   | Yes   |  |  |   |                                 |    |   |    |  |   |       |
| 0   | No  |  |  |   |                                 |    |   |    |  |   |       |
| 369 | fu1y_out_arrhyth_type<br>Show the field ONLY if:<br>[fu1y_out_arrhyth] = '1'                | If the patient presented serious arrhythmias events, specify which   | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Bradycardia requiring pacemaker</td> </tr> <tr> <td>2</td> <td>New onset of atrial fibrillation or flutter</td> </tr> <tr> <td>3</td> <td>Any episode of Ventricular tachycardia</td> </tr> </table> | 1 | Bradycardia requiring pacemaker | 2  | New onset of atrial fibrillation or flutter | 3  | Any episode of Ventricular tachycardia |   |       |
| 1   | Bradycardia requiring pacemaker   |  |  |   |                                 |    |   |    |  |   |       |
| 2   | New onset of atrial fibrillation or flutter   |  |  |   |                                 |    |   |    |  |   |       |
| 3   | Any episode of Ventricular tachycardia  |  |  |   |                                 |    |   |    |  |   |       |
| 370 | fu1y_out_arrhyth_date<br>Show the field ONLY if:<br>[fu1y_out_arrhyth] = '1'                | Date of presentation of Cardiac arrhythmia   | text (date_dmy, Min: 2020-02-01), Required   |   |                                 |    |   |    |  |   |       |
| 371 | fu1y_lvef<br>Show the field ONLY if:<br>[fu1y_done] = '1'                                   | Left-Ventricular Ejection Fraction (%) (LVEF)<br><i>Assessed by any method. If unknown use 999.</i>                                    | text (number, Min: 0, Max: 999), Required  |   |                                 |    |   |    |  |   |       |
| 372 | fu1y_other_events<br>Show the field ONLY if:<br>[fu1y_done] = '1'                           | If there was another relevant event, specify which.<br><i>Use a comma to separate the complications. Example: urgent surgery, etc.</i> | notes  |   |                                 |    |   |    |  |   |       |
| 373 | fu1y_aspirin<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0' | Section Header: @1-year FOLLOW-UP MEDICATIONS<br>Aspirin   | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes                             | 0  | No  |    |  |   |       |
| 1   | Yes   |  |  |   |                                 |    |   |    |  |   |       |
| 0   | No  |  |  |   |                                 |    |   |    |  |   |       |
| 374 | fu1y_p2y12<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0'   | P2Y12 inhibitor  | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes                             | 0  | No  |    |  |   |       |
| 1   | Yes   |  |  |   |                                 |    |   |    |  |   |       |
| 0   | No  |  |  |   |                                 |    |   |    |  |   |       |
| 375 | fu1y_p2y12_type<br>Show the field ONLY if:<br>[fu1y_p2y12] = '1'                            | Which P2Y12 inhibitor  | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Clopidogrel</td> </tr> <tr> <td>2</td> <td>Prasugrel</td> </tr> <tr> <td>3</td> <td>Ticagrelor</td> </tr> </table>   | 1 | Clopidogrel                     | 2  | Prasugrel                                   | 3  | Ticagrelor                             |   |       |
| 1   | Clopidogrel   |  |  |   |                                 |    |   |    |  |   |       |
| 2   | Prasugrel   |  |  |   |                                 |    |   |    |  |   |       |
| 3   | Ticagrelor  |  |  |   |                                 |    |   |    |  |   |       |
| 376 | fu1y_ace_inh<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0' | ACE inhibitor<br><i>Angiotensin-converting-enzyme inhibitors (ACE inhibitors)</i>  | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes                             | 0  | No  |    |  |   |       |
| 1   | Yes   |  |  |   |                                 |    |   |    |  |   |       |
| 0   | No  |  |  |   |                                 |    |   |    |  |   |       |
| 377 | fu1y_ace_type<br>Show the field ONLY if:<br>[fu1y_ace_inh] = '1'                            | ACE inhibitor type   | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Lisinopril</td> </tr> <tr> <td>2</td> <td>Enalapril</td> </tr> <tr> <td>3</td> <td>Perindopril</td> </tr> <tr> <td>4</td> <td>Other</td> </tr> </table>  | 1 | Lisinopril                      | 2  | Enalapril                                   | 3  | Perindopril                            | 4 | Other |
| 1   | Lisinopril  |  |  |   |                                 |    |   |    |  |   |       |
| 2   | Enalapril   |  |  |   |                                 |    |   |    |  |   |       |
| 3   | Perindopril   |  |  |   |                                 |    |   |    |  |   |       |
| 4   | Other   |  |  |   |                                 |    |   |    |  |   |       |
| 378 | fu1y_ace_inh_other<br>Show the field ONLY if:<br>[fu1y_ace_type] = '4'                      | If other ACE inhibitor specify   | text, Required   |   |                                 |    |   |    |  |   |       |

|     |   |   |   |
|-----|---|---|---|
| 379 | fu1y_ace_dose<br>Show the field ONLY if:<br>[fu1y_ace_inh] = '1'                                | ACE inhibitor TOTAL daily dose (mg)<br><i>If unknown use 999.</i>   | text (number, Min: 1, Max: 999), Required   |
| 380 | fu1y_arbs<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0'        | ARBs<br><i>Angiotensin II receptor blockers</i>   | yesno, Required<br>1 Yes<br>0 No  |
| 381 | fu1y_arbs_type<br>Show the field ONLY if:<br>[fu1y_arbs] = '1'                                  | ARBs type   | radio, Required<br>1 Losartan<br>2 Candesartan<br>3 Irbesartan<br>4 Telmisartan<br>5 Valsartan<br>6 Olmesartan<br>7 Other |
| 382 | fu1y_arbs_other<br>Show the field ONLY if:<br>[fu1y_arbs_type] = '7'                            | If other ARBs specify   | text, Required  |
| 383 | fu1y_arbs_dose<br>Show the field ONLY if:<br>[fu1y_arbs] = '1'                                  | ARBs TOTAL daily dose (mg)<br><i>If unknown use 999.</i>  | text (number, Min: 0, Max: 999), Required   |
| 384 | fu1y_arni<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0'        | Angiotensin receptor neprilysin inhibitor (ARNI)<br><i>Sacubitril/valsartan (Entresto)</i>  | yesno, Required<br>1 Yes<br>0 No  |
| 385 | fu1y_arni_dose<br>Show the field ONLY if:<br>[fu1y_arni] = '1'                                  | Angiotensin receptor neprilysin inhibitor (ARNI) TOTAL daily dose (mg)<br><i>Sacubitril/valsartan (Entresto). If unknown use 999.</i> | text (number, Min: 0, Max: 999), Required   |
| 386 | fu1y_statins<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0'     | Statins   | yesno, Required<br>1 Yes<br>0 No  |
| 387 | fu1y_statin_type<br>Show the field ONLY if:<br>[fu1y_statins] = '1'                             | Statin type   | radio, Required<br>1 Atorvastatin<br>2 Rosuvastatin<br>3 Other  |
| 388 | fu1y_statin_other<br>Show the field ONLY if:<br>[fu1y_statin_type] = '3'                        | If other statin specify   | text  |
| 389 | fu1y_statin_dose<br>Show the field ONLY if:<br>[fu1y_statins] = '1'                             | Statin TOTAL daily dose (mg)<br><i>If unknown use 999.</i>  | text (number, Min: 0, Max: 999)   |
| 390 | fu1y_betablocker<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0' | Beta blocker  | yesno, Required<br>1 Yes<br>0 No  |
| 391 | fu1y_beta_block_type<br>Show the field ONLY if:<br>[fu1y_betablocker] = '1'                     | Beta Blocker type   | radio, Required<br>1 Bisoprolol<br>2 Atenolol<br>3 Metoprolol<br>4 Carvedilol<br>5 Other                                  |
| 392 | fu1y_beta_block_other   | If other beta blocker specify   | text, Required  |

|     |  |  |   |
|-----|--|--|---|
|     | Show the field ONLY if:<br>[fu1y_beta_block_type] = '5'  |  |   |
| 393 | fu1y_beta_block_dose<br>Show the field ONLY if:<br>[fu1y_betablocker] = '1'                        | Beta Blocker TOTAL daily dose (mg)<br><i>If unknown use 999.</i>                                     | text (number, Min: 0, Max: 999), Required   |
| 394 | fu1y_ccb<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0'            | Calcium channel blocker  | yesno, Required<br>1 Yes<br>0 No  |
| 395 | fu1y_ccb_type<br>Show the field ONLY if:<br>[fu1y_ccb] = '1'                                       | Calcium channel blockers type  | radio, Required<br>1 Amlodipine<br>2 Diltiazem<br>3 Nicardipine<br>4 Nifedipine<br>5 Verapamil<br>6 Other   |
| 396 | fu1y_ccb_other<br>Show the field ONLY if:<br>[fu1y_ccb_type] = '6'                                 | If other calcium channel blocker specify   | text, Required  |
| 397 | fu1y_ccb_dose<br>Show the field ONLY if:<br>[fu1y_ccb] = '1'                                       | Calcium channel blocker TOTAL daily dose (mg)<br><i>If unknown use 999.</i>                          | text (number, Min: 0, Max: 999), Required   |
| 398 | fu1y_loop_diuretics<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0' | Loop diuretic<br><i>Example: Furosemide, Torsemide, etc.</i>   | yesno, Required<br>1 Yes<br>0 No  |
| 399 | fu1y_loop_diuretic_dose_2<br>Show the field ONLY if:<br>[fu1y_loop_diuretics] = '1'                | TOTAL daily dose of loop diuretic (mg)<br><i>If unknown use 999.</i>                                 | text (number, Min: 0, Max: 999)   |
| 400 | fu1y_mras<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0'           | Mineralocorticoid receptor antagonists (MRAs)<br><i>Spironolactone or eplerenone</i>                 | yesno, Required<br>1 Yes<br>0 No  |
| 401 | fu1y_mras_type<br>Show the field ONLY if:<br>[fu1y_mras] = '1'                                     | Mineralocorticoid receptor antagonists type  | radio, Required<br>1 Spironolactone<br>2 Eplerenone   |
| 402 | fu1y_mras_dose<br>Show the field ONLY if:<br>[fu1y_mras] = '1'                                     | Mineralocorticoid receptor antagonists (MRAs)<br>TOTAL daily dose (mg)<br><i>If unknown use 999.</i> | text (number, Min: 0, Max: 999)   |
| 403 | fu1y_oralhypoglc<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0'    | Oral hypoglycemic agents   | yesno, Required<br>1 Yes<br>0 No  |
| 404 | fu1y_insulin<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0'        | Insulin  | yesno, Required<br>1 Yes<br>0 No  |
| 405 | fu1y_anticoagulant<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_out_mortality] = '0'  | Anticoagulant treatment  | yesno, Required<br>1 Yes<br>0 No  |
| 406 | fu1y_anticoagulant_type<br>Show the field ONLY if:<br>[fu1y_anticoagulant] = '1'                   | Anticoagulant treatment<br><i>*Example: Rivaroxaban, dabigatran, apixaban, or edoxaban.</i>          | radio, Required<br>1 Vitamin K antagonists (acenocumarol)<br>2 Directly acting oral anticoagulants*<br>3 Low-molecular-weight heparin (Enoxaparin, etc) |

|     |   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
|-----|---|---|---|---|--------------------------------------|---|--------------------------------------|---|---|---|--------------------|---|--------------|---|-----------------------------------|---|-------------|---|-------|
| 407 | fu1y_anticoagulant_type2<br>Show the field ONLY if:<br>[fu1y_anticoagulant] = '1'   | If the patient had received a second anticoagulant treatment, specify which<br><i>*Example: Rivaroxaban, dabigatran, apixaban, or edoxaban.</i> | radio<br><table border="1" data-bbox="1066 107 1551 232"> <tr><td>1</td><td>Vitamin K antagonists (acenocumarol)</td></tr> <tr><td>2</td><td>Directly acting oral anticoagulants*</td></tr> <tr><td>3</td><td>Low-molecular-weight heparin (Enoxaparin, etc</td></tr> </table>  | 1 | Vitamin K antagonists (acenocumarol) | 2 | Directly acting oral anticoagulants* | 3 | Low-molecular-weight heparin (Enoxaparin, etc |   |                    |   |              |   |                                   |   |             |   |       |
| 1   | Vitamin K antagonists (acenocumarol)  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 2   | Directly acting oral anticoagulants*  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 3   | Low-molecular-weight heparin (Enoxaparin, etc   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 408 | fu1y_anticoagulant_why<br>Show the field ONLY if:<br>[fu1y_anticoagulant] = '1'   | Clinical indication for anticoagulation   | radio, Required<br><table border="1" data-bbox="1066 277 1436 568"> <tr><td>1</td><td>Atrial fibrillation</td></tr> <tr><td>2</td><td>Venous thromboembolism</td></tr> <tr><td>3</td><td>Pulmonary embolism</td></tr> <tr><td>4</td><td>Arterial embolism</td></tr> <tr><td>5</td><td>Stroke</td></tr> <tr><td>6</td><td>Cardiac intraventricular thrombus</td></tr> <tr><td>7</td><td>Prophylaxis</td></tr> </table> | 1 | Atrial fibrillation                  | 2 | Venous thromboembolism               | 3 | Pulmonary embolism                            | 4 | Arterial embolism  | 5 | Stroke       | 6 | Cardiac intraventricular thrombus | 7 | Prophylaxis |   |       |
| 1   | Atrial fibrillation   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 2   | Venous thromboembolism  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 3   | Pulmonary embolism  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 4   | Arterial embolism   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 5   | Stroke  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 6   | Cardiac intraventricular thrombus   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 7   | Prophylaxis   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 409 | fu1y_anticoagulant_why_2<br>Show the field ONLY if:<br>[fu1y_anticoagulant] = '1'   | If there is a second clinical indication for anticoagulation, please detail   | radio<br><table border="1" data-bbox="1066 613 1436 904"> <tr><td>1</td><td>Atrial fibrillation</td></tr> <tr><td>2</td><td>Venous thromboembolism</td></tr> <tr><td>3</td><td>Pulmonary embolism</td></tr> <tr><td>4</td><td>Arterial embolism</td></tr> <tr><td>5</td><td>Stroke</td></tr> <tr><td>6</td><td>Cardiac intraventricular thrombus</td></tr> <tr><td>7</td><td>Prophylaxis</td></tr> </table>           | 1 | Atrial fibrillation                  | 2 | Venous thromboembolism               | 3 | Pulmonary embolism                            | 4 | Arterial embolism  | 5 | Stroke       | 6 | Cardiac intraventricular thrombus | 7 | Prophylaxis |   |       |
| 1   | Atrial fibrillation   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 2   | Venous thromboembolism  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 3   | Pulmonary embolism  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 4   | Arterial embolism   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 5   | Stroke  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 6   | Cardiac intraventricular thrombus   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 7   | Prophylaxis   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 410 | fu1y_lwmh_tx_type<br>Show the field ONLY if:<br>[fu1y_anticoagulant_type] = '3'<br>' or [fu1y_anticoagulant_type 2] = '3'   | Please select the used Low-molecular-weight heparin   | radio, Required<br><table border="1" data-bbox="1066 949 1244 1285"> <tr><td>1</td><td>Enoxaparin</td></tr> <tr><td>2</td><td>Dalteparin</td></tr> <tr><td>3</td><td>Bemiparin</td></tr> <tr><td>4</td><td>Tinzaparin</td></tr> <tr><td>5</td><td>Fondaparinux</td></tr> <tr><td>6</td><td>Nadroparin</td></tr> <tr><td>7</td><td>Certoparin</td></tr> <tr><td>8</td><td>Other</td></tr> </table>                     | 1 | Enoxaparin                           | 2 | Dalteparin                           | 3 | Bemiparin                                     | 4 | Tinzaparin         | 5 | Fondaparinux | 6 | Nadroparin                        | 7 | Certoparin  | 8 | Other |
| 1   | Enoxaparin  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 2   | Dalteparin  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 3   | Bemiparin   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 4   | Tinzaparin  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 5   | Fondaparinux  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 6   | Nadroparin  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 7   | Certoparin  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 8   | Other   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 411 | fu1y_anticoag_other<br>Show the field ONLY if:<br>[fu1y_lwmh_tx_type] = '8'   | If other, please specify the type of Low-molecular-weight heparin:  | text, Required  |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 412 | fu1y_lmwh_dose<br>Show the field ONLY if:<br>[fu1y_anticoagulant_type] = '3'<br>' or [fu1y_anticoagulant_type 2] = '3'      | Please provide the dose of Low-molecular-weight heparin (only numbers).<br><i>Example: 40 mg or 4000 UI (only numbers). If unknown use 999.</i> | text (number, Min: 0, Max: 10000000), Required  |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 413 | fu1y_lmwh_unit<br>Show the field ONLY if:<br>[fu1y_anticoagulant_type] = '3'<br>' or [fu1y_anticoagulant_type 2] = '3'      | Which is the Low-molecular-weight heparin Unit (mg or UI)   | radio, Required<br><table border="1" data-bbox="1066 1621 1145 1697"> <tr><td>1</td><td>mg</td></tr> <tr><td>2</td><td>UI</td></tr> </table>  | 1 | mg                                   | 2 | UI                                   |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 1   | mg  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 2   | UI  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 414 | fu1y_lmwh_frequency<br>Show the field ONLY if:<br>[fu1y_anticoagulant_type] = '3'<br>' or [fu1y_anticoagulant_type 2] = '3' | Which was the frequency of administration of the Low-molecular-weight heparin   | radio, Required<br><table border="1" data-bbox="1066 1787 1248 1863"> <tr><td>1</td><td>Each 24 hours</td></tr> <tr><td>2</td><td>Each 12 hours</td></tr> </table>  | 1 | Each 24 hours                        | 2 | Each 12 hours                        |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 1   | Each 24 hours   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 2   | Each 12 hours   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 415 | fu1y_noac_type<br>Show the field ONLY if:<br>[fu1y_anticoagulant_type] = '2'<br>' or [fu1y_anticoagulant_type 2] = '2'      | If Novel oral anticoagulants was used which one:  | radio, Required<br><table border="1" data-bbox="1066 1957 1315 2112"> <tr><td>1</td><td>Rivaroxaban (Xarelto)</td></tr> <tr><td>2</td><td>Dabigatran (Pradaxa)</td></tr> <tr><td>3</td><td>Apixaban (Eliquis)</td></tr> <tr><td>4</td><td>Edoxaban (Lixiana)</td></tr> </table>   | 1 | Rivaroxaban (Xarelto)                | 2 | Dabigatran (Pradaxa)                 | 3 | Apixaban (Eliquis)                            | 4 | Edoxaban (Lixiana) |   |              |   |                                   |   |             |   |       |
| 1   | Rivaroxaban (Xarelto)   |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 2   | Dabigatran (Pradaxa)  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 3   | Apixaban (Eliquis)  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |
| 4   | Edoxaban (Lixiana)  |   |   |   |                                      |   |                                      |   |   |   |                    |   |              |   |                                   |   |             |   |       |



|     |   |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
|-----|---|--|--|---|--------------------|---|---------------|---|------------|---|--------------|---|----------------|---|-------|
| 416 | fu1y_noac_dose<br>Show the field ONLY if:<br>[fu1y_anticoagulant_type] = '2'<br>or [fu1y_anticoagulant_type<br>2] = '2' | Specify the Directly acting oral anticoagulants TOTAL Daily dose<br>(mg)<br><i>If unknown use 999.</i> | text (number, Min: 0, Max: 999)  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 417 | fu1y_cortis<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_ou<br>t_mortality] = '0'                          | Corticosteroids therapy  | yesno, Required<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>  | 1 | Yes                | 0 | No            |   |            |   |              |   |                |   |       |
| 1   | Yes   |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 0   | No  |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 418 | fu1y_cortis_type<br>Show the field ONLY if:<br>[fu1y_cortis] = '1'  | Specify which type of Corticosteroids  | radio, Required<br><table border="1"> <tr> <td>1</td> <td>Methylprednisolone</td> </tr> <tr> <td>2</td> <td>Dexamethasone</td> </tr> <tr> <td>3</td> <td>Prednisone</td> </tr> <tr> <td>4</td> <td>Prednisolone</td> </tr> <tr> <td>5</td> <td>Hydrocortisone</td> </tr> <tr> <td>6</td> <td>Other</td> </tr> </table> | 1 | Methylprednisolone | 2 | Dexamethasone | 3 | Prednisone | 4 | Prednisolone | 5 | Hydrocortisone | 6 | Other |
| 1   | Methylprednisolone  |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 2   | Dexamethasone   |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 3   | Prednisone  |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 4   | Prednisolone  |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 5   | Hydrocortisone  |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 6   | Other   |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 419 | fu1y_cortis_other<br>Show the field ONLY if:<br>[fu1y_cortis_type] = '6'  | If other corticosteroids, please specify:  | text, Required   |   |                    |   |               |   |            |   |              |   |                |   |       |
| 420 | fu1y_cortis_dose<br>Show the field ONLY if:<br>[fu1y_cortis] = '1'  | Specify the dose of corticosteroids (mg)?<br><i>Example: 20 mg (only numbers). If unknown use 999.</i> | text (number, Min: 0, Max: 999), Required  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 421 | fu1y_other_tx<br>Show the field ONLY if:<br>[fu1y_done] = '1' and [fu1y_ou<br>t_mortality] = '0'                        | If any other relevant therapy, specify which<br><i>Use a comma to separate.</i>                        | notes  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 422 | year_outcomes_medications_<br>complete  | Section Header: <i>Form Status</i><br>Complete?  | dropdown<br><table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>  | 0 | Incomplete         | 1 | Unverified    | 2 | Complete   |   |              |   |                |   |       |
| 0   | Incomplete  |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 1   | Unverified  |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |
| 2   | Complete  |  |  |   |                    |   |               |   |            |   |              |   |                |   |       |