



Transcatheter Mitral Valve Replacement (TMVR) v3 Data Collection Form

STS/ACC
TVT Registry™

A. DEMOGRAPHICS

Last Name ²⁰⁰⁰ :		First Name ²⁰¹⁰ :		Middle Name ²⁰²⁰ :	
Birth Date ²⁰⁵⁰ :	mm / dd / yyyy	SSN ²⁰³⁰ :	- - □ SSN N/A ²⁰³¹	Patient ID ²⁰⁴⁰ :	(auto)
Other ID ²⁰⁴⁵ :		Sex ²⁰⁶⁰ :	O Male O Female	Patient Zip Code ²⁰⁶⁵ :	□ Zip Code N/A ²⁰⁶⁶
Race: (check all that apply)	☐ White ²⁰⁷⁰ ☐ Black/African American ²⁰⁷¹ ☐ American Indian/Alaskan Native ²⁰⁷³ ☐ Asian ²⁰⁷² → If Yes, ☐ Asian Indian ²⁰⁸⁰ ☐ Chinese ²⁰⁸¹ ☐ Filipino ²⁰⁸² ☐ Japanese ²⁰⁸³ ☐ Korean ²⁰⁸⁴ ☐ Vietnamese ²⁰⁸⁵ ☐ Other ²⁰⁸⁶ ☐ Native Hawaiian/Pacific Islander ²⁰⁷⁴ → If Yes, ☐ Native Hawaiian ²⁰⁹⁰ ☐ Guamanian or Chamorro ²⁰⁹¹ ☐ Samoan ²⁰⁹² ☐ Other Island ²⁰⁹³				
Hispanic or Latino Ethnicity ²⁰⁷⁶ :	O No O Yes	→ If Yes, Ethnicity Type: (check all that apply) ☐ Mexican, Mexican-American, Chicano ²¹⁰⁰ ☐ Puerto Rican ²¹⁰¹ ☐ Cuban ²¹⁰² ☐ Other Hispanic, Latino or Spanish Origin ²¹⁰³			

B. EPISODE OF CARE

Arrival Date/Time ³⁰⁰¹ :	mm / dd / yyyy / hh:mm
Admitting Provider's Name, NPI ^{3050,3051,3052,3053} :	<i>Last Name, First Name, MI, NPI</i>
Attending Provider's Name, NPI ^{3055,3056,3057,3058} :	<i>Last Name, First Name, MI, NPI</i> , <i>Last Name, First Name, MI, NPI</i>
Health Insurance ³⁰⁰⁵ :	O No O Yes
→ If Yes, Payment Source ³⁰¹⁰ :	(Select all that apply) ☐ Private Health Insurance ☐ Medicare (Fee-For-Service) ☐ Medicare Advantage ☐ Medicaid ☐ Military Health Care ☐ State-Specific Plan (non-Medicaid) ☐ Indian Health Service ☐ Non-US Insurance
MBI # ¹²⁸⁴⁶ :	
Residence ¹³⁸⁰³ :	O Home with No Health Aid O Home with Health Aid O Long Term Care O Other □ Not Documented ¹³⁸⁰⁴

RESEARCH STUDY

Patient Enrolled in Research Study ³⁰²⁰ :	O No O Yes	□ Patient Restriction ³⁰³⁵
→ If Yes, Research Study Name ³⁰²⁵ , Research Study Patient ID ³⁰³⁰ : _____, _____		

TRANSCATHETER VALVE THERAPY (TVT) PATHWAY

TVT Pathway ¹³¹⁷¹ :	☐ TAVR ☐ TMVr ☐ TMVR ☐ Tricuspid Valve Procedure
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Basic dataset



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C. HISTORY AND RISK FACTORS

Height⁶⁰⁰⁰: _____ cm Weight⁶⁰⁰⁵: _____ kg

Number of Prior Open Heart Cardiac Surgeries¹³⁶⁹⁷: _____ (If the patient has had >4 prior surgeries and the number is not known, code 4 prior surgeries)

Heart Failure Hospitalization Within Past Year¹³⁷⁰⁷: ☐ No ☐ Yes ☐ Not Documented¹⁴²⁵³

Oxygen at Home¹³⁸⁸¹: ☐ No ☐ Yes

Immunocompromise Present¹³⁸⁸²: ☐ No ☐ Yes Currently on Dialysis¹³⁸⁸⁰ ☐ No ☐ Yes

Tobacco Use⁴⁶²⁵: ☐ Never ☐ Former ☐ Current-Every Day ☐ Current-Some Days ☐ Smoker – Current Status Unk ☐ Unk if ever smoked

→ If any Current, Tobacco Type⁴⁶²⁶ (Select all that apply): ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Smokeless

→ If Current Every Day and Cigarettes, Amount⁴⁶²⁷: ☐ Light tobacco use (<10/day) ☐ Heavy tobacco use (>=10/day)

HOME MEDICATIONS

CATEGORY	MEDICATION CODE ¹²²⁹⁷	MED PRESCRIBED ¹³⁹⁰³	LOOP DIURETIC DOSE ¹⁴⁵⁷⁵
ACE Inhibitors (Angiotensin Converting Enzyme)	Angiotensin Converting Enzyme Inhibitor	☐ No ☐ Yes	
Aldosterone Antagonist	Aldosterone Antagonist	☐ No ☐ Yes	
Angiotensin Receptor-Nepilysin Inhibitor	Angiotensin Receptor-Nepilysin Inhibitor	☐ No ☐ Yes	
Anticoagulant	Anticoagulant	☐ No ☐ Yes	
Antiplatelet	Aspirin	☐ No ☐ Yes	
ARB (Angiotensin Receptors Blockers)	Angiotensin II Receptor Blocker	☐ No ☐ Yes	
Beta Blockers	Beta Blocker	☐ No ☐ Yes	
Diuretics	Diuretics Not Otherwise Specified	☐ No ☐ Yes	
	Loop Diuretics	☐ No ☐ Yes	_____ mg
	Thiazides	☐ No ☐ Yes	
P2Y12 Inhibitors	P2Y12 Antagonist	☐ No ☐ Yes	
Selective Sinus Node I/f Channel Inhibitor	Selective Sinus Node I/f Channel Inhibitor	☐ No ☐ Yes	



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CONDITION AND PROCEDURE HISTORY INFORMATION (PATIENT HISTORY AND RISK FACTORS UP TO THE PROCEDURE)

CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁴²⁶⁴		DATE ¹⁴²⁵¹	
	No	Yes		
Atrial Fibrillation	☐	☐		→ If Yes, AFib Class ¹³¹⁷⁹ : ☐ Paroxysmal ☐ Persistent ☐ Long-standing Persistent ☐ Permanent ☐ None → If Parox or persis, Recent AF (w/in 30 days) ¹⁴²⁴⁴ : ☐ No ☐ Yes
Atrial Flutter	☐	☐		→ If Yes, Recent Aflutter (w/in past 30 days) ¹⁴²⁴⁵ : ☐ No ☐ Yes
Cardiomyopathy	☐	☐		→ If Yes, CM Type ⁴⁵⁷⁰ : ☐ Ischemic ☐ Non-ischemic ☐ Other
Carotid Artery Stenosis	☐	☐		→ If Yes, Current Carotid Artery Stenosis ¹⁴²⁶⁵ : ☐ No ☐ Yes → If Yes, Location ¹⁴²³⁰ : ☐ Right ☐ Left ☐ Bilateral ☐ Location Not Documented ¹⁴³²⁹
Cerebrovascular Accident (any)	☐	☐	mm/dd/yyyy	
Cerebrovascular Disease	☐	☐		
Chronic Lung Disease	☐	☐		→ If Yes, Severity ¹³⁹⁰⁴ : ☐ Mild ☐ Moderate ☐ Severe ☐ Severity Not Documented ¹⁴⁴⁵⁹
COVID-19	☐	☐		
Dementia - Moderate to Severe	☐	☐		
Diabetes Mellitus	☐	☐		→ If Yes, Therapy ¹⁴²³¹ : ☐ None ☐ Diet ☐ Oral ☐ Insulin ☐ Other
Endocarditis	☐	☐		→ If Yes, Type ¹⁴²³² : ☐ Treated ☐ Active
Heart Failure	☐	☐		
Hostile Chest	☐	☐		
Hypertension	☐	☐		
Liver Disease	☐	☐		
Myocardial Infarction	☐	☐		→ If Yes, MI Timeframe ¹³¹⁷⁴ : ☐ <30 days ☐ ≥30 days
Peripheral Arterial Disease	☐	☐		
Porcelain Aorta	☐	☐		
Transient Ischemic Attack	☐	☐		
PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁴²⁶⁸		DATE ¹⁴²⁵²	
	No	Yes		
Aortic Valve Procedure	☐	☐	mm/dd/yyyy	
Aortic Valve Repair Surgery	☐	☐		
Aortic Valve Replacement Surgery	☐	☐		
Aortic Valve Replacement - Transcath	☐	☐		
Coronary Artery Bypass Graft	☐	☐	mm/dd/yyyy	
Implantable Cardioverter Defibrillator	☐	☐		→ If Yes, CRT-D ¹⁴²⁵⁹ : ☐ No ☐ Yes
Mitral Valve Procedure	☐	☐	mm/dd/yyyy	
Mitral Valve Annuloplasty Ring Surgery	☐	☐		→ If Yes, MV Ring Type ¹⁴²⁵⁷ : ☐ Partial ☐ Circumferential ☐ Not Documented ¹⁴²⁵⁸ → If Yes, Mitral Ring or Band Implant ID ¹⁴⁴⁵⁵ /Dia ¹⁴⁵³³ : Refer to device list
Mitral Valve Repair Surgery	☐	☐		
Mitral Valve Replacement Surgery	☐	☐		→ If Yes, Type ¹⁴²⁴¹ : ☐ Stented ☐ Stentless ☐ Not Documented ¹⁴²⁴² → If Yes, Implant ID ¹⁴³³⁴ /Dia ¹⁴⁵¹⁸ : Refer to device list
Mitral Valve Transcatheter Intervention	☐	☐		→ If Yes, Type ¹⁴²⁶¹ : ☐ Leaflet Clip ☐ Direct Annuloplasty ☐ Coronary Sinus Based Intervention ☐ Valve-in-Native Valve ☐ Valve-in-Valve ☐ Other → If Yes, Implant ID ¹⁴⁵¹⁰ /Dia ¹⁴⁵³⁴ : Refer to device list
PCI	☐	☐	mm/dd/yyyy	
Permanent Pacemaker	☐	☐	mm/dd/yyyy	→ If Yes, CRT ¹⁴²⁶⁰ : ☐ No ☐ Yes
Pulmonic Valve Procedure	☐	☐		
Tricuspid Valve Procedure	☐	☐	mm/dd/yyyy	



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D. LAB VISIT (COMPLETE FOR EACH LAB VISIT)

Procedures¹⁴²⁷³: ☐ TAVR ☐ TMVr ☐ TMVR ☐ Tricuspid Valve Procedure

Procedure Room Entry Date/Time¹³³²⁹: mm / dd / yyyy HH:MM **Procedure Start Date/Time**⁷⁰⁰⁰: mm / dd / yyyy HH:MM

Procedure End Date/Time⁷⁰⁰⁵: mm / dd / yyyy HH:MM **Procedure Room Exit Date/Time**¹³³³⁰: mm / dd / yyyy HH:MM

PRESENTATION AND EVALUATION

CAD Presentation¹²¹⁷⁷: ☐ No Symptoms, No Angina ☐ Symptoms Unlikely to be Ischemic ☐ Stable Angina
☐ Unstable Angina ☐ Non-STEMI ☐ STEMI

Heart Failure (w/in 2 weeks)¹⁴²⁶⁶: ☐ No ☐ Yes

NYHA Class (w/in 2 weeks)¹²¹⁶³: ☐ I ☐ II ☐ III ☐ IV

Cardiogenic Shock (w/in 24 hrs)¹³¹⁷⁵: ☐ No ☐ Yes

Cardiac Arrest (w/in 24 hrs)¹⁴²⁶⁷: ☐ No ☐ Yes

STS Risk Score Type¹³⁶⁹⁸: **STS Risk Score Measurement**¹⁴²⁷¹:

MV Replace: _____ %

Shared Decision Making¹⁴⁷³²: ☐ No ☐ Yes

→ If Yes, **Shared Decision Making Tool Used**¹⁴⁷³³: ☐ No ☐ Yes → If Yes, **Shared Decision Making Tool Name**¹⁴⁷³⁴: _____

KCCQ-12 Performed¹³⁸⁴³: ☐ No ☐ Yes

→ If Yes, **KCCQ-12**^{13846, 48, 49, 51, 53, 55, 57, 59, 61, 63, 65, 67}: (see separate questionnaire)

Q1a: _____ **Q1b:** _____ **Q1c:** _____ **Q2:** _____ **Q3:** _____ **Q4:** _____

Q5: _____ **Q6:** _____ **Q7:** _____ **Q8a:** _____ **Q8b:** _____ **Q8c:** _____ **KCCQ Summary Score**¹⁴³¹⁰: (calculated) _____

Six Minute Walk Test¹³⁷¹⁰: ☐ No ☐ Yes → If Yes, **Test Date**¹³⁷¹¹: mm / dd / yyyy → If Yes, **Total Distance**¹³⁷¹²: _____ ft

→ If No, **Reason**¹⁴²⁶²: ☐ Non-Cardiac Reason ☐ Cardiac Reason ☐ Patient Not Willing to Walk ☐ Not Performed By Site

PRE-PROCEDURE CLINICAL DATA (CLOSEST TO THE PROCEDURE)

Hemoglobin⁶⁰³⁰: _____ g/dL ☐ Not Drawn⁶⁰³¹ **BNP**¹⁴²⁸⁰: _____ pg/mL ☐ Not Performed¹³²⁰⁵

Sodium⁶⁰³⁵: _____ mEq/L ☐ Not Drawn⁶⁰³⁶ **NT proBNP**¹⁴²⁷⁹: _____ pg/mL ☐ Not Performed¹³²⁰⁶

Creatinine⁶⁰⁵⁰: _____ mg/dL ☐ Not Drawn⁶⁰⁵¹

PRE-PROCEDURE ECG AND PULMONARY FUNCTION (CLOSEST TO THE PROCEDURE)

QRS Duration⁵⁰⁵⁵: _____ msec ☐ Ventricular Paced⁵⁰⁴⁵

FEV1 Predicted¹³²¹⁶: _____ % ☐ Not Performed¹³²¹⁷

DLCO (Predicted)¹³²¹⁸: _____ % ☐ Not Performed¹³²¹⁹

PRE-PROCEDURE MEDICATIONS (24 HOURS PRIOR TO THE PROCEDURE)

Positive Inotropes¹³⁶⁴³: ☐ No ☐ Yes

PRE-PROCEDURE DIAGNOSTIC CATH FINDINGS

Diagnostic Cath Performed¹³²²⁰: ☐ No ☐ Yes → If Yes, **Diagnostic Cath Date**¹³²²²: mm / dd / yyyy

Number of Diseased Vessels¹³³⁸¹: ☐ None ☐ One ☐ Two ☐ Three ☐ Not Documented¹³³⁸²

Left Main Stenosis >=50%¹³²⁶⁰: ☐ No ☐ Yes ☐ Not Documented¹³²⁶¹

Proximal LAD >=70%¹³³⁰¹: ☐ No ☐ Yes ☐ Not Documented¹³³⁰²

Cardiac Output¹³⁷¹³: _____ L/min ☐ Not Documented¹³⁷¹⁴

Pulmonary Capillary Wedge Pressure¹³⁷¹⁵: _____ mm Hg ☐ Not Documented¹³⁷¹⁶

Pulmonary Artery Pressure (mean)¹³⁷¹⁹: _____ mm Hg ☐ Not Documented¹³⁷²⁰

Pulmonary Artery Pressure (systolic)¹³⁷¹⁷: _____ mm Hg ☐ Not Documented¹³⁷¹⁸

Right Atrial Pressure (mean)¹⁴²⁷²: _____ mm Hg ☐ Not Documented¹³⁸²⁹



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PRE-PROCEDURE ECHOCARDIOGRAM FINDINGS

LVEF¹³³⁰⁵: _____ % ☐ LVEF Not Assessed¹³³⁰⁶

Left Ventricular Internal Systolic Dimension¹³⁷²¹: _____ cm ☐ Not Measured¹³⁷²²

Left Ventricular Internal Diastolic Dimension¹³⁷²³: _____ cm ☐ Not Measured¹³⁷²⁴

Left Ventricular End Systolic Volume¹³⁷²⁵: _____ mL ☐ Not Measured¹³⁷²⁷

Left Ventricular End Diastolic Volume¹³⁷²⁶: _____ mL ☐ Not Measured¹³⁷²⁸

Left Atrial Volume¹³⁷²⁹: _____ mL ☐ Not Measured¹³⁷³⁰ (OR) **LA Volume Index**¹³⁷³¹: _____ mL/m² ☐ Not Measured¹³⁷³²

Aortic Regurgitation¹³⁴⁷⁷: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

Aortic Stenosis¹³³⁰⁷: ☐ No ☐ Yes

Mitral Valve Disease¹³⁷⁰⁴: ☐ No ☐ Yes

→If Yes, **Mitral Regurgitation**¹³⁶⁷²: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Moderate-Severe ☐ Severe

→If any Regurgitation, **Paravalvular Regurgitation**¹³⁷³³: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹³⁷³⁴

→If any Regurgitation, **Central Regurgitation**¹³⁷³⁵: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹³⁷³⁶

→If Yes, **Effective Regurgitant Orifice Area (EROA)**¹³⁷³⁷: _____ cm² →If EROA, **Method of Assessment**¹³⁷³⁸: ☐ 3D Planimetry ☐ PISA ☐ Quantitative Doppler ☐ Other

→If Yes, **Mitral Stenosis**¹³³⁰⁸: ☐ No ☐ Yes

→If Yes, **MV Area**¹³³¹⁶: (smallest) _____ cm² (required only if mitral stenosis=yes)

→If Yes, **MV Mean Gradient**¹³³¹⁷: (highest) _____ mm Hg (required only if mitral stenosis=yes)

Mitral Valve Disease Etiology¹³⁴⁹⁰ (Check all that apply): ☐ Functional MR (Secondary) ☐ Degenerative MR (Primary) ☐ Post Inflammatory ☐ Endocarditis ☐ Other ☐ None

→If Functional, **Functional Type**¹³⁷⁴⁰: ☐ Ischemic Acute, Post Infarction ☐ Ischemic Chronic ☐ Non-Ischemic Dilated Cardiomyopathy ☐ Restrictive Cardiomyopathy ☐ Hypertrophic Cardiomyopathy ☐ Pure Annular Dilation (w/Normal LV Systolic Fx) ☐ Not Documented¹³⁷⁴¹

→If Degenerative, **Leaflet Prolapse**¹³⁷⁴²: ☐ None ☐ Anterior ☐ Posterior ☐ Bileaflet ☐ Not Documented¹³⁷⁴⁵

→If Degenerative, **Leaflet Flail**¹³⁷⁴³: ☐ None ☐ Anterior ☐ Posterior ☐ Bileaflet ☐ Not Documented¹³⁷⁴⁶

→If Inflammatory, **Type**¹³⁷⁴⁸: ☐ Collagen Vascular Disease ☐ Drug Induced ☐ Idiopathic ☐ Prior Radiation Therapy ☐ Rheumatic Fever ☐ Not Documented¹³⁷⁵³

Leaflet Tethering¹³⁷⁴⁴: ☐ None ☐ Anterior ☐ Posterior ☐ Bileaflet ☐ Not Documented¹³⁷⁴⁷

Mitral Valve Annular Calcification¹³⁷⁴⁹: ☐ No ☐ Yes ☐ Not Documented¹³⁷⁵⁰

Mitral Leaflet Calcification¹³⁷⁵¹: ☐ Yes ☐ No ☐ Not Documented¹³⁷⁵²

Tricuspid Regurgitation¹³³¹⁸: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

PROCEDURE INFORMATION

Concomitant Procedures Performed⁷⁰⁶⁵: ☐ No ☐ Yes

→If Yes, **Procedure Type(s)**⁷⁰⁶⁶: (select the best option(s)): _____, _____, _____

Operator Name/NPI^{14476, 14477, 14478, 14479}: _____, _____, _____
Last Name, First Name, MI, NPI *Last Name, First Name, MI, NPI*

Procedure Status⁷⁰²⁵: ☐ Elective ☐ Urgent ☐ Emergency ☐ Salvage

Heart Team Reason For Procedure¹³⁴⁹⁹: ☐ Inoperable/Extreme Risk (technically inoperable/comorbid or deconditioned) ☐ High Risk of 30 day mortality ☐ Intermediate Risk of 30 day mortality ☐ Low Risk of 30 day mortality

Procedure Location¹²⁸⁷¹: ☐ Cardiac CathLab ☐ Hybrid CathLab Suite ☐ Hybrid OR Suite ☐ Other

Anesthesia Type¹³³³¹: ☐ General Anesthesia ☐ Deep Sedation/Analgesia ☐ Moderate Sedation/Analgesia ☐ Minimal Sedation/Anxiolysis



PROCEDURE INFORMATION (CONT.)

Procedure Aborted¹³⁵⁰⁵: ☐ No ☐ Yes

→If Yes, Reason¹³⁵⁰⁶: ☐ Access Related ☐ Consent Issue ☐ Device Delivery System Malfunction
☐ Navigation Issue After Successful Access ☐ New Clinical Findings ☐ Patient Clinical Status
☐ System Issue ☐ Transseptal Access Related ☐ Other

→If Yes, Action¹³⁷⁵⁷: ☐ Conversion to Open Heart Surgery ☐ Scheduled Open Heart Surgery ☐ Rescheduled Transcatheter Procedure
☐ Converted to Clinical Trial ☐ Balloon Valvuloplasty ☐ Converted to Medical Therapy ☐ Other

Conversion to Open Heart Surgery¹³⁵⁴²: ☐ No ☐ Yes

→If Yes, Reason¹³⁵⁴³: ☐ Valve Dislodged to Aorta ☐ Valve Dislodged to Left Ventricle ☐ Annulus Rupture ☐ Ventricular Rupture
☐ Aortic Dissection ☐ Coronary Occlusion ☐ Access Related ☐ Cardiac Tamponade
☐ Inability to Position Device ☐ Device Embolization ☐ Valve Injury ☐ Other

Mechanical Support⁷⁴²²: ☐ No ☐ Yes→If Yes, Device⁷⁴²³: _____

→If Yes, Timing⁷⁴²⁴: ☐ In place at start of procedure ☐ Inserted during procedure and prior to intervention
☐ Inserted after intervention has begun ☐ Post Procedure

CardioPulmonary Bypass Used¹³⁵⁷⁹: ☐ No ☐ Yes

→If Yes, Status¹³⁵⁸⁰: ☐ Elective ☐ Emergency →If Yes, CPB Time¹³⁵⁸¹: _____ min

Delivery System Removed¹³⁵²⁵: ☐ No ☐ Yes

PROCEDURE MEDICATIONS (DURING THE PROCEDURE)

Positive Inotropes¹³⁶⁴⁴: ☐ No ☐ Yes

RADIATION AND CONTRAST

CODE ALL AVAILABLE MEASUREMENTS Dose Area Product¹⁴²⁷⁸: _____ O Gy · cm² O dGy · cm² O cGy · cm² O mGy · cm² O μGy · M²
Cumulative Air Kerma⁷²¹⁰: _____ O mGy O Gy Fluoro Time⁷²¹⁴: _____ min Contrast Volume⁷²¹⁵: _____ mL

POST IMPLANT MITRAL VALVE DATA

MV Gradient (mean)¹³⁷⁶² (post implant): _____ mm HgMitral Regurgitation¹⁴²⁷⁴ (post implant): ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

TMVR PROCEDURE INFORMATION

TMVR Type¹³⁷⁵⁴: ☐ Native Valve ☐ Valve-in-Valve ☐ Valve-in-Ring→If Native Valve, Mitral Valve Annular Calcification¹³⁷⁵⁵: ☐ No ☐ Yes→If Valve-in-Valve or Valve-in-Ring, Bioprosthetic Valve Fracture Attempted¹⁴⁴⁸⁰: ☐ No ☐ Yes→If Yes, BVF Timing¹⁴⁴⁸¹ (Check all that apply): ☐ Pre Implant ☐ Post Implant→If Yes, Valve Observed To Be Fractured¹⁴⁴⁸²: ☐ No ☐ YesPrimary Procedure Indication¹³⁷⁵⁶ (etiology of valve failure): ☐ Mitral Stenosis ☐ Mitral RegurgitationProcedure Access Site¹³⁷⁵⁸: ☐ Transseptal via Femoral Vein ☐ Transapical ☐ Direct Left Atrium ☐ OtherPre Implant Balloon Inflation Performed¹³⁷⁵⁹: ☐ No ☐ Yes→If Yes, Significant Hemodynamic Deterioration After Inflation¹³⁷⁶⁰: ☐ No ☐ Yes

→If Procedure Aborted is No, TMVR DEVICES

DEVICE 1¹³⁵³²DEVICE 2¹³⁵³²Device ID¹⁴⁴⁸⁴/Dia¹⁴⁵²¹:

Refer to Device List

Refer to Device List

Device Implanted Successfully¹³⁵³⁸:☐ No ☐ Yes☐ No ☐ Yes→If Yes, Serial #¹⁴²⁸⁸:→If Yes, UDI¹⁴⁵⁷³:→If No, Reason¹³⁵⁴¹:

☐ Device Embolization
☐ Improper Positioning/deploying
☐ Improper Device Sizing
☐ Other

☐ Device Embolization
☐ Improper Positioning/deploying
☐ Improper Device Sizing
☐ Other

Post Implant Balloon Inflation Performed¹³⁷⁶¹: ☐ No ☐ Yes



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POST-PROCEDURE - INTRA OR POST-PROCEDURE EVENTS (COMPLETE FOR EACH PROCEDURE TYPE AND EVERY OCCURRENCE)

INTRA OR POST PROCEDURE EVENT(S) ¹²¹⁵³	EVENT(S) OCCURRED ⁹⁰⁰²	→ IF YES, EVENT DATE(S) ¹⁴²⁷⁵
ASD Defect Closure due to Transseptal Catheterization	☐ No ☐ Yes	mm / dd / yyyy
Atrial Fibrillation	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Access Site	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Gastrointestinal	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Genitourinary	☐ No ☐ Yes	mm / dd / yyyy
Bleeding - Hematoma at Access Site	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Other	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Retroperitoneal	☐ No ☐ Yes	mm / dd / yyyy
Cardiac Arrest	☐ No ☐ Yes	mm / dd / yyyy
Cardiac Perforation	☐ No ☐ Yes	mm / dd / yyyy
Cardiac Surgery or Intervention – Other Unplanned	☐ No ☐ Yes	mm / dd / yyyy
COVID-19	☐ No ☐ Yes	mm / dd / yyyy
Device Embolization	☐ No ☐ Yes	mm / dd / yyyy
Device Migration	☐ No ☐ Yes	mm / dd / yyyy
Device Thrombosis	☐ No ☐ Yes	mm / dd / yyyy
Device Related Event – Other	☐ No ☐ Yes	mm / dd / yyyy
Dialysis (New Requirement)	☐ No ☐ Yes	mm / dd / yyyy
Endocarditis	☐ No ☐ Yes	mm / dd / yyyy
ICD	☐ No ☐ Yes	mm / dd / yyyy
Left Ventricular Outflow Tract Obstruction	☐ No ☐ Yes	mm / dd / yyyy
Myocardial Infarction	☐ No ☐ Yes	mm / dd / yyyy
Permanent Pacemaker	☐ No ☐ Yes	mm / dd / yyyy
Reintervention – Mitral Valve	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Ischemic (complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Hemorrhagic (complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Undetermined (complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Transient Ischemic Attack (TIA) (complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Transseptal Complication	☐ No ☐ Yes	mm / dd / yyyy
Vascular Complication – Major	☐ No ☐ Yes	mm / dd / yyyy
Vascular Complication – Minor	☐ No ☐ Yes	mm / dd / yyyy
Vascular Surgery or Intervention – Unplanned	☐ No ☐ Yes	mm / dd / yyyy



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IN-HOSPITAL EVENT INFORMATION (COMPLETE FOR EACH ISCHEMIC, HEMORRHAGIC, UNDETERMINED STROKE, TIA OR MV RE-INTERVENTION)

Event¹⁴³¹²:

Event Date¹⁴³¹³:

mm / dd / yyyy

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

Status¹⁴³¹⁴:

☐ Alive ☐ Deceased

→If Deceased, Date of Death:¹⁴³¹⁵ mm / dd / yyyy

Clinical Comments¹⁴⁴⁶²:

→If EVENT¹⁴³¹² = STROKE OR TIA (IN-HOSPITAL)

Symptom Onset Date¹⁴³¹⁶: mm / dd / yyyy

Neurologic Deficit with Rapid Onset¹⁴³¹⁷:

☐ No ☐ Yes

→If Yes, Clinical Presentation¹⁴³¹⁸:

☐ Stroke/TIA ☐ Non-Stroke

→If Stroke/TIA, Symptom Duration ≥ 24 hours¹⁴³¹⁹:

☐ No ☐ Yes

→If Stroke/TIA, Brain Imaging Performed¹⁴³²⁰:

☐ No ☐ Yes

→If Yes, Brain Imaging Type¹⁴³⁴⁹:

☐ CT ☐ CT w/Contrast ☐ MRI ☐ MRI w/Contrast ☐ Other (e.g. angiography)

→If Yes, Brain Imaging Findings¹⁴³⁵⁰:

☐ Infarct ☐ Hemorrhage ☐ No Deficit

→If Stroke/TIA, Event Related Sequelae¹⁴³⁵¹ (Select all that apply):

☐ Death ☐ Permanent Vegetative State

☐ Altered Consciousness

☐ Blindness

☐ Aphasia

☐ Loss of Motor Function

☐ Loss of Sensory Function

☐ Facial Paralysis

☐ Prolonged Length of Stay

☐ Other

→If Status=Alive, Discharge Location¹⁴³⁵²:

☐ Home ☐ Skilled Nursing Facility ☐ Extended Care/TCU/Rehab ☐ Other Discharge Location

→If Status=Alive, Patient Discharged to Prior Place of Living¹⁴⁴²¹:

☐ No ☐ Yes

→If Status=Deceased, Stroke Diagnosed During Autopsy¹⁴³⁵³:

☐ No ☐ Yes ☐ Info Not Available

→If EVENT¹⁴³¹² = MITRAL VALVE RE-INTERVENTION (IN-HOSPITAL)

Mitral Valve Re-intervention Type¹⁴³⁶⁰:

☐ Surgical Replacement ☐ Surgical Repair ☐ Transcatheter Replacement
☐ Balloon Valvuloplasty ☐ Leaflet Clip Procedure ☐ Paravalvular Leak Closure
☐ Other Transcatheter Intervention

MV Re-intervention Indication¹⁴³⁶¹:

☐ Regurgitation ☐ Stenosis ☐ Device Embolization
☐ Endocarditis ☐ Device Thrombosis ☐ Valve Injury ☐ Other



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POST-PROCEDURE CLINICAL DATA (COMPLETE FOR EACH PROCEDURE TYPE)

Hemoglobin (lowest)¹³⁷⁶³: _____ (g/dL) ☐ Not Drawn¹⁴²⁴³ **Creatinine (highest)**¹³⁷⁶⁴: _____ (mg/dL) ☐ Not Drawn¹⁴²⁹³

12-Lead ECG Performed¹³⁶¹⁶: ☐ No ☐ Yes

→ If Yes, **12-Lead ECG Findings**¹³⁷⁶⁵ (Check all that apply): ☐ No Significant Changes ☐ Pathological Q Wave ☐ New LBBB ☐ Cardiac Arrhythmia

POST-PROCEDURE ECHOCARDIOGRAM (COMPLETE FOR EACH PROCEDURE)

Echocardiogram¹³⁵⁹²: ☐ Yes – TTE ☐ Yes - TEE ☐ Not Performed¹³⁶⁴⁵ → If Yes, **Date**¹³⁴⁹³: _____ mm / dd / yyyy

→ If Yes, **Mitral Regurgitation**¹³⁴⁹⁴: ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Moderate-Severe ☐ Severe

→ If any Regurgitation, **Paravalvular Regurg**¹³⁷⁶⁶: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁵²⁵

→ If any Regurgitation, **Central Regurgitation**¹³⁷⁶⁷: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁴⁸⁸

→ If Yes, **Effective Regurgitant Orifice Area (EROA)**¹³⁷⁷⁹: _____ cm² → If EROA, **Method of Assessment**¹³⁷⁶⁹: ☐ 3D Planimetry ☐ PISA ☐ Quantitative Dopplar ☐ Other

→ If Yes, **MV Mean Gradient**¹³⁷⁷⁰: (highest) _____ mm Hg

→ If Yes, **MV Area**¹³⁷⁷¹: (smallest) _____ cm²

→ If Yes, **LVOT Velocity (peak)**¹³⁷⁷²: _____ M/sec

→ If Yes, **SAM Present**¹³⁷⁷⁴: ☐ No ☐ Yes

→ If Yes, **Tricuspid Regurgitation**¹³⁶⁷⁷: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

E. DISCHARGE

Discharge Date¹⁰¹⁰⁰: _____ mm / dd / yyyy

Discharge Provider Name, NPI^{10070,10071,10072,10073}: _____ Last Name, First Name, MI, NPI

Discharge Status¹⁰¹⁰⁵ ☐ Alive ☐ Deceased

→ If Alive, **Cardiac Rehabilitation Referral**¹⁰¹¹⁶: ☐ No - Reason Not Documented ☐ No - Medical Reason Documented ☐ No - Health Care System Reason Documented ☐ No - Patient-oriented Reason ☐ Yes

→ If Alive, **Discharge Location**¹⁰¹¹⁰: ☐ Home ☐ Skilled Nursing Facility ☐ Extended Care/TCU/Rehab ☐ Other Acute Care Hospital ☐ Left Against Medical Advice (AMA) ☐ Other Discharge Location

→ If Alive, **Hospice Care**¹⁰¹¹⁵: ☐ No ☐ Yes

→ If Deceased, **Death During Procedure**¹⁰¹²⁰: ☐ No ☐ Yes

→ If Deceased, **Cause of Death**¹⁰¹²⁵:

☐ Acute myocardial infarction	☐ Pulmonary	☐ Hemorrhage
☐ Sudden cardiac death	☐ Renal	☐ Non-cardiovascular procedure or surgery
☐ Heart failure	☐ Gastrointestinal	☐ Trauma
☐ Stroke	☐ Hepatobiliary	☐ Suicide
☐ Cardiovascular procedure	☐ Pancreatic	☐ Neurological
☐ Cardiovascular hemorrhage	☐ Infection	☐ Malignancy
☐ Other cardiovascular reason	☐ Inflammatory/Immunologic	☐ Other non-cardiovascular reason

PRBCs Transfused⁹²⁷⁵: ☐ No ☐ Yes

→ If Yes, **PRBCs Units Transfused**¹³⁶⁷⁰: _____ Note: Code the total # of units between start of the procedure and discharge

DISCHARGE MEDICATIONS D/c meds are not required for patients who expired, discharged to "Other Acute Care Hospital," "AMA", or are receiving Hospice Care.

CATEGORY	MEDICATION CODE ¹⁰²⁰⁰	PRESCRIBED ¹⁰²⁰⁵				→ If Yes, LOOP DIURETIC DOSE ¹⁴⁵⁷⁶
		YES	NO— NO REASON	NO— MEDICAL REASON	NO— PT REASON	
ACE Inhibitors (Angiotensin Converting Enzyme)	Angiotensin Converting Enzyme Inhibitor	☐	☐	☐	☐	
Aldosterone Antagonist	Aldosterone Antagonist	☐	☐	☐	☐	
Anticoagulant	Direct Thrombin Inhibitor	☐	☐	☐	☐	
	Warfarin	☐	☐	☐	☐	
Antiplatelet	Aspirin	☐	☐	☐	☐	
ARB (Angiotensin Receptors Blockers)	Angiotensin II Receptor Blocker	☐	☐	☐	☐	
Beta Blockers	Beta Blocker	☐	☐	☐	☐	
	Diuretics Not Otherwise Specified	☐	☐	☐	☐	
	Loop Diuretics	☐	☐	☐	☐	_____ mg
Diuretics	Thiazides	☐	☐	☐	☐	
Non-Vitamin K Dependent Oral Anticoagulant	Direct Factor Xa Inhibitor	☐	☐	☐	☐	
P2Y12 Inhibitors	P2Y12 Antagonist	☐	☐	☐	☐	



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F. FOLLOW-UP: 30 DAY (23 TO 75 DAYS POST PROCEDURE); 1 YEAR (305 TO 425 DAYS POST PROCEDURE)

Assessment Date¹¹⁰⁰⁰: mm / dd / yyyy

Reference Episode Arrival Date/Time¹¹⁰⁰²: mm / dd / yyyy HH:MM

Reference Episode Discharge Date¹⁴³³⁸: mm / dd / yyyy

Reference Procedure Start Date/Time¹¹⁰⁰¹: mm / dd / yyyy HH:MM

Reference Procedure Type¹³⁷⁰⁵: ☐ TAVR ☐ TMVr ☐ TMVR ☐ Tricuspid Valve Procedure

Method(s) to Determine Status¹¹⁰⁰³: ☐ Office Visit ☐ Medical Records ☐ Letter from Medical Provider
☐ Phone Call ☐ Social Security Death Master File ☐ Hospitalized
☐ Obituary List ☐ CMS Linked Data ☐ Other

Follow-up Status¹¹⁰⁰⁴: ☐ Alive ☐ Deceased ☐ Lost to Follow-up

→ If Alive, Residence¹³⁸⁰⁵: ☐ Home with No Health Aid ☐ Home with Health Aid ☐ Long Term Care ☐ Other ☐ Not Documented¹⁴⁵¹¹

→ If Deceased, Date of Death¹¹⁰⁰⁶: mm / dd / yyyy

→ If Deceased, Cause of Death¹¹⁰⁰⁷:
☐ Acute myocardial infarction ☐ Pulmonary ☐ Hemorrhage
☐ Sudden cardiac death ☐ Renal ☐ Non-cardiovascular procedure or surgery
☐ Heart failure ☐ Gastrointestinal ☐ Trauma
☐ Stroke ☐ Hepatobiliary ☐ Suicide
☐ Cardiovascular procedure ☐ Pancreatic ☐ Neurological
☐ Cardiovascular hemorrhage ☐ Infection ☐ Malignancy
☐ Other cardiovascular reason ☐ Inflammatory/Immunologic ☐ Other non-cardiovascular reason

FOLLOW-UP CLINICAL ASSESSMENT

Hemoglobin¹³⁷⁷⁵: g/dL ☐ Not Drawn¹⁴³²⁶ Creatinine¹³³¹⁰: mg/dL ☐ Not Drawn¹³³¹¹

NYHA Classification¹³⁶⁸⁸: ☐ I ☐ II ☐ III ☐ IV ☐ Not Documented¹⁴³³³

12-Lead ECG Performed¹³⁶⁸⁹: ☐ No ☐ Yes

→ If Yes, 12-Lead ECG Findings¹³⁶²¹ (Check all that apply): ☐ No Significant Changes ☐ Pathological Q Wave ☐ New LBBB ☐ Cardiac Arrhythmia

FOLLOW-UP IMAGING – ECHOCARDIOGRAM AND 4D CT

Echocardiogram¹³⁴⁹²: ☐ Yes - TTE ☐ Yes - TEE ☐ Not Performed¹⁴⁵¹² → If Yes, Date¹³⁵⁹³: mm / dd / yyyy

→ If Yes, LVEF¹³⁶⁹⁰: % ☐ LVEF Not Assessed¹³⁶⁹¹

→ If Yes, Mitral Regurgitation¹³⁶⁷³: ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Moderate-Severe ☐ Severe

→ If any Regurgitation, Paravalvular Regurgitation¹³⁷⁷⁶: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁵²⁸

→ If any Regurgitation, Central Regurgitation¹³⁷⁷⁷: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁴⁹¹

→ If Yes, MV Mean Gradient¹³⁷⁷⁸: (highest) mm Hg

→ If Yes, Effective Regurgitant Orifice Area (EROA)¹³⁷⁶⁸: cm²

→ If EROA, Method of Assessment¹³⁷⁸⁰: ☐ 3D Planimetry ☐ PISA
☐ Quantitative Doppler ☐ Other

→ If Yes, MV Area¹³⁷⁸¹: (smallest) cm²

→ If Yes, LVOT Velocity (peak)¹³⁷⁷³: M/sec

→ If Yes, SAM Present¹³⁷⁸²: ☐ No ☐ Yes

→ If Yes, Left Ventricular Internal Systolic Dimension¹³⁷⁸³: cm

☐ Not Measured¹⁴⁵³⁶

→ If Yes, Left Ventricular Internal Diastolic Dimension¹³⁷⁸⁴: cm

☐ Not Measured¹⁴⁵³⁷

→ If Yes, Left Ventricular End Systolic Volume¹³⁷⁸⁶: mL

☐ Not Measured¹⁴⁵³⁹

→ If Yes, Left Ventricular End Diastolic Volume¹³⁷⁸⁵: mL

☐ Not Measured¹⁴⁵³⁸

→ If Yes, Left Atrial Volume¹³⁷⁸⁷: mL ☐ Not Measured¹⁴⁵⁴⁰ (OR) LA Volume Index¹³⁷⁸⁸: mL/m² ☐ Not Measured¹⁴⁵⁸²

→ If Yes, Tricuspid Regurgitation¹³⁶⁷⁸: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

4D CT Performed¹³⁶⁹²: ☐ No ☐ Yes → If Yes, Date¹³⁶⁹³: / dd / yyyy → If Yes, Valve Thrombosis Noted¹³⁶⁹⁴: ☐ No ☐ Yes

→ If Yes, Leaflet Dysfunction Noted¹³⁶⁹⁵: ☐ No ☐ Yes

FOLLOW-UP SIX MINUTE WALK TEST AND KCCQ

Six Minute Walk Test¹³⁷⁸⁹: ☐ No ☐ Yes

→ If Yes, Test Date¹³⁷⁹⁰: mm / dd / yyyy

→ If Yes, Total Distance¹⁴³²⁵: ft

→ If No, Reason¹⁴²⁶³: ☐ Non-Cardiac Reason ☐ Cardiac Reason ☐ Patient Not Willing to Walk ☐ Not Performed by Site

KCCQ-12 Performed¹³⁸⁴⁵: ☐ No ☐ Yes → If Yes, KCCQ-12 Date¹³⁸⁴⁴: mm / dd / yyyy

→ If Yes, KCCQ-12^{13847, 69, 50, 52, 54, 56, 58, 60, 62, 64, 66, 68}: (see separate questionnaire)

Q1a: Q1b: Q1c: Q2: Q3: Q4:

Q5: Q6: Q7: Q8a: Q8b: Q8c:

KCCQ Summary
Score¹⁴⁵³⁵: (calculated)



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FOLLOW-UP MEDICATIONS

CATEGORY	MEDICATION CODE ¹¹⁹⁹⁰	PRESCRIBED ¹³⁶⁹⁶				→ If Yes, LOOP DIURETIC DOSE ¹⁴⁵⁷⁷
		YES	NO— NO REASON	NO— MEDICAL REASON	NO— PT REASON	
ACE Inhibitors (Angiotensin Converting Enzyme)	Angiotensin Converting Enzyme Inhibitor	☐	☐	☐	☐	
Aldosterone Antagonist	Aldosterone Antagonist	☐	☐	☐	☐	
Anticoagulant	Direct Thrombin Inhibitor	☐	☐	☐	☐	
	Warfarin	☐	☐	☐	☐	
Antiplatelet	Aspirin	☐	☐	☐	☐	
ARB (Angiotensin Receptors Blockers)	Angiotensin II Receptor Blocker	☐	☐	☐	☐	
Beta Blockers	Beta Blocker	☐	☐	☐	☐	
Diuretics	Diuretics Not Otherwise Specified	☐	☐	☐	☐	
	Loop Diuretics	☐	☐	☐	☐	_____ mg
	Thiazides	☐	☐	☐	☐	
Non-Vitamin K Dependent Oral Anticoagulant	Direct Factor Xa Inhibitor	☐	☐	☐	☐	
P2Y12 Inhibitor	P2Y12 Antagonist	☐	☐	☐	☐	

FOLLOW-UP EVENTS SPECIFY THE EVENTS (AND EVENT DATES) THAT OCCURRED BETWEEN DISCHARGE AND 30 DAY (FIRST) FOLLOW-UP (FU), OR BETWEEN FU ASSESSMENT DATE #1 AND #2.

EVENT(S) ¹²⁹³³	EVENT(S) OCCURRED ¹⁴²⁷⁶	→ IF YES, EVENT DATE(S) ¹⁴²⁷⁷
ASD Defect Closure due to Transseptal Catheterization	☐ No ☐ Yes	mm / dd / yyyy
Atrial Fibrillation	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Life Threatening	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Major	☐ No ☐ Yes	mm / dd / yyyy
Cardiac Surgery or Intervention – Other Unplanned	☐ No ☐ Yes	mm / dd / yyyy
COVID-19	☐ No ☐ Yes	mm / dd / yyyy
Device Embolization	☐ No ☐ Yes	mm / dd / yyyy
Device Fracture	☐ No ☐ Yes	mm / dd / yyyy
Device Migration	☐ No ☐ Yes	mm / dd / yyyy
Device Thrombosis	☐ No ☐ Yes	mm / dd / yyyy
Device Related Event – Other	☐ No ☐ Yes	mm / dd / yyyy
Dialysis (New Requirement)	☐ No ☐ Yes	mm / dd / yyyy
Endocarditis	☐ No ☐ Yes	mm / dd / yyyy
ICD	☐ No ☐ Yes	mm / dd / yyyy
Myocardial Infarction	☐ No ☐ Yes	mm / dd / yyyy
Permanent Pacemaker	☐ No ☐ Yes	mm / dd / yyyy
Readmission – Cardiac (Not Heart Failure)	☐ No ☐ Yes	mm / dd / yyyy
Readmission – Heart Failure (Complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Readmission – Non-Cardiac	☐ No ☐ Yes	mm / dd / yyyy
Reintervention – Mitral Valve (Complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Ischemic (complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Hemorrhagic (complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Undetermined (complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Transient Ischemic Attack (TIA) (complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Vascular Complication – Major	☐ No ☐ Yes	mm / dd / yyyy
Vascular Complication – Minor	☐ No ☐ Yes	mm / dd / yyyy
Vascular Surgery or Intervention – Unplanned	☐ No ☐ Yes	mm / dd / yyyy



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FOLLOW-UP EVENT INFORMATION (COMPLETE FOR EACH ISCHEMIC, HEMORRHAGIC, UNDETERMINED STROKE, TIA, MV RE-INTERVENTION OR HF READMISSION)

Event¹⁴³⁸⁵: **Event Date**¹⁴³⁸⁶: / / **Status**¹⁴³⁸⁷: ☐ Deceased → If Deceased, **Date of Death**¹⁴³⁸⁸: / / **Clinical Comments**¹⁴⁴⁶³:

☐ Ischemic Stroke (follow-up) ☐ Hemorrhagic Stroke (follow-up) ☐ Undetermined Stroke (follow-up) ☐ TIA (follow-up)
☐ Mitral Valve Re-intervention (follow-up) ☐ Heart Failure Readmission (follow-up)

→ IF EVENT¹⁴³⁸⁵ = STROKE OR TIA (follow-up)

Symptom Onset Date¹⁴³⁸⁹: / /

Neurologic Deficit with Rapid Onset¹⁴³⁹⁰:

☐ No ☐ Yes

→ If Yes, **Clinical Presentation**¹⁴³⁹¹:

☐ Stroke/TIA ☐ Non-Stroke

→ If Stroke/TIA, **Symptom Duration ≥ 24 hours**¹⁴³⁹²:

☐ No ☐ Yes

→ If Stroke/TIA, **Brain Imaging Performed**¹⁴³⁹³:

☐ No ☐ Yes

→ If Yes, **Brain Imaging Type**¹⁴³⁹⁴:

☐ CT ☐ CT w/Contrast ☐ MRI ☐ MRI w/Contrast ☐ Other (e.g. angiography)

→ If Yes, **Brain Imaging Findings**¹⁴³⁹⁵: ☐ Infarct ☐ Hemorrhage ☐ No Deficit

→ If Stroke/TIA, **Event Related Sequelae**¹⁴³⁹⁶ (Select all that apply):

☐ Death ☐ Permanent Vegetative State

☐ Altered Consciousness ☐ Blindness ☐ Aphasia ☐ Loss of Motor Function

☐ Loss of Sensory Function ☐ Facial Paralysis ☐ Prolonged Length of Stay ☐ Other

→ If Status=Alive, **Discharge Location**¹⁴⁴²⁰:

☐ Home ☐ Skilled Nursing Facility ☐ Extended Care/TCU/Rehab ☐ Other Discharge Location

→ If Status=Alive, **Patient Discharged to Prior Place of Living**¹⁴⁴²²:

☐ No ☐ Yes

→ If Status=Deceased, **Stroke Diagnosed During Autopsy**¹⁴³⁹⁷:

☐ No ☐ Yes ☐ Info Not Available

→ IF EVENT¹⁴³⁸⁵ = MITRAL VALVE RE-INTERVENTION (follow-up)

Mitral Valve Re-intervention Type¹⁴⁴⁰⁵:

☐ Surgical Replacement ☐ Surgical Repair ☐ Transcatheter Replacement
☐ Balloon Valvuloplasty ☐ Leaflet Clip Procedure ☐ Paravalvular Leak Closure
☐ Other Transcatheter Intervention

MV Re-intervention Indication¹⁴⁴⁰⁶:

☐ Regurgitation ☐ Stenosis ☐ Device Embolization
☐ Endocarditis ☐ Device Thrombosis ☐ Valve Injury ☐ Other

→ IF EVENT¹⁴³⁸⁵ = READMISSION (HEART FAILURE)

Hospitalization ≥ 24 Hours¹⁴³⁸⁰:

☐ No ☐ Yes ☐ Information Not Available

Clinical Signs and/or Symptoms of Heart Failure¹⁴³⁸¹:

☐ No ☐ Yes ☐ Information Not Available

IV or Invasive Treatment Required¹⁴³⁸²:

☐ No ☐ Yes ☐ Information Not Available

Note: IV includes diuretics or vasoactive therapy; invasive treatment includes ultrafiltration, IABP or mechanical assistance.