

Record the date of the Patient Follow-up
30 DAY Follow-up date (dd/mm/yyyy): _____

12 MONTH Follow-up date (dd/mm/yyyy): _____

The KCCQ-12 and EQ-5D must be completed at both 30 day and 12 month follow-up
KCCQ-12 COMPLETED*: **DATE:** _____

**Please Complete Separate KCCQ-12 Questionnaire*
EQ-5D COMPLETED*: **DATE:** _____

**Please Complete Separate EQ-5D Questionnaire*
PATIENT INFORMATION
Surname: _____ **First Name:** _____

Record only if changed since procedure:
Address: _____
 _____ **Postcode:** _____

FOLLOW-UP DATA
Patient Vital Status: Alive Deceased
If Deceased,
Cause of Death (if known):

- | | |
|---|--|
| Cardiac..... <input type="checkbox"/> | Renal <input type="checkbox"/> |
| Valvular <input type="checkbox"/> | Vascular..... <input type="checkbox"/> |
| Infection <input type="checkbox"/> | Unknown..... <input type="checkbox"/> |
| Neurological <input type="checkbox"/> | Other (specify) <input type="checkbox"/> |

Re-hospitalised for Heart Failure since TAVI procedure: Yes No
Complications Following TAVI procedure (check all that apply)

- | | |
|--|--|
| Myocardial Infarction..... <input type="checkbox"/> | New Requirement for Dialysis..... <input type="checkbox"/> |
| Endocarditis <input type="checkbox"/> | Major Bleeding Event <input type="checkbox"/> |
| Pace Maker Implanted..... <input type="checkbox"/> | Surgery for Valve Dysfunction <input type="checkbox"/> |
| ICD Implanted <input type="checkbox"/> | Other Cardiac Surgery <input type="checkbox"/> |
| Transient Ischaemic Attack..... <input type="checkbox"/> | Other Cardiac Intervention <input type="checkbox"/> |
| Ischaemic Stroke <input type="checkbox"/> | Major Vascular Complication <input type="checkbox"/> |
| Haemorrhagic Stroke <input type="checkbox"/> | |
| Undetermined Stroke <input type="checkbox"/> | |

ECHOCARDIOGRAM
Echocardiogram Performed since Procedure: Yes No
If yes, contact cardiologist or imaging department to obtain following information
Date of Echocardiogram (dd/mm/yyyy): _____

AV Area (smallest) (cm²): _____

AV Peak Doppler Velocity (m/sec): _____

Mean Gradient (highest) (mmHg): _____

Mitral Regurgitation (check one - highest):

- None
- Trace/Trivial.....
- 1+/Mild
- 2+/Mod.....
- 3+/Mod/Severe
- 4+/Severe

Aortic Insufficiency (check one - highest):

- None
- Trace/Trivial.....
- 1+/Mild
- 2+/Mod.....
- 3- 4+/Severe.....