

Załącznik nr 3.
Karta obserwacji pacjenta „Badania Obserwacyjne Niewydolności Serca Polskiego Towarzystwa Kardiologicznego HEart failuRe
ObsErvational Study: HEROES”

- ☐ checkbox, option in questions where more than one choice can be taken
- ☐ options in question where only one answer is accepted
- |mm/dd/yyyy| - date field
- |_____▽| - choice from list
- |_____| - number field
- |_____| - text field
- * field required
- # conditionally required (must be filled when applicable option above selected)
- grey - conditional field (appears when option above selected)
- blue – calculated automatically, not by investigator
- italics* – our comments and explanation to this file, not included in eCRF
- {validation} - instruction how field should be validated (if applicable)

Baseline

Personal data

- ☐ Patient written consent *
Date of consent |mm/dd/yyyy| * {no later than today (day of filling eCRF)}
 - ☐ Consent for data processing *
Date of consent |mm/dd/yyyy| * {no later than today (day of filling eCRF)}
 - ☐ Patient fulfilling Eligibility Criteria *
- Facility |_____▽| * (if only one, no select)
- Name |_____| *
- Surname |_____| *
- PESEL |_____| * {control number}
- Gender * {consistent with gender coded in PESEL}
- ☐ Female
 - ☐ Male
- Phone number |_____| * {phone format}
- For outpatient patients - Date of visit |mm/dd/yyyy| *
- For hospitalized patients – Date of admission |mm/dd/yyyy| *

Basic visit data

Type of visit *

- ☐ Out-patient visit
 - ☐ Planned/regular
 - ☐ Acute/urgent/unscheduled
 - ☐ Referred to urgent hospitalization Y/N
- ☐ Hospitalization
 - ☐ Mainly due to HF
 - ☐ Acute HF (AHF)
 - ☐ Non-AHF
 - ☐ Mainly due to other cardiovascular condition
 - ☐ Mainly due to non-cardiovascular condition

Height [cm] * |_____|

Weight [kg] * |_____|

Demographics

Ethnic Origin *

- ☐ White/Caucasian
- ☐ Asian
- ☐ Black
- ☐ Other

Education Status *

- ☐ Primary
- ☐ High school / secondary
- ☐ University
- ☐ Unknown

Home Situation *

- ☐ Home alone

- Home with family
- Nursing home
- Other

Is the patient satisfied with his/her home living environment? *

- Yes
- No

Work * (if patient is retired but still working – please mark as employed)

- Unemployed
- Employed
- Still in education
- Retired
- Disability preventing work
- Unknown

Specify, the primary symptoms/causes for hospitalization or clinic visit:

- Dyspnoea (including orthopnoea, bandopnoea, paroxymal nocturnal dyspnoea)
- Reduced exercise tolerance, fatigue, tiredness, increased time to recover after the exercise
- Stable angina
- Unstable angina
- Myocardial infarction
- Tachyarrhythmia
 - Ventricular #
 - Supraventricular #
- Bradyarrhythmia
- Uncontrolled hypertension
- Infection
- Hypotension
- Hypoperfusion (poor skin colour, cool/dry skin, delayed capillary refill, altered mental status)
- Iatrogenic (such as complication from procedure)

- Volume overload - non-compliance regarding fluid restrictions
- Volume overload - not adequate diuretics use
- Volume overload – unknown cause
- Dizziness
- Loss of consciousness
- Planned diagnostic hospitalization
- Planned hospitalization for any procedure
- Other

Specify the other symptoms/causes for hospitalization at admission or clinic visit (at admission or time of visit) – punkty j.w.

Specify the signs and symptoms and clinical features at discharge:

- Dyspnoea (including orthopnoea, bandopnoea, paroxymal nocturnal dyspnoea)
- Reduced exercise tolerance, fatigue, tiredness, increased time to recover after the exercise
- Stable angina
- Tachyarrhythmia
 - Ventricular #
 - Supraventricular #
- Bradyarrhythmia
- Uncontrolled hypertension
- Infection
- Hypotension
- Hypoperfusion (poor skin colour, cool/dry skin, delayed capillary refill, altered mental status)
- Volume overloaded
- Dizziness
- Other

Does the patient have HF history? *

- No (now de Novo)
- Yes, without previous HF hospitalization

- Yes, with previous HF hospitalization

If Yes:

Number of hospitalization due to HF during last 6 months # |_____| {non-negative integer}

Number of hospitalization due to HF during last 12 months # |_____| {non-negative integer}

Year of first HF diagnosed (data documented/form interview) * |_____|

Duration in years (calculated) |_____|

Primary Underlying Aetiology (Ischemic dilated cardiomyopathy should be classified as ischemic heart disease) *

- Ischaemic Heart Disease, if Yes – documented by (choose all appropriate):

- coronary angiography
- imaging stress test - CMR
- scintigraphy
- angiography
- DSE

- Arterial Hypertension

- Inherited/genetic cardiomyopathy

Which gene? |_____|

- Confirmed infective cardiomyopathy

- Viral myocarditis
- Chagas disease
- HIV
- Lyme disease

- Presumed toxic cardiomyopathy

- Alcohol
- Cocaine and/or other psychoactive substances
- Iron
- Copper

- Presumed drug-induced cardiomyopathy:

- Anthracyclines
- Trastuzumab
- VEGF inhibitors

- Immune checkpoint inhibitors
- Proteasome inhibitors
- RAFbMEK inhibitors
- Other
- Presumed radiotherapy-induced cardiomyopathy
- Cardiomyopathy (wymagane jedno z poniższych)
 - Hypertrophic
 - Restrictive
 - AVRC
 - Peripartum
 - Takotsubo syndrome
 - Dilated cardiomyopathy of unknown cause
- Significant Valve disease *{if checked, at least 1 valve must be selected}*

Which valves are affected? #

 - ☐ Aortic
 - ☐ Mitral
 - ☐ Pulmonic
 - ☐ Tricuspid
- Arrhythmia related cardiomyopathy {co najmniej jedno niżej}
 - ☐ Supraventricular tachyarrhythmia
 - ☐ Ventricular tachyarrhythmia
 - ☐ Bradyarrhythmia

Infiltrative and storage disorders {wymagane jedno z poniższych}

- Neoplastic
- Amyloidosis
 - ATTR
 - OTHER
- Fabry disease
- Sarcoidosis
- Glycogen storage disease

- Heamochromatosis
- Other
- Congenital heart defect {wymagane jedno z poniższych}
 - Congenitally corrected/repared transposition of great arteries
 - Shunt lesions
 - Ebstein's anomaly
 - Repaired Y/N
 - Fallot's tetralogy
 - Repaired Y/N
 - Other |____|
- Other

What? # |____|

Comorbidities

Atrial fibrillation or atrial flutter *

- No
- Permanent/Persistent
- Paroxysmal

~~Prediabetes (IFG, IGT)~~

Diabetes *

- No
- Yes, on diet
- Yes, non-insulin treated
- Yes, insulin treated
 - If Y – date of first diagnosed DM |DD/MMM/YYYY| (opcjonalne)

Thyroid dysfunction *

- No
- Hypothyroidism
- Hyperthyroidism

Smoking status * (including heating sticks (i.e. IQOS, IGO) and electronic cigarettes

- Never

- Current
- Former

Alcohol abuse (as judged by clinician) *

- Never
- Current
- Former

Previous and current conditions

- ☐ Previous Myocardial Infarction
- ☐ Stable Angina
- ☐ Previous stroke
- ☐ Previous TIA (Transient Ischemic Attack)
- ☐ Arterial Hypertension
- ☐ Previous VTE (Venous thromboembolism) – pulmonary embolism
- ☐ Previous VTE (Venous thromboembolism) – deep vein thrombosis
- ☐ Valvular intervention
 - ☐ Aortic
 - Surgical valvuloplasty
 - Surgical valve replacement
 - Percutaneous balloon aortic valvuloplasty
 - Transcatheter aortic valve implantation (TAVI)
 - ☐ Mitral
 - Surgical valvuloplasty (including annuloplasty)
 - Surgical valve replacement
 - MIttraclip
 - Mitral - other (please specify [____])
 - ☐ Pulmonary
 - Surgical valvuloplasty
 - Surgical valve replacement
 - Percutaneous valve replacement

- Other

☐ Tricuspid

- Surgical valvuloplasty (including annuloplasty)
- Surgical valve replacement
- TriClip
- Tricuspid - other (please specify [____])

☐ Previous PCI (Percutaneous Coronary Intervention)

- If checked date of last procedure performed [____]

☐ Previous CABG *{if selected one of the options below required}*

- No treatment
- On specific treatment
 - If checked date of last procedure performed [____]

☐ COPD (Chronic obstructive pulmonary disease) *{if selected one of the options below required}*

- No treatment
- On specific treatment

☐ Asthma *{if selected one of the options below required}*

- No treatment or ad hoc reliever inhalers
- On chronic treatment

☐ History of severe chronic kidney disease in the past (eGFR<30)

☐ Dialysis (*def)

- Currently – chronic
- Currently – temporary
- In the past – chronic
- In the past - temporary in acute settings

☐ Diagnosis of depression *{if selected one of the options below required}*

- No treatment
- On specific treatment

☐ Diagnosis of cognitive impairment *{if selected one of the options below required}*

- No treatment

- On specific treatment
 - ☐ Sleep apnea
 - Central Y/N
 - Obstructive Y/N
 - Treated with CPAP Y/N
 - Unknown
 - ☐ Iron deficiency Y/N (*def diagnosed as level of serum ferrtine < 100 ng/mL, or ferritin 100-299 ng/mL and TSAT< 20%)
 - ☐ Vitamin B12 deficiency Y/N
 - ☐ Folic acid deficiency Y/N
 - ☐ Anemia {def}
 - Microcellular
 - Macrocellular
 - Normocellular
 - unknown
 - ☐ Autoimmune disease {if selected one of the options below required}
 - Which? |_____|
 - No treatment
 - On specific treatment
 - ☐ Organ transplant {if selected one of the options below required} all that apply *rok*
 - Heart
 - Liver
 - Kidney
 - Bone marrow
 - Other
Which? # |_____|
Date |__/__/__|
- More than one organ transplantation? (if chchecked - powtórka opcji)
- ☐ Previous ablation for AF
 - Number of procedures performed |_____|
 - Date of last procedure performed Date |__/__/__|

☐ Previous ablation for SVT (other than AF)

- Number of procedures performed |_____|
- Date of last procedure performed Date |__/__/__|

☐ Previous ablation for VT

- Number of procedures performed |_____|
- Date of last procedure performed Date |__/__/__|

☐ Peripheral arterial disease

- Previous limb or foot amputation for arterial vascular disease
- Previous aortofemoral bypass surgery, limb bypass surgery or percutaneous transluminal angioplasty revascularisation of the iliac, or infrainguinal arteries
- Lower extremity artery disease (LAED) - Intermittent claudication {obowiązkowo wybór opcji niżej}
 - Claudation distance >200m
 - Claudation distance <200m
 - Resting pain
 - Necrosis
- Lower extremity artery disease (LAED) - confirmed significant stenosis ($\geq 50\%$) or ABI $< 0,9$
- Carotid arteries disease (asymptomatic carotid artery stenosis $\geq 50\%$)
- Previous carotid revascularization
- Confirmed significant peripheral artery stenosis ($\geq 50\%$) of other arteries with or without previous surgical or percutaneous revascularization
 - If checked, Specify |_____| (opcjonalne)

☐ Severe liver insufficiency in the past (def - Ch-P)

☐ Hepatic dysfunction

☐ Cancer

Type # |_____| [possibility of adding more than one type in a separate lines]

Date of diagnosed |_____| (full date required but system will accept UNK/UNK/YYYY)

Treatment

-Radical/Palliative

Methods of treatment used: (mark all that apply)

Surgery

Chemiotherapy

Radiotherapy/brachytherapy

Hormonetherapy

Other | _____ |

-Still active neoplastic process?

Yes, currently without treatment

Yes, in course of radical treatment

Yes, in course of palliative treatment

No, treatment terminated more than 5 years ago

No, treatment terminated in last 5 years

Physical signs and symptoms - at time of visit/at discharge or last known in stable patients:

Blood pressure (mm Hg) * (at time of visit/at admission or last known in stable patients)

Systolic | _____ | {min: 60, max: 300}

Diastolic | _____ | {min: 40, max: 200}

Heart rate (bpm) * | _____ | {min: 20, max: 300}

NYHA class *

- ☐ I
- ☐ II
- ☐ III
- ☐ IV

Symptomatic angina {def – if PCI during current hospitalization, please note CCS class before the procedure}

CCS class #

- ☐ 1
- ☐ 2
- ☐ 3

Signs (mark all that apply at time of visit/at discharge or last known in stable patients) *

- ☐ Elevated jugular veins pressure
- ☐ Hepato-jugular reflux
- ☐ Third heart sound
- ☐ Laterally displaced apical impulse
- ☐ Weight gain (> 3kg in the last week)
- ☐ Pulmonary rales/crepitations
 - Below 1/3 of lungs
 - More than 1/3 of lungs
- ☐ Peripheral oedema:
 - ankle,
 - thigh,
 - calf,
 - sacral, scrotal
- ☐ Pleural effusion
- ☐ Hepatomegaly
- ☐ Ascites
- ☐ None {jeśli to, to nic więcej}

Weight *

Height *

Clinical Profile of AHF according the ESC HF guidelines on admission *

- warm/dry
- warm/wet
- cold/dry
- cold/wet

Physical signs and symptoms - at discharge:

Blood pressure (mm Hg) * (at time of visit/at discharge or last known in stable patients)

Systolic | _____ | {min: 60, max: 300}

Diastolic | _____ | {min: 40, max: 200}

Heart rate (bpm) * | _____ | {min: 20, max: 300}

NYHA class *

- ☐ I
- ☐ II
- ☐ III
- ☐ IV

Symptomatic angina:

CCS class #

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

Signs (mark all that apply at time of visit/at discharge or last known in stable patients) *

- ☐ Elevated jugular veins pressure
- ☐ Hepatojugular reflux
- ☐ Third heart sound
- ☐ Laterally displaced apical impulse
- ☐ Weight gain (> 3kg in the last week)
- ☐ Pulmonary rales/crepitations
 - ☐ Below 1/3 of lungs
 - ☐ More than 1/3 of lungs
- ☐ Peripheral oedema:
 - ☐ ankle,
 - ☐ thigh,
 - ☐ calf,
 - ☐ sacral, scrotal)

- ☐ Pleural effusion
- ☐ Hepatomegaly
- ☐ Ascites
- ☐ None

Clinical Profile according the ESC HF guidelines on admission *

- ☐ warm/dry
- ☐ warm/wet
- ☐ cold/dry
- ☐ cold/wet

Weight at discharge*

Quality of life – if patient hospitalized due to AHF – at discharge:

Cardiomyopathy Questionnaire (Kansas City) (KCCQ-12) *

Standard questionnaire without any changes, so not copied here. {Answers to all questions required}

Visual analogue scale: How good is your health today? *

Scale 0-100 (0 = worst health I can imagine; 100 = best health I can imagine)

Slider from 0 to 100. {Answer required}

The time up & go (TUG) - - provide time in seconds | ____ |

{def. for investigators:

1. (Patients wear their regular footwear and can use a walking aid, if needed.
2. The patient starts in a seated position
3. The patient stands up upon therapist's command: walks 3 meters, turns around, walks back to the chair and sits down.
4. The time stops when the patient is seated.
5. Be sure to document the assistive device used.

The 6 Activities of daily living

	Description	Patient self-sufficient	
		YES (1 pt)	NO (0 pts)
B a t h i n g / showering	The ability to wash in the bath or shower (including getting into and out of the bath or shower) – with no help or help required to wash one part of the body with a sponge		
Dressing self	The ability to put on, take off, secure, and unfasten all garments except for ting shoelaces		
Using a toilet	Getting to the toilet, cleaning oneself, and getting back up with no help required (May use cane or walking frame or use bed-pan)		
M o v i n g / tranfsering	The ability to move from a bed to an upright chair or wheelchair, and vice versa. (May use cane or walking frame)		
Manage bowel and bladder function	Complete manage of bowel and bladder function (without episodes of urinary incontinence / encopresis)		
Eating	Self-feeding with no help required (except for cutting meat and/or smearing bread)		

Has the patient visual problems impairing daily life activities ? Y/N

Has the patient hearing problems impairing daily life activities? Y/N

Can the patient tell the date of a day correctly (day, month, year)? Y/N

Can the patient tell his/her address correctly (street, city)? Y/N

Did the patient feel lonely, sad, depressed or hopeless in the recent 6 months? Y/N

In case of need, can the patient count on somebody close to him/her? Y/N

Are you feeling little interest or pleasure in doing things? Y/N

Are you feeling down, depressed, or hopeless? Y/N

A number of falls (not related with a loss of consciousness) observed:
in the recent 6 months | ____|

in the recent 12 months |____|

Have you lost weight to such an extent that your clothes have become looser? Y/N

Unintentional weight loss in the recent 6 months? Y/N if Y

YES, up to 3 kg

Yes, 3-4,5 kg

YES, more than 4,5 kg

Has the patient suffered from COVID-19? Y/N

If Y: Was the patient hospitalized? Y/N

Number of days |____|

If Y provide mode of respiratory support: {optional, system allows more than 1 answer}

- ☐ None
- ☐ Respirator
- ☐ Active oxygen inflation (CPAP/BiPAP/HFNC – high flow nasal canula)
- ☐ Passive oxygen inflation

Has the patient been vaccinated against COVID-19?

If Y: Fully vaccinated Y/N?

Booster dose/s Y/N if Y provide number of booster doses

Has the patient ever been vaccinated against flu? Y/N

If Y:

Current season Y/N

Has the patient been vaccinated against pneumococcal infection?

Year |____|

Chemistry

{nothing required, unit required when corresponding field not empty}

[Please provide last known results for stable/outpatient clinic patients; for patients hospitalized due to ADHF please provide results at admission)

White blood cells | _____ | {min: 0}

- cells/μL
- G/L

Hemoglobin | _____ | {min: 0}

- g/dL
- mmol/L
- G/L

Hct

MCV

MCH

MCHC

Platelets | _____ | {min: 0}

- cells/μL
- G/L

Ferritin | _____ | {min: 0}

- ng/mL
- μg/L

Transferrin saturation (TSAT) | _____ | % {min: 0, max: 100}

S-Creatinine | _____ | {min: 0}

- mg/dL
- μmol/L

Uric acid | _____ | {min: 0}

- mg/dL
- μmol/L

Sodium | _____ | {min: 0}

- mEq/L
- mmol/L

Potassium | _____ | {min: 0}

- mEq/L
- mmol/L

ASPAT | _____ | U/L {min: 0}

ALAT | _____ | U/L {min: 0}

GGPT | _____ | U/L {min: 0}

Albumin |_____| g/dL {min: 0}

Proteinuria (dipstick positive OR >300 mg / 24hrs)

- ☐ Yes
- ☐ No

Cholesterol total |_____| {min: 0}

- ☐ mg/dL
- ☐ mmol/L

Cholesterol LDL |_____| {min: 0}

- ☐ mg/dL
- ☐ mmol/L

Cholesterol HDL |_____| {min: 0}

- ☐ mg/dL
- ☐ mmol/L

Triglycerides |_____| {min: 0}

- ☐ mg/dL
- ☐ mmol/L

Fasting glucose |_____| {min: 0}

- ☐ mg/dL
- ☐ mmol/L

HbA1c |_____| {min: 0}

- ☐ %
- ☐ mmol/mol

BNP |_____| {min: 0}

- ☐ pg/mL
- ☐ pmol/L

NT-proBNP |_____| {min: 0}

- ☐ pg/mL
- ☐ pmol/L

Troponin (or HS) I |_____| g/dL {min: 0}

Troponin (or HS) T |_____| g/dL {min: 0}

TSH |_____| g/dL {min: 0}

fT4 |_____| ng/L {min: 0}

fT3 |_____| pmol/L {min: 0}

CRP |_____| g/dL {min: 0}

Procalcitonin |_____| ng/mL {min: 0}

Total bilirubin | _____ |

- mg/dL
- μmol/L

(Please provide latest known results from discharge, don't repeat results provided earlier if next assessment was not performed)

Hemoglobin | _____ | {min: 0}

- g/dL
- mmol/L
- G/L

Hct

S-Creatinine | _____ | {min: 0}

- mg/dL
- μmol/L

BNP | _____ | {min: 0}

- pg/mL
- pmol/L

NT-proBNP | _____ | {min: 0}

- pg/mL
- pmol/L

Troponin (or HS) I | _____ | g/dL {min: 0} at discharge in patient in stable condition

Investigations

ECG *

- ☐ At visit or hospitalization
- ☐ Before visit or hospitalization, if yes – provide date _____
- ☐ Not available

If performed:

Atrial Rhythm #

- Sinus
- Atrial fibrillation
- Atrial flutter
- Atrial paced
- Other

Ventricular rhythm #

- ☐ Spontaneously conducted
- ☐ Ventricular paced
- ☐ VT/VF

Ventricular Heart rate [beats/min] # |_____| {min: 20, max: 300}

QRS-duration (ms) # |_____| {min: 40, max: 400}

QT-duration (ms) # |_____| {min: 100, max: 800}

QTc-length (ms), Bazett |_____|

QTc-length (ms), Fridericia |_____|

If QRS duration >120ms {one option to select required}

- ☐ LBBB
- ☐ RBBB
- ☐ IVCD
- ☐ Other

LVH #

- ☐ Yes
- ☐ No

Pathological Q-wave

- ☐ Yes
- ☐ No

For all hospitalized patients ECG at discharge – if significantly changed from baseline:

ECG *

Atrial Rhythm #

- ☐ Sinus
- ☐ Atrial fibrillation
- ☐ Atrial flutter
- ☐ Atrial paced
- ☐ Other

Ventricular rhythm #

- ☐ Spontaneously conducted
- ☐ Ventricular paced
- ☐ VT/VF

Ventricular Heart rate [beats/min] # |_____| {min: 20, max: 300}

QRS-duration (ms) # |_____| {min: 40, max: 400}

QT-duration (ms) # | _____ | {min: 100, max: 800}

QTc-length (ms), Bazett | _____ |

QTc-length (ms), Fridericia | _____ |

If QRS duration >120ms {one option to select required}

- LBBB
 - RBBB
 - IVCD
- Other

LVH #

- ☐ Yes
- ☐ No

Pathological Q-wave

- ☐ Yes
- ☐ No

Chest X-ray *

- ☐ **At visit or hospitalization**
- ☐ **Before visit or hospitalization, if yes – provide date _____**
- ☐ **Not available**

If performed:

Abnormalities (mark all that apply)

- ☐ Cardiac enlargement
- ☐ Pulmonary congestion or oedema
- ☐ Pleural effusion
- ☐ Inflammation
- ☐ Neoplasm..... – suspected/recognized
- ☐ Other

Lung ultrasound *

- ☐ Performed
- ☐ Not performed

If performed:

Abnormalities (mark all that apply)

☐ Interstitial edema (B-lines)

☐ Pleural fluid

Echo-Doppler * - if repeated during hospitalization – results from examination performed in stable condition

/comment – for indexed values – in patients with ADH body weight at diacharge/

☐ **At visit or hospitalization**

☐ **Before visit or hospitalization, if yes – provide date _____**

☐ **Not available**

If performed:

LVEF (% , if range, provide closest estimate) # | _____ | {min: 5, max: 80}

LVESD (mm) | _____ | {min: 10, max: 200}

LVEDD (mm) | _____ | {min: 10, max: 200}

E (m/s) | _____ | {min: 0.1, max: 6}

A (m/s) | _____ | {min: 0.1, max: 6}

E/A (ratio) | _____ |

e' septal (cm/s) | _____ | {min: 1, max: 25}

e' lateral (cm/s) | _____ | {min: 1, max: 25}

E/e` septal (ratio) | _____ |

E/e` lateral (ratio) | _____ |

E/e` mean (ratio) | _____ |

LA Volume (mL) | _____ | {min: 10, max: 800}

LA Volume index (mL/m²) | _____ |

LA Dimension, PLAX (mm) | _____ |

Intraventricular septum thickness (mm) | _____ | {min: 1, max: 50}

Posterior wall thickness (mm) | _____ | {min: 1, max: 50}

RV basal (mm) | _____ | {min: 10, max: 200}

LV mass (g) | _____ | {min: 50, max: 500}

LV mass index (g/m²) | _____ |

Mitral regurgitation #

- ☐ No/mild
- ☐ Yes, moderate
- ☐ Yes, severe

If yes:

ERO |_____|

Aortic stenosis #

- ☐ No/mild
- ☐ Yes, moderate
- ☐ Yes, severe

If yes

AVA CE (cm²) |_____| {min: 0.1, max: 4.0}

AVA planimetric (cm²) |_____| {min: 0.1, max: 4.0}

PG max (mmHg) |_____| {min: 0}

PG mean (mmHg) |_____| {min: 0}

Aortic regurgitation #

- ☐ No/mild
- ☐ Yes, moderate
- ☐ Yes, severe

If yes:

PHT (ms) |_____| {min: 0}

Enddiastolic velocity in descending aorta: m/s

Tricuspid regurgitation #

- ☐ No/mild
- ☐ Yes, moderate
- ☐ Yes, severe
 - If Y – TV annulus diameter [mm] {min 1 max 50} {optional}

RVS' (cm/s) |_____| {min: 1, max: 25}

TAPSE (mm)# |_____| {min: 1, max: 40}

Inferior vena cava dimension

- ☐ =<21
- ☐ >21

Inferior vena cava respiratory variation (>50%)

- ☐ Yes
- ☐ No

- RVS ____ mmHg

RA enlargement

- Yes
Area (cm²) |_____|
- No
- RV hypertrophy
 - Yes
RV wall thickness (mm) |_____|
 - No
- GLS
 - <16%
 - 16-18%
 - >18%

CMR

- Performed
- Not performed
- If performed:
 - Non-ischemic lesions
 - Ischemic scar
 - Date of last MRI
 - At visit or hospitalization
 - Before visit or hospitalization, if yes – provide date _____
 - Not available

EMB (endomyocardial biopsy) performed (Y/N)*

Right Heart Catheterization *

- ☐ At visit or hospitalization
- ☐ Before visit or hospitalization, if yes – provide date _____
- ☐ Not available

MPAP (mmHg) # |_____| {min: 0}

Right atrial pressure (mmHg) # |_____| {min: 0}

PCW (mmHg) # |_____| {min: 0}

CI # | _____ | *{min: 0}*

Coronary Angiography *

- ☐ At visit or hospitalization
- ☐ Before visit or hospitalization, if yes – provide date _____
- ☐ Not available

Number of vessels with significant stenosis # | _____ | *{min: 1, max: 25}*

Qualification for PCI/CABG based on the result # Y/N

If Y:

Other revascularisation procedures planned? Y/N

If Y:

PCI: Y/N

CABG: Y/N

If N:

Was the full revascularisation achieved? Y/N

Cardiac CT *

- ☐ At visit or hospitalization
- ☐ Before visit or hospitalization, if yes – provide date _____
- ☐ Not available

Number of vessels with significant stenosis # | _____ | *{min: 1, max: 25}*

Qualification for PCI/CABG based on the result # Y/N

Status at discharge

Vital Status *

- ☐ Alive
- ☐ Dead

Date of death # | mm/dd/yyyy | *{not earlier than admission date}*

Cause of death #

- ☐ Sudden death
- ☐ Progression of heart Failure

- ☐ Stroke ischemic
- ☐ Stroke Haemorrhagic
- ☐ Systemic haemorrhage
- ☐ Pulmonary embolism
- ☐ Peripheral embolism
- ☐ Procedure related
- ☐ Infection, including sepsis

☒ -COVID-19. Yes/No

- ☐ Other cardiovascular cause

Please, specify # | _____ |

- ☐ Other non-cardiovascular cause

Please, specify # | _____ |

- ☐ Unknown

Number of days in hospital * | _____ | {min: 1}

Total time in Intensive Cardiac Care Unit (days) * | _____ | {min: 0}

Time in ICCU due to ADHF reasons (days) | _____ | [system comment the number will at least equal and not greater than the time in ICU]

Did the patient experience in-hospital worsening of heart failure (WHF)? *

- ☐ Yes
- ☐ No

Aborted cardiac arrest during hospitalization * Y/N {if Y, check one from below}

-Ventricular tachycardia

-Ventricular fibrillation

-PEA

-asystole

Aborted only by ICD intervention without cardiopulmonary resuscitation Y/N

Interventions during current hospitalization *(for hospital patient only)*

Comment for section below: if any field from this section completed in patients previously not checked as ‘hospitalization due to ADHF’ - system will provide a following comment for investigator: ‘Hospitalization was reported as non-ADHF in the section hospitalization -> Acute/urgent/unscheduled. Please reconsider the primary reason for hospitalization reported’

☐ Vasoactive Support Type *{if checked, select at least one below}*

- ☐ Dobutaminie
- ☐ Dopamine
- ☐ Milrinone
- ☐ Levosimendan
- ☐ Norepinephrine
- ☐ Epinephrine
- ☐ Vasopressin
- ☐ Other

Treatment duration in days # |_____|

☐ Nitrates IV

☐ Other vasodilating agents Y/N

☐ Diuretics IV {mogą być wszystkie na raz}

- ☐ Furosemide
- ☐ Torasemide
- ☐ Bumetanide

Treatment duration in days # |_____|

☐ Short-term mechanical circulatory support *{if checked, select at least one below}*

- ☐ IABP
- ☐ LVAD
- ☐ RVAD
- ☐ BIVAD
- ☐ ECMO/ECLS
- ☐ Impella

- Levitronix

☐ **Valvular intervention**

☐ **Aortic**

- Surgical valvuloplasty
- Surgical valve replacement
- Percutaneous balloon aortic valvuloplasty
- Transcatheter aortic valve implantation (TAVI)

☐ **Mitral**

- Surgical valvuloplasty (including annuloplasty)
- Surgical valve replacement
- MIttraclip
- Mitral - other (please specify [____])

☐ **Pulmonary**

- Surgical valvuloplasty
- Surgical valve replacement
- Percutaneous valve replacement
- Other

☐ **Tricuspid**

- Surgical valvuloplasty (including annuloplasty)
- Surgical valve replacement
- TriClip
- Tricuspid - other (please specify [____])

☐ **Electric cardioversion *{if checked, select at least one below}***

- AT/AF
- VT/VF

☐ **Cardioablation for Atrial Fibrillation**

☐ **Cardioablation for other SVT**

☐ **Cardioablation for VT/VF**

- ☐ Dialysis or ultrafiltration
- ☐ respiratory support: {opcjonalne, może być więcej niż 1}
 - ☐ None
 - ☐ Respirator
 - ☐ Active oxygen inflation (CPAP/BiPAP/HFNC – high flow nasal canula)
 - ☐ Passive oxygen inflation
- ☐ Device implantation *{if checked, select at least one below}*
 - ☐ ICD
 - ☐ CRT
 - ☐ PM
 - ☐ CCM
 - ☐ Other

Specify other device(s) # | _____ |

Cardiovascular drugs

For hospital patients this section is present twice: at admission and at discharge.

green – parts present only at discharge;

ARNi *

- ☐ Yes
 - Medication #
 - ☐ Sacubitril/Valsartan
 - Total daily dose [mg] | _____/____ ▾ | *(options: 24/26, 49/51, 73/77, 97/103)*
 - Target dose reached (according to ESC guidelines)? #
 - ☐ Yes
 - ☐ No
 - If N
 - Maximal tolerated dose reached? #
 - Y
- Reason for inability to reach higher doses (at least one) #
 - Worsening renal function

N

Still in up titration?

Y

N

If N mark at least one)

Physicians' concern about side effects

- Worsening renal function
- Symptomatic hypotension
- Hyperkalemia

Other

Patients' concern about side effects

☐ No

Reason (at least one) #

-  Not indicated

- Other #

- ☐ Significant renal dysfunction
- ☐ Symptomatic hypotension
- ☐ Cough
- ☐ Hyperkalemia
- ☐ Angioedema
- ☐ Patient refuses to take the drug
- ☐ Patient cannot afford it (price)
- ☐ Risk of pregnancy

- ☐ Pregnancy or breastfeeding
- ☐ Known Allergic reaction
- ☐ Known bilateral renal arteries stenosis
- ☐ Other

ACE inhibitors *

- Yes

Medication #

- Ramipril
- Enalapril
- Perindopril
- Lisinopril
- Captopril
- Zofenopril
- Trandolapril
- Other

Daily dose (mg) # | _____ | {1-100}

Target dose reached (according to ESC guidelines)? #

- Yes
- No

- If N

- Maximal tolerated dose reached? #
Y

Reason for inability to reach higher doses (at least one) #

- Cough
- Worsening renal function
- Symptomatic hypotension
- Hyperkalemia
- Other

N

Still in up titration?

Y

N

If N mark at least one)

Physicians' concern about side effects

Cough

Worsening renal function

Symptomatic hypotension

Hyperkalemia

Other

Patients' concern about side effects

○ No

Reason (at least one) #

☐ Not indicated

☐ on ARB

☐ on ARNi

☐ Other #

- Significant renal dysfunction
- Symptomatic hypotension
- Cough
- Hyperkalemia
- Angioedema
- Patient refuses to take the drug
- Patient cannot afford it (price)
- Risk of pregnancy
- Pregnancy or breastfeeding
- Known Allergic reaction
- Known bilateral renal arteries stenosis
- Other

Angiotensin II Receptor Blockers (ARB) *

- Yes

Medication # {dose constrains in bracket}

- Candesartan {min: 4, max: 65}
- Losartan {min: 10, max: 300}
- Valsartan {min: 20, max: 400}
- Other {min: 4, max: 400}

Daily dose [mg] # | _____ |

Target dose reached (according to ESC guidelines)? #

- Yes

- No

- If N

- Maximal tolerated dose reached? #
Y

Reason for inability to reach higher doses (at least one) #

- Worsening renal function
- Symptomatic hypotension
- Hyperkalemia
- Other

N

Still in up titration?

Y

N

If N mark at least one)

Physicians' concern about side effects

- Worsening renal function
- Symptomatic hypotension
- Hyperkalemia

Other

Patients' concern about side effects

- No

Reason (at least one) #

- ☐ Not indicated
- ☐ on ACEi
- ☐ on ARNi
- ☐ Other #

■ Significant renal dysfunction

■ Symptomatic hypotension

■ Cough

■ Hyperkalemia

■ Angioedema

■ Patient refuses to take the drug

■ Patient cannot afford it (price)

■ Risk of pregnancy

■ Pregnancy or breastfeeding

■ Known Allergic reaction

■ Known bilateral renal arteries stenosis

■ Other

Beta blockers *

- ☐ Yes

Medication #

- ☐ Carvedilol {min: 5, max: 50}
- ☐ Bisoprolol {min: 1, max: 20}
- ☐ Metoprolol {min: 20, max: 400}
- ☐ Nebivolol {min: 2, max: 30}
- ☐ Other {min: 1, max: 400}

Daily dose [mg] # |_____|

Target dose reached (according to ESC guidelines)? #

- ☐ Yes
- ☐ No

■ If N

☐ Maximal tolerated dose reached? #

Y

Reason for inability to reach higher doses (at least one) #

- Broncospasm
- Hypotension
- Critical limb ischemia
- Worsening HF
- Brady arrhythmia
- Sexual dysfunction
- Symptomatic hypotension
- Other

N

Still in up titration?

Y

N

If N mark at least one)

Physicians' concern about side effects

- Broncospasm
- Hypotension
- Critical limb ischemia
- Worsening HF
- Brady arrhythmia
- Sexual dysfunction
- Symptomatic hypotension
- Other

Patients' concern about side effects

No

Reason (at least one) #

☐ Asthma

☐ Atroventricular block

☐ Bradyarrhythmia

- ☐ Hypotension
- ☐ Critical limb ischemia
- ☐ Bradycardia
- ☐ Symptomatic hypotension
- ☐ Other

Mineralocorticoid receptor antagonists (MRA - Aldosterone antagonists) *

- Yes

Medication #

- Spironolactone {min: 20, max: 200}
- Eplerenone {min: 20, max: 200}
- Canrenone {min: 100, max: 1000}
- Other {min: 20, max: 1000}

Daily dose [mg] # | _____ |

Target dose reached (according to ESC guidelines)? #

- Yes
- No

■ If N

- Maximal tolerated dose reached? #
Y

Reason for inability to reach higher doses (at least one) #

- Hyperkalemia
- Worsening renal function
- Gynecomastia
- Still in up titration
- Other

N

Still in up titration?

Y

N

If N mark at least one)

- ☐ **Yes**
 - Physicians' concern about side effects
 - ☐ Hyperkalemia
 - ☐ Worsening renal function
 - ☐ Gynecomastia
 - ☐ Still in up titration
 - ☐ Other

Patients' concern about side effects

- ☐ **No**
 - Reason (at least one) #
 - ☐ Not indicated
 - ☐ Hyperkalemia
 - ☐ Renal dysfunction
 - ☐ Gynecomastia
 - ☐ Sexual dysfunction
 - ☐ Other

SGLT2/Flozin *

- ☐ **Yes**
 - Medication # {min: 2, max: 30}
 - ☐ Dapagliflozin
 - ☐ Empagliflozin
 - ☐ Canagliflozin
 - Daily dose [mg] # |_____|
 - Target dose reached (according to ESC guidelines)? #
 - ☐ Yes
 - ☐ No
 - ☐ If N
 - ☐ Maximal tolerated dose reached? #
Y

Reason for inability to reach higher doses (at least one) #

- ☐ Renal dysfunction
- ☐ Symptomatic hypotension

- Risk of ketoacidosis
- Recurrent urinary tract infection
- Recurrent fungalgenitourinary infections
- Other

Still in up titration?

If N mark at least one)

Physicians' concern about side effects

- Renal dysfunction
- Symptomatic hypotension
- Risk of ketoacidosis
- Recurrent urinary tract infection
- Recurrent fungalgenitourinary infections
- Other

Patients' concern about side effects

- ☐ No

Reason (at least one) #

- ☐ Not indicated
- ☐ Renal dysfunction
- ☐ Symptomatic hypotension
- ☐ Type 1 diabetes
- ☐ Risk of ketoacidosis
- ☐ Recurrent urinary tract infection
- ☐ Risk of pregnancy
- ☐ Pregnancy or Breastfeeding
- ☐ Recurrent fungalgenitourinary infections

- ☐ Patient refuses to take the drug
- ☐ Patient cannot afford it (price)
- ☐ Other

Ivabradine *

- Yes

Daily dose [mg] # | _____ | {min: 2, max: 30}

Target dose reached (according to ESC guidelines)? #

- Yes
- No

- If N

- Maximal tolerated dose reached? #
Y

Reason for inability to reach higher doses (at least one) #

- Bradycardia
- Hypotension
- Dizziness/fainting
- Risk of renal dysfunction
- Risk of liver dysfunction
- Other

N

Still in up titration?

Y

N

If N mark at least one)

Physicians' concern about side effects

- Bradycardia
- Hypotension
- Dizziness/fainting
- Risk of renal dysfunction
- Risk of liver dysfunction

- Other

Patients' concern about side effects

- No

Reason (at least one) #

- ☐ Not indicated
- ☐ NYHA I
- ☐ Atrial Fibrillation/flutter
- ☐ EF>35%
- ☐ HR<70 bmp
- ☐ Severe renal or liver dysfunction
- ☐ pregnancy or breastfeeding
- ☐ Other

Diuretics: Oral * (option: ADD ANOTHER ORAL DIURETIC)

- Yes

Medication #

- Chlorthalidone {min: 20, max: 200}
- Hydrochlorothiazide {min: 10, max: 250}
- Furosemide {min: 10, max: 800}
- Indapamide {min: 0.5, max: 10}
- Torasemide {min: 1, max: 400}
- Other

Daily dose [mg] # |_____|

- No

Digitalis *

- Yes
- No

Statins *

- ☐ Yes
- ☐ No

Antiplatelet therapy

- ☐ Yes
- ☐ No
 - ☐ If Y
 - ☐ ASA Y/N
 - ☐ Ticagrelol Y/N
 - ☐ Prasugrel Y/N
 - ☐ Clopidogrel Y/N

Anticoagulant therapy

VKA

Yes

Warfarin *

Acenocoumarol *

Other

- ☐ No

DOAC *

- ☐ Yes

Medication #

- ☐ Apixaban
 - ☐ Basic dose:
 - ☐ 2,5mg
 - ☐ 5mg
 - ☐ Frequency:
 - ☐ One a day
 - ☐ Twice a day
- ☐ Dabigatran

- Basic dose:
 - 75mg
 - 110mg
 - 150mg
 - Frequency:
 - One a day
 - Twice a day

○ Edoxaban

- Basic dose:
 - 30mg
 - 60mg
- Frequency:
 - One a day
 - Twice a day

○ Rivaroxaban

- Basic dose:
 - 2.5 mg
 - 10mg
 - 15mg
 - 20mg
- Frequency:
 - One a day
 - Twice a day

- No

Nitrates (p.o.) *

- Yes
- No

Calcium channel blockers - dihydropyridine *

- ☐ Yes

Medication #

- ☐ Amlodipine
- ☐ Felodipine
- ☐ Lacydipine
- ☐ Lerkandipine
- ☐ Nifedipine
- ☐ Other

- ☐ No

Calcium channel blockers - non-dihydropyridine *

- ☐ Yes

Medication #

- ☐ Verapamil
- ☐ Diltiazem
- ☐ Other

- ☐ No

Amiodarone *

- ☐ Yes
- ☐ No

Other antiarrhythmics *

- ☐ Yes

Antiarrhythmics name # | _____ |

- ☐ No

Non-cardiovascular drugs

For hospital patients this section is present twice: at admission and at discharge.

Anti-diabetic drugs *

☐ Yes

Medication

☐ Insulin

☐ Metformin

☐ DPP4 Antagonist *{if checked, select one below}*

☐ Sitagliptin

☐ Vildagliptin

☐ Saxagliptin

☐ Linagliptin

☐ Other

Specify the name # | _____ |

☐ GLP-1 agonist *{if checked, select one below}*

☐ Exenatide

☐ Liraglutide

☐ Albiglutide

☐ Dulaglutide

☐ Semaglutide

☐ Other

Specify the name # | _____ |

☐ Sulfonylourea *{if checked, select one below}*

☐ Gliclazidum

☐ Glimepiride

☐ Glipizide

☐ Gliquidone

☐ Other

Specify the name # | _____ |

☐ Other

Specify the name # | _____ |

- ☐ No

Allopurinol *

- ☐ Yes
- ☐ No

NSAIDs (other than ASA 75mg) *

- ☐ Yes

Specify the name # |_____|

- ☐ No

Oral steroids *

- ☐ Yes
- ☐ No

Inhaled steroids *

- ☐ Yes *{if checked, select at least one below}*

☐ LABA

☐ LAMA

- ☐ No

Intravenous iron *

- ☐ Yes

In the recent 12 months? #

- ☐ Yes

Specify the names # |_____|

Total dose [mg] # |_____|

- ☐ No

- ☐ No

Oral iron *

- ☐ Yes
- ☐ No

Potassium-binder (chronic treatment) *

- ☐ Yes *{if checked, select at least one below}*

- ☐ Patiromer
- ☐ Sodium Polystyrene Sulfonate (SPS)
- ☐ Sodium Zirconium Cyclosilicate (SZC)
- ☐ Other
- No

Interventions –devices

CRT before visit/admission *

- Yes
 - No *{if checked, select one below}*
 - Not indicated
 - Indicated *{if checked, select one below}*
 - Performed during this hospitalization
 - Planned
 - Not planned
- Reasons *{if checked, select at least one below}*
- Absence of net benefit in judgement of investigator (e.g. severe comorbidity)
 - Patient refuses
 - Other

ICD before visit/admission *

- Yes
 - No *{if checked, select one below}*
 - Not indicated
 - Indicated *{if checked, select one below}*
 - Performed during this hospitalization
 - Planned
 - Not planned
- Reasons *{if checked, select at least one below}*
- ☐ Absence of net benefit in judgement of investigator (e.g. severe comorbidity)
 - ☐ Patient refuses

☐ Other

Implantable hemodynamic monitor (e.g. CardioMems®) before visit/admission *

- Yes
- No *{if checked, select one below}*
 - Not indicated
 - Indicated *{if checked, select one below}*
 - Performed during this hospitalization
 - Planned
 - Not planned

Reasons *{if checked, select at least one below}*

- ☐ Absence of net benefit in judgement of investigator (e.g. severe comorbidity)
- ☐ Patient refuses
- ☐ Other

Heart transplantation before visit/admission *

- Yes
- No
 - Not indicated
 - Indicated *{if checked, select one below}*
 - Performed during this hospitalization
 - Planned
 - Not planned

Reasons *{if checked, select at least one below}*

- ☐ Absence of net benefit in judgement of investigator (e.g. severe comorbidity)
- ☐ Patient refuses
- ☐ Other

Ablation before visit/admission *

- Yes *{if checked, select at least one below}*

☐ AF

☐ SVT

☐ VT

○ No *{if checked, select one below}*

○ Not indicated

○ Indicated *{if checked, select one below}*

○ Performed during this hospitalization

○ Planned

○ Not planned

Reasons *{if checked, select at least one below}*

☐ Absence of net benefit in judgement of investigator (e.g. severe comorbidity)

☐ Patient refuses

☐ Other

Revascularization before visit/admission *

○ Yes

○ No *{if checked, select one below}*

○ Not indicated

○ Indicated *{if checked, select one below}*

○ Performed during this hospitalization

○ Planned

○ Not planned

Reasons *{if checked, select at least one below}*

☐ Absence of net benefit in judgement of investigator (e.g. severe comorbidity)

☐ Patient refuses

☐ Other

Valve repair before visit/admission *

○ Yes *{if checked, select at least one below}*

☐ Aortic

- ☐ Mitral
- ☐ Pulmonic
- ☐ Tricuspid

- No *{if checked, select one below}*
 - Not indicated
 - Indicated *{if checked, select one below}*
 - Performed during this hospitalization
 - Planned
 - Not planned

Reasons *{if checked, select at least one below}*

- ☐ Absence of net benefit in judgement of investigator (e.g. severe comorbidity)
- ☐ Patient refuses
- ☐ Other

Long-term mechanical circulatory support device before visit/admission *

- Yes *{if checked, select one below}*
 - LVAD
 - BiVAD
 - TAH
 - RVAD
- No *{if checked, select one below}*
 - Not indicated
 - Indicated *{if checked, select one below}*
 - Performed during this hospitalization
 - Planned
 - Not planned

Reasons *{if checked, select at least one below}*

- ☐ Absence of net benefit in judgement of investigator (e.g. severe comorbidity)
- ☐ Patient refuses
- ☐ Other

Structured care

Twice the same: before and after visit.

Regular contact with/access to HF management/nurse team

- ☐ Yes
- ☐ No

HF exercise program

- ☐ Yes
- ☐ No