SUPPLEMENTAL MATERIAL

The China Patient-Centered Evaluative Assessment of Cardiac Events (China PEACE) - Prospective Study of 3-Vessel Disease: Rationale and Design

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Study Protocol

Title: The China Patient-Centered Evaluative Assessment of Cardiac Events (China PEACE) - Prospective Study of 3-Vessel Disease

Design:

multi-center, prospective, observational study

Inclusion Criteria:

- patients diagnosed with coronary artery disease with significant stenosis (≥50% diameter) in 3 major coronary arteries based on the interventional cardiologist's interpretation on elective coronary angiography
- patients diagnosed with significant stenosis (≥50% diameter) in the left main coronary artery based on the interventional cardiologist's interpretation on elective coronary angiography

Exclusion Criteria:

- history of prior revascularization
- an acute myocardial infarction within 24 hours prior to the current procedure
- those who had been previously enrolled in China PEACE-3VD study

Exclusion Criteria fsor Prospective Cohort：

- patients who were critically ill in the Intensive Care Unit
- unable to understand the study questions due to cognitive function or language barriers
- had been discharged after it was discovered that they were eligible

Enrollment Period

December 2012 to December 2013

Estimated Sample Size of the Entire Cohort (both Enrolled and Not Enrolled)

4000

The Need for This Study

With an aging population and an increasing prevalence of cardiovascular risk factors[1, 2], China is experiencing a rapid rise in coronary artery disease (CAD)[1, 3-5]. Further, the prevalence of the most complex and morbid diseases, three-vessel disease (3VD) and left main (LM) disease, together referred to as "complex coronary artery disease" (CCAD), is growing concomitantly[6-9]. The major treatment strategies for CCAD, coronary revascularization via coronary artery bypass grafting (CABG) or percutaneous coronary intervention (PCI), have substantially increased in China. In 2013, nearly 30,000 CABG and 390,000 PCI procedures were performed[10, 11], and the volumes of CABG and PCI continue to increase annually at the rates of about 8% and 15%, respectively[10-12]. Though the introduction of drug-eluting stents has decreased restenosis rates of PCI[13], recent randomized controlled trials have failed to show the advantage of PCI over CABG for CCAD specifically[8, 14]. Multiple recent guidelines designate CABG in combination with optimal medical therapy (OMT) as the standard of care for CCAD[7, 15-17].

Studies of real-world practice in western countries have identified patterns of inappropriate revascularization use among CCAD patients, especially use of PCI[18-22]. In China, the PCI/CABG ratio is 13:1, much higher than the PCI/CABG ratio of 3:1 in many other countries[23]. This high ratio may partly be due to the limited number of cardiac surgery facilities and surgeons as compared with the number of hospitals and cardiologists with the capability to perform PCI. There are approximately 700 hospitals with the ability to perform cardiac surgery, while over 1000 hospitals with the capability to perform PCI in China[11, 24]. Also, patients themselves may be choosing PCI over CABG given the upfront expense necessary in China's health care system which demands for as much as $15,000 prior to CABG, as well as perceptions about the anticipated pain and suffering resulting from an open procedure[25]. However, given the inadequate quality measurements and incentives to follow clinical guidelines for procedures in China[26], as well a disproportional increase of PCI versus CABG among the majority of regions and hospitals[10, 27, 28], the high ratio of PCI to CABG has raised critical concerns about the selection of the type of revascularization procedures for patients with CCAD.

Chinese version percutaneous coronary intervention guidelines were published in 2012[29]. Foreign guidelines are also widely accepted in China[15, 16]. However, gaps in knowledge remain with regards to adherence of physicians to current guidelines and appropriate use criteria of the chosen treatment. Thoroughly evaluating this information, as well as

understanding the variation among regions and hospitals in China, is critical to developing evidence-based and effective quality improvement initiatives for the decision-making process and quality of care for CCAD in Chinese population[30]. Further, little is known about variations in treatment decisions, key predictors of outcomes in order to benchmark levels of achievable outcomes, nor adverse events or patient-reported outcomes for patients with CCAD in China. One study, based on the China Cardiovascular Surgery Registry data, identified generally low mortality and complication rates after CABG but these rates varied substantially by hospital and region[28]. Moreover, one single center retrospective observational study demonstrated lower rates of adverse events of CABG as compared with PCI using drug-eluting stents for multi-vessel disease[31]. However, there are no prospective studies evaluating the selection of the type of treatment (CABG, PCI and optimal medical therapy) for patients with CCAD in cardiac centers with capability of performing both CABG and PCI. The investigators know little about outcomes after these two treatments, including patient reported outcomes measures (PROM).

Objectives:

The major objectives are to

- describe the treatment choice for each patient with CCAD in large cardiac care centers in China
- assess the alignment of treatment with the guidelines and appropriate use criteria, and evaluate the variation of treatment appropriateness among hospitals
- evaluate the relationship between appropriateness of treatment choices and patient outcomes including PROMs over 1 year

Secondary objectives are to

- provide insights into key predictors of treatment strategy choices, in-hospital and 1-year outcome for CCAD by evaluating the associations of demographic, clinical risk factors, coronary anatomy complexity (SYNTAX score), psychosocial, and socioeconomic factors with patient outcomes
- assess the applicability of previously developed risk evaluation models (including the logistic EuroSCORE, SinoSCORE and SYNTAX Scores) for both PCI and CABG in the Chinese population

- partner with the Chinese government, Chinese Medical Associations and other national and international organizations to disseminate findings from the China PEACE-3VD study to improve the care and outcomes for patients with CCAD
- benchmark levels of achievable outcomes to leverage quality improvement initiatives throughout the country

Organizations:

China PEACE is a collaborative effort among the China National Center for Cardiovascular Diseases (NCCD), the Yale-New Haven Hospital Center for Outcomes Research and Evaluation, the Chinese government, and a national network of Chinese hospitals (Figure 1). The goal of this network is to generate new knowledge relevant to practice and policy and to translate this knowledge into action to improve care and outcomes for patients with cardiovascular disease.
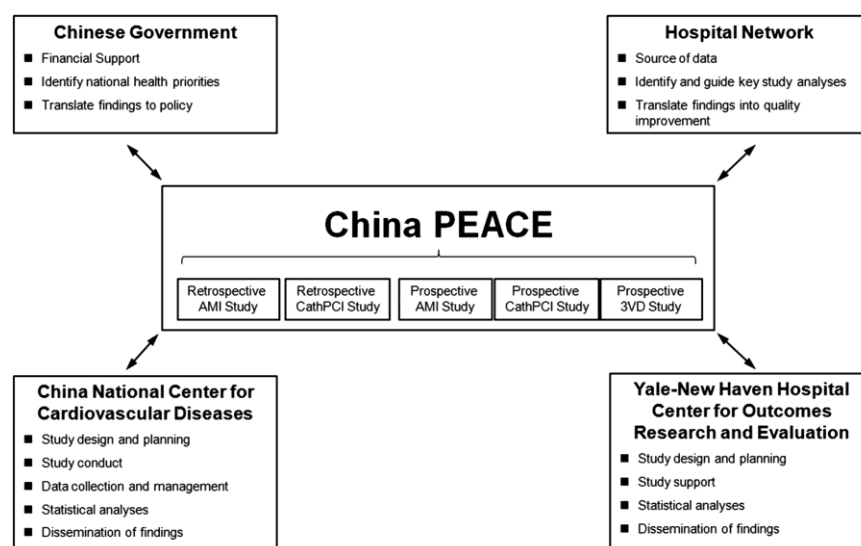

Chinese Government
- Financial Support
- Identify national health priorities
- Translate findings to policy

Hospital Network
- Source of data
- Identify and guide key study analyses
- Translate findings into quality improvement

China PEACE

| Retrospective AMI Study | Retrospective CathPCI Study | Prospective AMI Study | Prospective CathPCI Study | Prospective 3VD Study |

China National Center for Cardiovascular Diseases
- Study design and planning
- Study conduct
- Data collection and management
- Statistical analyses
- Dissemination of findings

Yale-New Haven Hospital Center for Outcomes Research and Evaluation
- Study design and planning
- Study support
- Statistical analyses
- Dissemination of findings

Figure 1 The China Patient-Centered Evaluative Assessment of Cardiac Events (PEACE) initiative.

Study Design:

China PEACE-3VD plans to consecutively enroll patients with the diagnosis of CCAD by elective (scheduled 24 hours prior) coronary artery angiography without previous history of CABG or PCI from a broad network of 24 hospitals over a 1-year enrollment period. The investigators will enroll patients after an elective coronary angiogram revealed three-vessel disease and/or left-main coronary artery disease. Trained coordinators at each site will interview patients during their index hospitalization, as well as at 1-month, 6-month and 12-month intervals following hospital discharge (Figure 2). The core lab based at Fuwai Hospital will

review and calculat all SYNTAX Scores of each patient's index coronary angiography. Medical records will be scanned at each participating site and then transferred to coordinating center. The "Real Data Medical Research Inc." group, under the supervision of the coordinating center, will centrally abstract data from each medical record.

The Ethics Committee of Fuwai Hospital has approved the study design and audits the study conduction yearly. Every participating patient are required to sign an informed consent.

Additionally, patients who are not enrolled in the prospective cohort will be added to a registry cohort, with only their medical record data and SYNTAX Scores collected. This separate registry study has also been reviewed and approved by the Ethics committee at Fuwai Hospital.
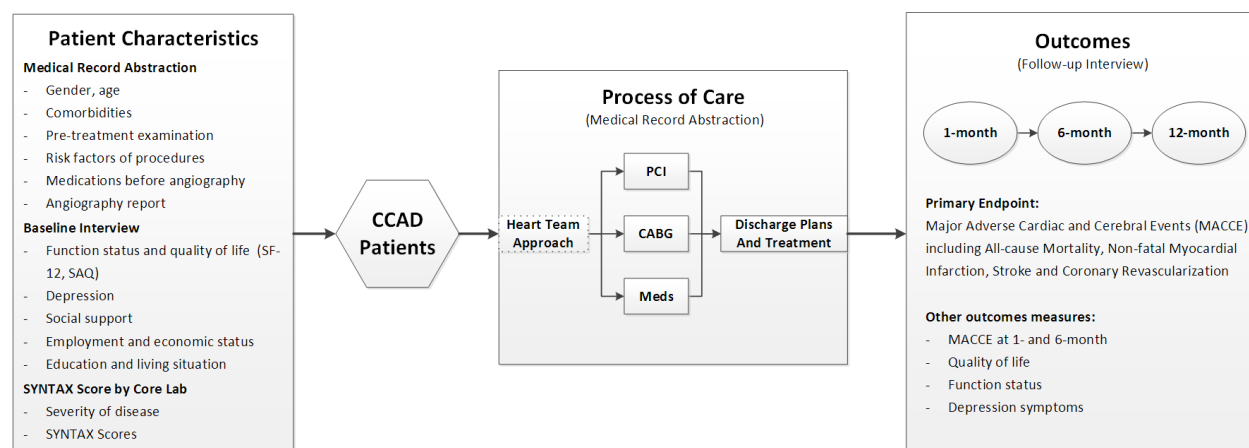

Figure 2 Design and Study Overview of China PEACE-3VD

Pilot Study

In order to optimize the processes of the China PEACE-3VD Study, a pilot study at Fuwai Hospital, one of the leading cardiovascular hospitals in China, has been conducted. From July 2011 through September 2012, the investigators enrolled over 1500 patients in the pilot study.

Population

From December 2012 to December 2013, the cardiac catheterization physicians at each local hospital routinely will review all elective coronary angiograms (scheduled 24 hours before the procedure) within two days of the procedure, to identify patients diagnosed with coronary artery disease with significant stenosis (≥50% diameter) in 3 major coronary arteries or significant stenosis (≥50% diameter) in the left main coronary artery based on the interventional cardiologist's interpretation. Exclusion criteria are as follows: history of prior revascularization,

an acute MI within 24 hours prior to the current procedure, or those who has been previously enrolled in China PEACE-3VD study. Once the patients are identified to be eligible, the investigators will assign him/her a unique study ID. Because an important component of the study is to perform a detailed, in-person, patient interview, patients needed to be prospectively identified as early as possible during their hospitalization.

If possible, the investigators will invite all eligible patients during his or her hospitalization to sign the informed consent and enroll. However, the investigators will not invite patients who are critically ill in the Intensive Care Unit, or unable to understand the study questions due to cognitive function or language barriers, or has been discharged after it is discovered that they are eligible. The investigators enroll consenting patients into the prospective cohort, and then the investigators register all other patients into the registry cohort. This cohort will be used to assess the representativeness of the study and will also be used to assess the entire treatment choices.

Participating Sites

A research network has been established in collaboration with 24 tertiary hospitals located in 17 provinces throughout China (Figure 2). The investigators select each hospital based on the following considerations: its capability of performing both PCI and CABG; its position as a top 3 highest volume hospital for CABG and PCI in the located province or direct-controlled municipality; the study team's prior experience with participating in a clinical study; overall representation of geographic locations across the country; and the feasibility of conducting the study at the given site. All hospitals contacted agree to participate.
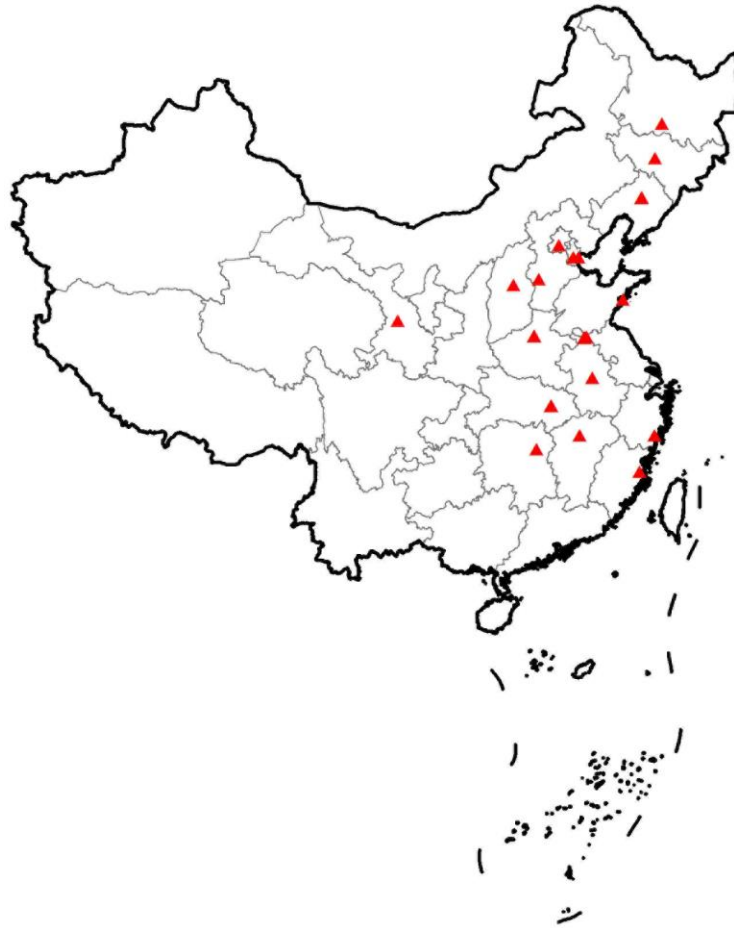
Figure 3 Geographic distribution of China PEACE-3VD Participating Centers

Participating sites:

- Anhui Provincial Hospital
- First Hospital of Jilin University
- Fuwai Hospital, Chinese Academy of Medical Sciences
- General Hospital of Shenyang Military Region
- Jiangxi Provincial People's Hospital
- Qingdao Fuwai Hospital
- Shanxi Cardiovascular Hospital
- Teda International Cardiovascular Hospital
- The 2st Affiliated Hospital of Harbin Medical University
- The Affiliated Hospital of Xuzhou Medical College
- The First Affiliated Hospital of Fujian Medical University
- The First Affiliated Hospital of Wenzhou Medical University

- The First Affiliated Hospital of Zhengzhou University
- The First Hospital of Lanzhou University
- The First People's Hospital of Xuzhou
- The People's Hospital of Liaoning Province
- The Second Affiliated Hospital of Zhengzhou University
- The Second Hospital of Hebei Medical University
- The Second Xiangya Hospital of Central South University
- Tianjin Chest Hospital
- Tongji Hospital, Tongji Medical College of Huazhong University of Science & Technology
- Union Hospital, Tongji Medical College of Huazhong University of Science & Technology
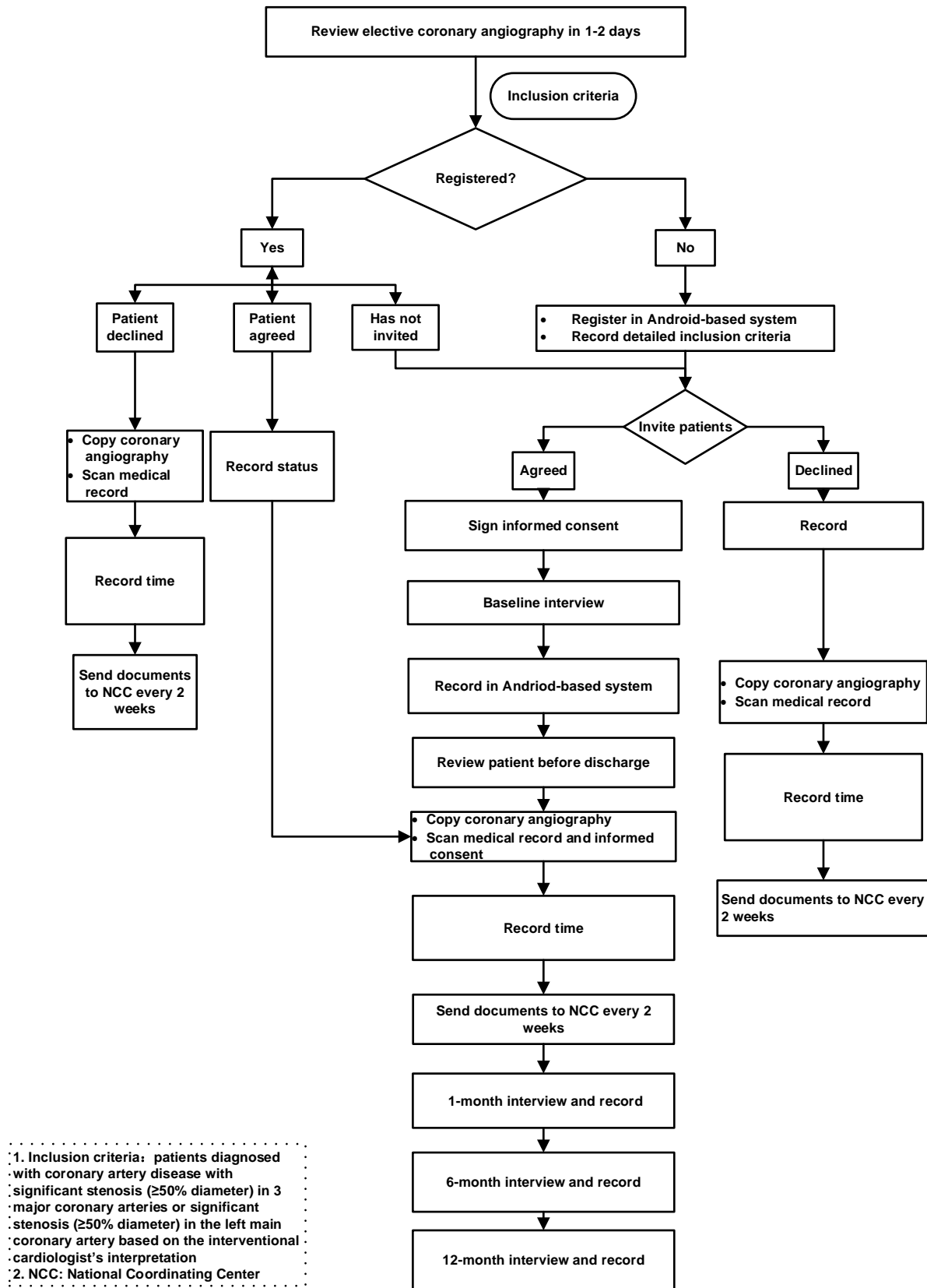- Wuhan Asia Heart Hospital

Detailed Protocol

Figure 4 Detailed Protocol for China PEACE-3VD Study

Data Elements

The investigators has examined both the English and Chinese language literature for relevant studies to create a candidate list of potential data elements (Table 1). Whenever possible, 2013 American College of Cardiology/American Heart Association (ACC/AHA) "Clinical Data Elements and Definitions for Measuring the Clinical Management and Outcomes of Patients With Acute Coronary Syndromes and Coronary Artery Disease" will be used to define clinical characteristics of patients' presentation, comorbidities, and clinical risk factors[32]. Procedural characteristics will be obtained using definitions from the AHA/ACCF Clinical Data Elements and Definitions and the Society of Thoracic Surgeons Adult Cardiac Surgery Database[32, 33]. Additionally, the investigators will include elements specific to the Chinese context of this study, such as the use of traditional Chinese medicine. As per prior studies, measures will be selected from the existing literature whenever possible so that valid and reproducible estimates of each concept could be acquired [34, 35].

Table 1 Data Elements

Variables	Medical Record	SYNTAX Score	Baseline	Follow-up Interviews		
				1-month	6-month	12-month
Clinical Characteristics						
Medical history	√					
CAD family history			√			√
Lab testing	√					
Physical testing	√					
Image examination	√					
SYNTAX Score		√				
Treatment						
Progress note	√					
Drug treatment	√					
Procedures	√					
Secondary prevention	√					
Secondary prevention compliance				√	√	√
Patient Characteristics						
Basic information			√			
Contact			√	√	√	√
BMI/Weight/Waistline			√	√	√	√
Socioeconomic status			√			√
Outcomes						
Death				√	√	√
MACCE				√	√	√

Variables	Medical Record	SYNTA X Score	Baseline	Follow-up Interviews		
				1-month	6-month	12-month
Rehospitalization				√	√	√
EQ-5D			√			
SAQ			√	√	√	√
Blood pressure	√			√	√	√
Blood glucose	√				√	√
Blood lipid	√				√	√
Hepatic function	√				√	√
Renal function	√				√	√

OUTCOME MEASURES

China PEACE-3VD seeks to evaluate a broad range of outcomes.

Primary outcome measure:

MACCE (major adverse cardiac and cerebrovascular events, the composite end-point of all-cause mortality, non-fatal myocardial infarction, stroke and additional coronary revascularization) at one year.

Major secondary endpoints:

PROMs at one year. The study will use the EQ-5D instrument as a measure of generic health related quality of life[36, 37], which also enables the estimation of utilities, and the Seattle Angina Questionnaire (SAQ) to assess condition-specific functioning and quality of life[38, 39]. Psychosocial status will be assessed for depressive symptoms (8-item Patient Health Questionnaire: PHQ-8)[40].

MEDICAL RECORD ABSTRACTION

Coordinators from each local site will be required to scan all medical charts of patients in either the prospective or registry cohorts, then transmit the scanned copy to the coordinating center through the mail on encrypted, password-protected flash drives to the coordinating center. The medical records will be evaluated for completeness and deidentified through covering all personal information in the medical charts. The medical charts will include the patients' cardiac and non-cardiac history, non-invasive testing (both the reports and the recorded electrocardiograms), laboratory results, in-hospital medications and procedures, in-hospital complications, discharge medications, and discharge disposition. This information will be abstracted by a group of trained abstractors under the supervision of trained quality control

personnel, cardiologists and cardiac surgeons. The China PEACE-3VD Study will adhere to rigorous standards for medical record transmission and data abstraction, similar to the previously published China PEACE-Retrospective Acute Myocardial Infarction Study and the Percutaneous Coronary Intervention Study[41, 42].

The investigators require a 2-week training course for all chart reviewers, prior to initiation of chart review. This training will include an introduction to the study, detailed information about the presentation of and treatment strategies for coronary artery disease, component parts of the medical record, and the China PEACE-3VD Study data elements and data dictionary.

The investigators will use several strategies to ensure the accuracy of data abstraction. The investigators will build an encrypted web-based data submission system. Further, the medical records will be randomly assigned to abstractors, to avoid potential residual disparities in quality among abstractors. A physician will be always available to answer questions. If the records are not abstracted with 98% accuracy, all medical records in the audited batch will be considered incorrect and re-abstracted by another abstractor. A qualified physician then will review a randomly selected 100 medical records, that have already been reviewed by quality control personnel, to further adjudicate the accuracy of data.

SYNTAX Score calculation

The participating hospitals will send all index catheterization angiography discs of patients in either the prospective cohort or registry cohort to the coordinating center through a safe transport system. Two specialty-trained cardiologists will independently review each angiogram. The Core Lab will calculate the SYNTAX Scores. The range of SYNTAX Scores will be designed to be from 1 to 50. In our study, if the difference between the 2 reviewed SYNTAX Scores is larger than 5, a third physician will review the angiogram and resolve disputes. Additionally, the Core Lab analyze both the data on each lesion, as well as the total score for each patient. The Core Lab will record the degree of every stenosis for inclusion criteria adjudication.

Participant interviews

The investigators will interview participants during the index hospitalization and at 1-month, 6-month and 12-month intervals. Follow-up interviews will be conducted face to face whenever possible. However, if the patient is unable or unwilling to return to the coordinating hospital, telephone interviews will be conducted.

Central project managers of the China PEACE-3VD Study will provide a one-hour standardized training to all interviewers, which includes training on interview skills and describes the significance of each question, during the initial meeting of China PEACE-3VD. To ensure coordinators' understanding of inclusion and exclusion criteria and study processes, two project managers will conduct on-site monitoring within 2 months of the initial meeting at all sites. Further, project managers will conduct on-site observations of baseline interviews. The second on-site monitoring visit will be conducted 6 months after the initiation of the study. At this visit, the project managers will observe follow-up interviews. Additionally, the investigators audio-record every interview for further adjudication and quality control. All interviews will be automatically recorded and transmitted to the coordinating center. The investigators will randomly select 10% of these records for review by project managers to ensure adherence to study protocol.

Data management

The investigators will treat all data as protected health information and store it securely in an encrypted and password-protected database at the coordinating center. The investigators will securely store paper charts in a locked room.

The investigators will develope data management procedures using tablet and web-based technology to ensure accurate and efficient data collection and analysis, confidentiality, and real-time, on-demand study monitoring reports. The collection, shipping, and receipt of data carriers will be tracked by the coordinating center. The investigators will conduct on-site monitoring of appropriate data management at each participating site two times over the study period.

Statistical analysis

The investigators' strategy of data collection permits a broad range of analysis and analytic approaches, based upon the research questions. The investigators will report summary statistics for patient demographic, clinical, psychosocial, and behavioral characteristics; use of diagnostic tests; treatments received; and control of risk factors. The investigators will calculate summary statistics for MACCE, as well as PROMs within 1, 6, and 12 months after enrollment. To help identify risk factors associated with the primary outcomes, the investigators will use standard parametric and non-parametric tests for bivariate analyses, including t test, chi-square test, Fisher's exact test, and Wilcoxon rank sum tests. In addition, appropriate multivariable

regression analyses, such as linear, logistic, Cox proportional hazard, and Poisson models, will be conducted to determine a factor's association with the outcome measures while adjusting for potential confounders. As patients will be clustered within hospitals and different measurement points of outcomes are clustered within patients, our analyses will account for clustering in data (e.g. generalized estimating equations or random effects models). While all efforts will be made to obtain high response rates to follow-up PROMs, some missing data is expected. The investigators will carefully evaluate any potential selection biases introduced by missing data and conduct inverse probability weighting when appropriate, based upon a propensity model for participation in the follow-up assessments, to preferentially weight the experiences of patients who were most like those that did not participate in follow-up. For observational comparative effectiveness studies, propensity score matching and instrumental variable methods will be used when necessary to minimize confounding and selection bias.

Funding/Support

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List of Guideline Recommendations and Scenarios of Appropriate Use Criteria Assessed in China PEACE-3VD

Recommendations	Class of recommendation	Level of evidence
Guideline: 2011 ACCF/AHA Guideline for Coronary Artery Bypass Graft Surgery		
A Heart Team approach to revascularization is recommended in patients with unprotected left main or complex CAD	I	C
CABG to improve survival is recommended for patients with significant (≥50% diameter stenosis) left main coronary artery stenosis	I	B
PCI to improve survival is reasonable as an alternative to CABG in selected stable patients with significant (≥50% diameter stenosis) unprotected left main CAD with: 1) anatomic conditions associated with a low risk of PCI procedural complications and a high likelihood of good long-term outcome (e.g., a low SYNTAX score [≤22], ostial or trunk left main CAD); and 2) clinical characteristics that predict a significantly increased risk of adverse surgical outcomes (e.g., STS-predicted risk of operative mortality ≥5%)	IIa	B
PCI to improve survival may be reasonable as an alternative to CABG in selected stable patients with significant (≥50% diameter stenosis) unprotected left main CAD with: 1) anatomic conditions associated with a low to intermediate risk	IIb	B

of PCI procedural complications and an intermediate to high likelihood of good long-term outcome (e.g., low–intermediate SYNTAX score of <33, bifurcation left main CAD); and 2) clinical characteristics that predict an increased risk of adverse surgical outcomes (e.g., moderate–severe chronic obstructive pulmonary disease, disability from previous stroke, or previous cardiac surgery; STS-predicted risk of operative mortality >2%)		
PCI to improve survival should not be performed in stable patients with significant (≥50% diameter stenosis) unprotected left main CAD who have unfavorable anatomy for PCI and who are good candidates for CABG	III	B
CABG to improve survival is beneficial in patients with significant (≥70% diameter) stenoses in 3 major coronary arteries (with or without involvement of the proximal LAD artery) or in the proximal LAD plus 1 other major coronary artery	I	B
It is reasonable to choose CABG over PCI to improve survival in patients with complex 3-vessel CAD (e.g., SYNTAX score >22), with or without involvement of the proximal LAD artery, who are good candidates for CABG	IIa	B
CABG is probably recommended in preference to PCI to improve survival in patients with multivessel CAD and diabetes mellitus, particularly if a LIMA graft can be	IIa	B

anastomosed to the LAD artery		
Perioperative management, e.g., aspirin (100 mg to 325 mg daily) should be administered to CABG patients preoperatively	-	-
Guideline: 2011 ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention[17]		
Postprocedural considerations in patients undergoing PCI, e.g., postprocedural considerations in patients undergoing PCI	-	-
Guideline: 2014 ACC/AHA/AATS/PCNA/SCAI/STS focused update of the guideline for the diagnosis and management of patients with stable ischemic heart disease		
A Heart Team approach to revascularization is recommended in patients with diabetes mellitus and complex multivessel CAD	I	C
CABG is generally recommended in preference to PCI to improve survival in patients with diabetes mellitus and multivessel CAD for which revascularization is likely to improve survival (3-vessel CAD or complex 2-vessel CAD involving the proximal LAD), particularly if a LIMA graft can be anastomosed to the LAD artery, provided the patient is a good candidate for surgery	I	B
Guideline: 2014 ESC/EACTS Guidelines on myocardial revascularization		
CABG: Left main disease with a SYNTAX score 22.	I	B
PCI: Left main disease with a SYNTAX score 22.	I	B

CABG: Left main disease with a SYNTAX score 23–32.	I	B
PCI: Left main disease with a SYNTAX score 23–32.	IIa	B
CABG: Left main disease with a SYNTAX score >32	I	B
PCI: Left main disease with a SYNTAX score >32	III	B
CABG: Three-vessel disease with a SYNTAX score ≤ 22	I	A
PCI: Three-vessel disease with a SYNTAX score ≤ 22	I	B
CABG: Three-vessel disease with a SYNTAX score 23–32	I	A
PCI: Three-vessel disease with a SYNTAX score 23–32	III	B
CABG: Three-vessel disease with a SYNTAX score >32	I	A
PCI: Three-vessel disease with a SYNTAX score >32	III	B
Long-term medical therapy after myocardial revascularization to improve prognosis and recommendations for lifestyle changes and participation in cardiac rehabilitation programmes, e.g. statin therapy with an LDL-C goal <70 mg/dL (<1.8 mmol/L) is indicated to start and continue in all patients with CAD after revascularization, unless contraindicated	-	-
Guideline: ACCF/AHA/ASE/ASNC/HFSA/HRS/SCAI/SCCT/SCMR/STS 2013 multimodality appropriate use criteria for the detection and risk assessment of stable ischemic heart disease		
Prior testing without intervening revascularization	-	-

Detection and risk assessment of stable ischemic heart disease after revascularization (PCI or CABG), e.g., symptomatic or asymptomatic with incomplete revascularization	-	-
Guideline: ACCF/SCAI/STS/AATS/AHA/ASNC/HFSA/SCCT 2012 appropriate use criteria for coronary revascularization focused update		
Revascularization for patients without prior bypass surgery	-	-
Method of revascularization for multivessel CAD, CCS angina greater than or equal to class III, and/or evidence of intermediate- to high-risk findings on noninvasive testing	-	-

ACCF indicates American College of Cardiology Foundation; AHA indicates American Heart Association; CAD indicates coronary artery disease; CABG indicates coronary artery bypass grafting; PCI indicates percutaneous coronary intervention; STS indicates Society of Thoracic Surgeons; LAD indicates left anterior descending artery; LIMA indicates left internal mammary artery; SCAI indicates Society for Cardiovascular Angiography and Interventions; AATS indicates American Association for Thoracic Surgery; PCNA indicates Preventive Cardiovascular Nurses Association; ESC indicates European Society of Cardiology; EACTS indicates European Association for Cardio-Thoracic Surgery; LDL-C indicates low-density lipoprotein cholesterol; ASE indicates American Society of Echocardiography; HFSA indicates Heart Failure Society of America; HRS indicates Heart Rhythm Society; SCCT indicates Society of Cardiovascular Computed Tomography; SCMR indicates Society for Cardiovascular Magnetic Resonance; ASNC indicates American Society of Nuclear Cardiology; CCS indicates Canadian Cardiovascular Society.

Case Report Form

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Front Page	1.Study Number	Input		FPNUM=TCNUM Should Be Identical with the Last Question
Front Page	2.Patient ID	Input		
Front Page	3.Name	Input		
Front Page	4.Sex	Single Choice	1=Male 2=Female	
Front Page	5.Date of Birth	Calendar Format		
Front Page	6.Address	Input		
Front Page	7.Name of Contact Person-1	Input		IF FPTIME1=999, hide FPNUMG1、FPNUMM1、 FPTIME2、FPNUMG2、FPNUMM2、FPTIME3、FPNUMG3、FPNUMM3
Front Page	8.Contact Person-Fixed Telephone Number-1	Input		
Front Page	9.Contact Person-Mobile Telephone Number-1	Input		
Front Page	10.Name of Contact Person-2	Input		IF FPTIME2=999， hide FPNUMG2、FPNUMM2、 FPTIME3、FPNUMG3、FPNUMM3
Front Page	8.Contact Person-Fixed Telephone Number-2	Input		
Front Page	9.Contact Person-Mobile Telephone Number-2	Input		
Front Page	10.Name of Contact Person-2	Input		IF FPTIME3=999, hide FPNUMG3、FPNUMM3
Front Page	8.Contact Person-Fixed Telephone Number-3	Input		
Front Page	9.Contact Person-Mobile Telephone Number-3	Input		
Front Page	16.Adimission Date	Calendar Format		FPCD>FPED or FPCD=FPED
Front Page	17.Discharge Date	Calendar Format		FPCD>FPED or FPCD=FPED
Front Page	18.Insurance Payer	Single Choice	1=Urban Inhabitants/Employees Medical Insurance 2=Commercial Insurance 3=Charged Medical Service 4= Government-Reimbursed Care 5=Others	FPFKFS=5，then no other options should be checked
Front Page	19.Total Cost(*yuan*)	Input		
Admission Diagnosis	1.Admission Diagnosis(CHD related)			
Admission Diagnosis	1-[1]Coronary Heart Disease	Multiple Choices	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Admission Diagnosis	1-[2]Coronary Heart Disease Suspected(CHD?)	Multiple Choices	1	
Admission Diagnosis	1-[3]Acute Coronary Syndrome	Multiple Choices	1	
Admission Diagnosis	1-[4]Acute Coronary Syndrome Suspected(ACS?)	Multiple Choices	1	
Admission Diagnosis	1-[5]Acute Extensive Anterior MI	Multiple Choices	1	
Admission Diagnosis	1-[6]Acute Anterior MI	Multiple Choices	1	
Admission Diagnosis	1-[7]Acute Inferior MI	Multiple Choices	1	
Admission Diagnosis	1-[8]Acute Lateral MI	Multiple Choices	1	
Admission Diagnosis	1-[9]Acute Posterior MI	Multiple Choices	1	
Admission Diagnosis	1-[10]Acute Right Ventricular Infarction	Multiple Choices	1	
Admission Diagnosis	1-[11]Acute Non ST-elevation myocardial infarction	Multiple Choices	1	
Admission Diagnosis	1-[12]Acute ST-elevation myocardial infarction	Multiple Choices	1	
Admission Diagnosis	1-[13]Acute Subendocardial Infarction	Multiple Choices	1	
Admission Diagnosis	1-[14]Acute myocardial infarction	Multiple Choices	1	
Admission Diagnosis	1-[15]Acute myocardial infarction Suspected(?)	Multiple Choices	1	
Admission Diagnosis	1-[16]Old myocardial infarction(Q-wave MI)	Multiple Choices	1	
Admission Diagnosis	1-[17]Unstable Angina Pectoris	Multiple Choices	1	
Admission Diagnosis	1-[18]Variant Angina Pectoris	Multiple Choices	1	
Admission Diagnosis	1-[19]Stable Angina pectoris	Multiple Choices	1	
Admission Diagnosis	1-[20]Angina Pectoris(Undetermined)	Multiple Choices	1	
Admission Diagnosis	1-[21]Post-CABG	Multiple Choices	1	
Admission Diagnosis	1-[22]Post-PCI	Multiple Choices	1	
Admission Diagnosis	1-[23]Coronary Artery Dysplasia	Multiple Choices	1	
Admission Diagnosis	1-[24]Muscle Bridge	Multiple Choices	1	
Admission Diagnosis	1-[25]Doubtful Symptoms	Multiple Choices	1	
Admission Diagnosis	1-[26]None of above	Multiple Choices	1	
Admission Diagnosis	2.Admission Diagnosis(Others)			
Admission Diagnosis	2-[1]Cardiac Arrest	Multiple Choices	1	
Admission	2-[2]Cardiac Shock	Multiple	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Diagnosis		Choices		
Admission Diagnosis	2-[3]Ventricular Fibrillation	Multiple Choices	1	
Admission Diagnosis	2-[4]Ventricular Tachycardia	Multiple Choices	1	
Admission Diagnosis	2-[5]Atrial Fibrillation	Multiple Choices	1	
Admission Diagnosis	2-[6]Acute Heart Failure	Multiple Choices	1	
Admission Diagnosis	2-[7]Chronic Heart Failure	Multiple Choices	1	
Admission Diagnosis	2-[8]Heart Failure(Undetermined)	Multiple Choices	1	
Admission Diagnosis	2-[9] Acute Pulmonary Edema	Multiple Choices	1	
Admission Diagnosis	2-[10]Acute Hemorrhagic Stroke (Cerebral Hemorrhage/ Subarachnoid Hemorrhage	Multiple Choices	1	
Admission Diagnosis	2-[11]Acute Ischemic Stroke(Cerebral Infarction/Cerebral Embolism /Cerebral Thrombosis)	Multiple Choices	1	
Admission Diagnosis	2-[12]Acute Stroke (Undetermined)	Multiple Choices	1	
Admission Diagnosis	2-[13]Anemia	Multiple Choices	1	
Admission Diagnosis	2-[14]Gastrointestinal Bleeding	Multiple Choices	1	
Admission Diagnosis	2-[15]Chronic Renal Failure	Multiple Choices	1	
Admission Diagnosis	2-[16]Dialysis(Peritoneal Dialysis/Hemodialysis)	Multiple Choices	1	
Admission Diagnosis	2-[17]Hyperlipidemia (lipid abnormality)	Multiple Choices	1	
Admission Diagnosis	2-[18]Hyperlipidemia (lipid abnormality)	Multiple Choices	1	
Admission Diagnosis	2-[19]High Blood Pressure	Multiple Choices	1	
Admission Diagnosis	2-[20]Diabetes Mellitus	Multiple Choices	1	
Admission Diagnosis	2-[21]Diabetic Nephropathy	Multiple Choices	1	
Admission Diagnosis	2-[22] Rheumatic Heart Disease	Multiple Choices	1	
Admission Diagnosis	2-[23]Valvular Heart Disease	Multiple Choices	1	
Admission Diagnosis	2-[24]Heart Valve Replacement History	Multiple Choices	1	
Admission Diagnosis	2-[25] Takayasu Arteritis	Multiple Choices	1	
Admission Diagnosis	2-[26]Kawasaki Disease	Multiple Choices	1	
Admission Diagnosis	2-[27]Acute Gastric Ulcer	Multiple Choices	1	
Admission Diagnosis	2-[28]Chronic Gastric Ulcer	Multiple Choices	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Admission Diagnosis	2-[29]Other Gastric Disease	Multiple Choices	1	
Admission Diagnosis	2-[30] Thyroid Diseases	Multiple Choices	1	
Admission Diagnosis	2-[31] Gastroesophageal Reflux	Multiple Choices	1	
Admission Diagnosis	2-[32]Esophageal Spasm	Multiple Choices	1	
Admission Diagnosis	2-[33]Cholelithiasis	Multiple Choices	1	
Admission Diagnosis	2-[34]Carotid Stenosis	Multiple Choices	1	
Admission Diagnosis	2-[35]None of Above	Multiple Choices	1	
Admission Diagnosis	3.NYHA Functional Class	Single Choice	1=Unknown 2=Class I 3=Class II 4=Class III 5=Class IV	
Admission Diagnosis	4.CCS Class of Angina	Single Choice	1=Unknown 2=Class I 3=Class II 4=Class III 5=Class IV	
Discharge Report 1	1.In-hospital Clinical Event			
Discharge Report 1	1-[1]Death	Single Choice	1=No 2=Yes	If DSDTH=1 hide DSDTHD and DSDTHRE. If DSDTH=2 , Discharge Report 4, Discharge Medication are shielded
Discharge Report 1	1-[2]Death Date/Time	Calendar Format		DSDTH=2 and DSDTHD is not null DSDTHD>FPED
Discharge Report 1	1-[3]Primary Cause of Death	Single Choice	1=Cardiac 2=Neurological 3=Renal 4=Vascular 5=Infection 6=Respiratory 7=Valvular 8=Unknown 9=Others	DSDTH=2 and DSDTHRE is not null;DSDTHRE=9,DSDCY is not null
Discharge Report 1	1-[3]-[9]Other Causes of Death			DSDTHRE=9,DSDCY is not null
Discharge Report 1	2.Patient Refuses the Following Procedures or not			
Discharge Report 1	2-[1]Refuse PCI	Multiple Choices	1	DSJCZ01=1 , DSJCZ04 is not null
Discharge Report 1	2-[2]Refuse CABG	Multiple Choices	1	DSJCZ02=1 , DSJCZ05 is not null
Discharge Report 1	2-[3]Not Recorded	Multiple Choices	1	DSJCZ03=1 , DSJCZ01,DSJCZ02 is null, hide DSJCZ04、 DSJCZ05
Discharge Report 1	2-[4]The Reason of the Refusal of PCI	Single Choice	1=For Economic Reasons 2=For Operation Risks 3=Transferring to Other Hospitals for	DSJCZ01=1 , DSJCZ04 is not null

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			PCI 4=Others 5=Not Recorded	
Discharge R eport 1	2-[5The Reason of the Refusal of CABG	Single Choice	1=For Economic Reasons 2=For Operation Risks 3=Transferring to Other Hospitals for CABG 4=Others 5=Not Recorded	DSJCZ02=1，DSJCZ05 is not null
Discharge R eport 1	3.In-hospital Event			
Discharge R eport 1	3-[1]Recurrent MI	Multiple Choices	1	
Discharge R eport 1	3-[2]Recurrent Angina Pectoris	Multiple Choices	1	
Discharge R eport 1	3-[3]Rupture of the Free Wall of Heart	Multiple Choices	1	
Discharge R eport 1	3-[4]Rupture of Papillary Muscle	Multiple Choices	1	
Discharge R eport 1	3-[5]Ventricular Septal Rupture	Multiple Choices	1	
Discharge R eport 1	3-[6]Cardiac Tamponade	Multiple Choices	1	
Discharge R eport 1	3-[7]Pericardial Effusion	Multiple Choices	1	
Discharge R eport 1	3-[8]Cardiac Shock	Multiple Choices	1	
Discharge R eport 1	3-[9]Cardiac Arrest	Multiple Choices	1	
Discharge R eport 1	3-[10]CPR	Multiple Choices	1	
Discharge R eport 1	3-[11]Atrial Fibrillation	Multiple Choices	1	
Discharge R eport 1	3-[12]Ventricular Tachycardia	Multiple Choices	1	
Discharge R eport 1	3-[13]Ventricular Fibrillation	Multiple Choices	1	
Discharge R eport 1	3-[14]Acute Heart Failure	Multiple Choices	1	
Discharge R eport 1	3-[15]Exacerbation of Chronic Heart Failure	Multiple Choices	1	
Discharge R eport 1	3-[16]Heart Failure(Undetermined)	Multiple Choices	1	
Discharge R eport 1	3-[17] Acute Pulmonary Edema	Multiple Choices	1	
Discharge R eport 1	3-[18] Respiratory Failure	Multiple Choices	1	
Discharge R eport 1	3-[19]Gastrointestinal Bleeding	Multiple Choices	1	
Discharge R eport 1	3-[20]Urogenital Bleeding	Multiple Choices	1	
Discharge R eport 1	3-[21] Intracranial /Subdural Hemorrhage	Multiple Choices	1	
Discharge R eport 1	3-[22]Retroperitoneal Hemorrhage	Multiple Choices	1	
Discharge R eport 1	3-[23]Bleeding/Hematom	Multiple Choices	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
	a in Puncture Site			
Discharge Report 1	3-[24]Pericardial Bleeding	Multiple Choices	1	
Discharge Report 1	3-[25]Bleeding (Position is not Indicated	Multiple Choices	1	
Discharge Report 1	3-[26]Hemorrhagic Shock	Multiple Choices	1	
Discharge Report 1	3-[27]Venous Thromboembolism	Multiple Choices	1	
Discharge Report 1	3-[28]Pulmonary Embolism	Multiple Choices	1	
Discharge Report 1	3-[29]Deep Venous Thrombosis	Multiple Choices	1	
Discharge Report 1	3-[30]Acute Ischemia Stroke(Cerebral Infarction/Cerebral Embolism/Cerebral Thrombosis/TIA)	Multiple Choices	1	
Discharge Report 1	3-[31]Acute Hemorrhage Stroke(Cerebral Hemorrhage/ Subarachnoid Hemorrhage)	Multiple Choices	1	
Discharge Report 1	3-[32]Acute Stroke(Undetermined)	Multiple Choices	1	
Discharge Report 1	3-[33]Acute Renal Failure	Multiple Choices	1	
Discharge Report 1	3-[34]Dialysis(Hemodialysis/Peritoneal Dialysis)	Multiple Choices	1	
Discharge Report 1	3-[35]Adverse Contrast media reaction (Including Serious Allergy	Multiple Choices	1	
Discharge Report 1	3-[36]Contrast Induced Nephropathy (CIN)	Multiple Choices	1	
Discharge Report 1	3-[37]Thrombocytopenia	Multiple Choices	1	
Discharge Report 1	3-[38]Infection (In-hospital Infection)	Multiple Choices	1	
Discharge Report 1	3-[39]None of Above	Multiple Choices	1	
Discharge Report 2	4.Discharge Admission (CHD related)			
Discharge Report 2	4-[1]Coronary Heart Disease	Multiple Choices	1	
Discharge Report 2	4-[2]Acute Coronary Syndrome	Multiple Choices	1	
Discharge Report 2	4-[3]Acute Extensive Anterior MI	Multiple Choices	1	
Discharge Report 2	4-[4]Acute Anterior MI	Multiple Choices	1	
Discharge Report 2	4-[5]Acute Anteroseptal MI	Multiple Choices	1	
Discharge Report 2	4-[6]Acute Inferior MI	Multiple Choices	1	
Discharge Report 2	4-[7]Acute Lateral MI	Multiple Choices	1	
Discharge Report	4-[8]Acute Posterior MI	Multiple	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
eport 2		Choices		
Discharge Report 2	4-[9]Acute Right Ventricular MI	Multiple Choices	1	
Discharge Report 2	4-[10]Acute Non ST-elevation myocardial infarction	Multiple Choices	1	
Discharge Report 2	4-[11]Acute ST-elevation myocardial infarction	Multiple Choices	1	
Discharge Report 2	4-[12]Acute Subendocardial Infarction	Multiple Choices	1	
Discharge Report 2	4-[13]Acute myocardial infarction	Multiple Choices	1	
Discharge Report 2	4-[14]Old myocardial infarction(Q-wave MI)	Multiple Choices	1	
Discharge Report 2	4-[15]Unstable Angina Pectoris	Multiple Choices	1	
Discharge Report 2	4-[16]Stable Angina pectoris	Multiple Choices	1	
Discharge Report 2	4-[17]Variant Angina Pectoris	Multiple Choices	1	
Discharge Report 2	4-[18]Angina Pectoris(Undetermined)	Multiple Choices	1	
Discharge Report 2	4-[19]Post-CABG	Multiple Choices	1	
Discharge Report 2	4-[20]Coronary Artery Dysplasia	Multiple Choices	1	
Discharge Report 2	4-[21]Muscle Bridge	Multiple Choices	1	
Discharge Report 2	4-[22]Doubtful Symptoms	Multiple Choices	1	
Discharge Report 2	4-[23]PCI-related MI	Multiple Choices	1	
Discharge Report 2	4-[24]None of Above	Multiple Choices	1	
Discharge Report 3	5.Discharge Diagnosis(Others)			
Discharge Report 3	5-[1]Cardiac Arrest	Multiple Choices	1	
Discharge Report 3	5-[2]Cardiac Shock	Multiple Choices	1	
Discharge Report 3	5-[3]Rupture of the Free Wall of Heart	Multiple Choices	1	
Discharge Report 3	5-[4]Rupture of papillary muscle	Multiple Choices	1	
Discharge Report 3	5-[5]Ventricular Septal Rupture	Multiple Choices	1	
Discharge Report 3	5-[6]Cardiac Tamponade	Multiple Choices	1	
Discharge Report 3	5-[7]Pericardial Effusion	Multiple Choices	1	
Discharge Report 3	5-[8]CPR	Multiple Choices	1	
Discharge Report 3	5-[9]Ventricular Fibrillation	Multiple Choices	1	
Discharge Report 3	5-[10]Ventricular Tachycardia	Multiple Choices	1	
Discharge Report 3	5-[11]Atrial Fibrillation	Multiple Choices	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Discharge Report 3	5-[12]Atrial Flutter	Multiple Choices	1	
Discharge Report 3	5-[13]Acute Heart Failure	Multiple Choices	1	
Discharge Report 3	5-[14]Chronic Heart Failure	Multiple Choices	1	
Discharge Report 3	5-[15]Heart Failure(Undetermined)	Multiple Choices	1	
Discharge Report 3	5-[16]Acute Pulmonary Edema	Multiple Choices	1	
Discharge Report 3	5-[17]Acute Ischemic Stroke(Cerebral Infarction/Cerebral Embolism /Cerebral Thrombosis)	Multiple Choices	1	
Discharge Report 3	5-[18]Acute Hemorrhagic Stroke (Cerebral Hemorrhage/ Subarachnoid Hemorrhage	Multiple Choices	1	
Discharge Report 3	5-[19]Acute Stroke (Undetermined)	Multiple Choices	1	
Discharge Report 3	5-[20]Anemia	Multiple Choices	1	
Discharge Report 3	5-[21]Gastrointestinal Bleeding	Multiple Choices	1	
Discharge Report 3	5-[22]Urogenital Bleeding	Multiple Choices	1	
Discharge Report 3	5-[23] Intracranial /Subdural Hemorrhage	Multiple Choices	1	
Discharge Report 3	5-[24]Retroperitoneal Hemorrhage	Multiple Choices	1	
Discharge Report 3	5-[25]Bleeding/Hematoma in Puncture Site	Multiple Choices	1	
Discharge Report 3	5-[26]Pericardial Bleeding	Multiple Choices	1	
Discharge Report 3	5-[27] Bleeding(Position is not Indicated)	Multiple Choices	1	
Discharge Report 3	5-[28]Hemorrhagic Shock	Multiple Choices	1	
Discharge Report 3	5-[29]Venous Thromboembolism	Multiple Choices	1	
Discharge Report 3	5-[30]Pulmonary Embolism	Multiple Choices	1	
Discharge Report 3	5-[31]Deep Venous Thrombosis	Multiple Choices	1	
Discharge Report 3	5-[32]Chronic Renal Failure	Multiple Choices	1	
Discharge Report 3	5-[33]Dialysis(Peritoneal Dialysis/Hemodialysis)	Multiple Choices	1	
Discharge Report 3	5-[34]Adverse Contrast media reaction(Including Serious Allergy)	Multiple Choices	1	
Discharge Report 3	5-[35]Contrast Induced Nephropathy(CIN)	Multiple Choices	1	
Discharge Report 3	5-[36]Thrombocytopenia	Multiple Choices	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Discharge Report 3	5-[37]Infection	Multiple Choices	1	
Discharge Report 3	5-[38]Hyperlipidemia (lipid abnormality)	Multiple Choices	1	
Discharge Report 3	5-[39]Hyperlipidemia (lipid abnormality)	Multiple Choices	1	
Discharge Report 3	5-[40]High Blood Pressure	Multiple Choices	1	
Discharge Report 3	5-[41]Diabetes Mellitus	Multiple Choices	1	
Discharge Report 3	5-[42]Diabetic Nephropathy	Multiple Choices	1	
Discharge Report 3	5-[43Rheumatic Heart Disease	Multiple Choices	1	
Discharge Report 3	5-[44]Valvular Heart Disease	Multiple Choices	1	
Discharge Report 3	5-[45]Undergoing Heart Valve Replacement	Multiple Choices	1	
Discharge Report 3	5-[46]Takayasu Arteritis	Multiple Choices	1	
Discharge Report 3	5-[47]Kawasaki Disease	Multiple Choices	1	
Discharge Report 3	5-[48]Acute Gastric Ulcer	Multiple Choices	1	
Discharge Report 3	5-[49]Chronic Gastric Ulcer	Multiple Choices	1	
Discharge Report 3	5-[50]Other Gastric Disease	Multiple Choices	1	
Discharge Report 3	5-[51] Thyroid Diseases	Multiple Choices	1	
Discharge Report 3	5-[52]Gastroesophageal Reflux	Multiple Choices	1	
Discharge Report 3	5-[53]Esophageal Spasm	Multiple Choices	1	
Discharge Report 3	5-[54]Cholelithiasis	Multiple Choices	1	
Discharge Report 3	5-[55]Carotid Stenosis	Multiple Choices	1	
Discharge Report 3	5-[56]None of Above	Multiple Choices	1	
Discharge Report 4	6.Patient Education and Instruction			
Discharge Report 4	6-[1]Instruction of the Strategy of Discharge Medicine	Multiple Choices	1	
Discharge Report 4	6-[2]Instruction of the Strategy of Warfarin/ lipid-lowering therapy in Out-patient	Multiple Choices	1	
Discharge Report 4	6-[3]Diabetes Education	Multiple Choices	1	
Discharge Report 4	6-[4]Regular Blood Lipid Evaluation	Multiple Choices	1	
Discharge Report 4	6-[5]Diet Instruction	Multiple Choices	1	
Discharge Report 4	6-[6]Weight-Controlling Suggestions	Multiple Choices	1	
Discharge Report 4	6-[7]Smoking Cessation Suggestions/consultatio	Multiple Choices	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
	n			
Discharge Report 4	6-[8] Instructions of Recourse When Symptoms Deteriorated	Multiple Choices	1	
Discharge Report 4	6-[9]Exercise Suggestions	Multiple Choices	1	
Discharge Report 4	6-[10]The Date of Resumption of Work	Multiple Choices	1	
Discharge Report 4	6-[11]The Date of Resumption Sexual Life	Multiple Choices	1	
Discharge Report 4	6-[12] In-patient Instruction of Heart Rehabilitation	Multiple Choices	1	
Discharge Report 4	6-[13] Out-patient Instruction of Heart Rehabilitation	Multiple Choices	1	
Discharge Report 4	6-[14]None of Above			
Discharge Report 4	7.Selective PCI in Stable Condition Is Better Recommended ?	Single Choice	1=Yes 2=Unknown	
Discharge Report 4	8.Selective CABG in Stable Condition Is Better Recommended ?	Single Choice	1=Yes 2=Unknown	
Discharge Report 4	9.Discharge Status	Single Choice	1= home care/self-care/community hospital 2=Other hospital 3=Left against medical advice or discontinued care in severe illness	
Discharge Report 4	9-[2]Cause of Transferring to Other Medical Institutions	Single Choice	1=Failed to offer the needed medical service 2=Problem in insurance and administration 3=Patient will 4=Other reasons 5=Unknown	DMCYQX=2 and DMCYRE is not null ; DMCYRE=4 , DMCYRER is not null
Discharge Report 4	9-[2]-[4]Other Reasons :			DMCYRE=4 , DMCYRER is not null
Discharge Medication	1-[1]Discharge Medication 1	Drug Storehouse		IF DMAS end with 999 , hide the following variables
Discharge Medication	1-[2]Dosage	Input		
Discharge Medication	1-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			10=% 11=Other 12=Not Recorded	
Discharge Medication	1-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When necessary(sos/prn) 7=Other 8=Not recorded	
Discharge Medication	2-[2]Discharge Medication 2	Drug Storehouse		
Discharge Medication	2-[2]Dosage	Input		
Discharge Medication	2-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	2-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	3-[1]Discharge Medication 3	Drug Storehouse		
Discharge Medication	3-[2]Dosage	Input		
Discharge Medication	3-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	3-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	4-[1]Discharge Medication4	Drug Storehouse		
Discharge Medication	4-[2]Dosage	Input		
Discharge Medication	4-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	4-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	5-[1]Discharge Medication5	Drug Storehouse		
Discharge Medication	5-[2]Dosage	Input		
Discharge Medication	5-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	5-[5]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge	6-[1]Discharge	Drug		

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Medication	Medication6	Storehouse		
Discharge Medication	6-[2]Dosage	Input		
Discharge Medication	6-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	6-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	7-[1]Discharge Medication7	Drug Storehouse		
Discharge Medication	7-[2]Dosage	Input		
Discharge Medication	7-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	7-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	8-[1]Discharge Medication8	Drug Storehouse		
Discharge Medication	8-[2]Dosage	Input		
Discharge Medication	8-[3]Unit	Single Choice	1=g 2=mg	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	8-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	9-[1]Discharge Medication9	Drug Storehouse		
Discharge Medication	9-[2]Dosage	Input		
Discharge Medication	9-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	9-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	10-[1]Discharge Medication10	Drug Storehouse		
Discharge Medication	10-[2]Dosage	Input		
Discharge Medication	10-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			10=% 11=Others 12=Not Recorded	
Discharge Medication	10-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	11-[1]Discharge Medication11	Drug Storehouse		
Discharge Medication	11-[2]Dosage	Input		
Discharge Medication	11-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	11-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	12-[1]Discharge Medication12	Drug Storehouse		
Discharge Medication	12-[2]Dosage	Input		
Discharge Medication	12-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	12-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	13-[1]Discharge Medication13	Drug Storehouse		
Discharge Medication	13-[2]Dosage	Input		
Discharge Medication	13-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	13-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge Medication	14-[1]Discharge Medication14	Drug Storehouse		
Discharge Medication	14-[2]Dosage	Input		
Discharge Medication	14-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	14-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Discharge	15-[1]Discharge	Drug		

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Medication	Medication15	Storehouse		
Discharge Medication	15-[2]Dosage	Input		
Discharge Medication	15-[3]Unit	Single Choice	1=g 2=mg 3=ml 4=U 5=Piece/ # 6=U/kg·h 7=ug 8=MU 9=BU 10=% 11=Others 12=Not Recorded	
Discharge Medication	15-[4]Frequency of Medication	Single Choice	1=Qd /QN 2=Bid/q12h 3=Tid/q8h 4=Q6h 5=Once Every Other Day(qod) 6=When Necessary(sos/prn) 7=Others 8=Not Recorded	
Present Illness and Past History	History of Cardiovascular Disease			
Present Illness and Past History	20.Prior angina	Single Choice	1=Not mentioned 2=Yes，stable angina pectoris 3=Yes，unstable angina pectoris 4=Yes，can not be classified	HPXJT=1，other options can not be checked
Present Illness and Past History	21.Prior MI	Single Choice	1=Not mentioned 2=Yes	HPXG=1，hide HPXGFS、HPXGFS1、HPXGFS2
Present Illness and Past History	22.Date and time of the recent onset of MI.	Calendar Format		HPXG=1，hide HPXGFS、HPXGFS1、HPXGFS2；HPXGFS=20000101，HPXGFS1 is not null、HPXGFS<>20000101，hide HPXGFS1、HPXGFS2
Present Illness and Past History	23.Site where the recent MI episode	Input		HPXGFS<>20000101，hide HPXGFS1、HPXGFS2；HPXGFS1=999，hide HPXGFS2
Present Illness and Past History	24.Time passed since the recent onset of MI.	Single Choice	1=XX year(s) ago 2=XX month(es) age 3=XX week(s) ago 4=XX day(s) ago 5=XX hour(s) ago	HPXGFS1=999，hide HPXGFS2
Present Illness and	25.Previous History of Congestive Heart	Single Choice	1=Not mentioned 2=Yes	HPCXX=1，hide HPCXXD、

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Past History	Failure			HPCXXD1、HPCXXD2；
Present Illness and Past History	26.Date and time of the recent onset of HF	Calendar Format		HPCXX=1，hide HPCXXD、HPCXXD1、HPCXXD2； HPCXXD=20000101、HPCXXD1 is not null; HPCXXD<>20000101, hide HPCXXD1、HPCXXD2
Present Illness and Past History	27.Site where the recent MI episode	Input		HPCXXD<>20000101, hide HPCXXD1、HPCXXD2； HPCXXD1=999，hide HPCXXD2
Present Illness and Past History	28.Time passed since the recent onset of HF	Single Choice	1=XX year(s) ago 2=XX month(es) age 3=XX week(s) ago 4=XX day(s) ago 5=XX hour(s) ago	HPCXXD1=999，hide HPCXXD2
Present Illness and Past History	29.Prior PCI	Single Choice	1=Not mentioned 2=Yes	HPPCI=1，hide HPPCID、HPPCID1、HPPCID2
Present Illness and Past History	30.Date of Prior PCI	Calendar Format		HPPCI=1，hide HPPCID、HPPCID1、HPPCID2； HPPCID=20000101、HPCXXD1 is not null;HPPCID<>20000101,hide HPPCID1、HPPCID2；
Present Illness and Past History	31.Site of Prior PCI	Input		HPPCID<>20000101,hide HPPCID1、HPPCID2； HPPCID1=999，hide HPCXXD2
Present Illness and Past History	Time Passed since Prior PCI	Single Choice	1=XX year(s) ago 2=XX month(es) age 3=XX week(s) ago 4=XX day(s) ago 5=XX hour(s) ago	HPPCID1=999，hide HPCXXD2
Present Illness and Past History	33.Prior CABG	Single Choice	1=Not mentioned 2=Yes	HCABG=1，hide HCABGD、HCABGD1、HCABGD2
Present Illness and Past History	34.Date of Prior CABG	Calendar Format		HPCABG=1，hide HPCABGD、HPCABGD1、HPCABGD2； HPCABGD=20000101、HPCABGD1 is not null;HCABGD<>20000101,hide HPCABGD1、HPCABGD2；
Present Illness and Past History	35.Site of Prior CABG	Input		HPCABGD<>20000101,hide HPCABGD1、HPCABGD2； HPCABGD1=999，hide HPCABGD2
Present Illness and Past History	36.Time Passed since Prior PCI	Single Choice	1=XX year(s) ago 2=XX month(es) age 3=XX week(s) ago 4=XX day(s) ago 5=XX hour(s) ago	HPCABGD1=999，hide HPCABGD2
Present Illness and	37.Prior Valvular Surgery	Single Choice	1=Not mentioned 2=Yes	HPBM=1，hide HPBMZD、

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Past History				HPBMEJ、HPBMSJ、HPBMD、HPBMD1、HPBMD2
Present Illness and Past History	38.Aortic Valve	Single Choice	1=Mechanical valve 2=Biologic valve 3=Valvuloplasty 4=Unknown	HPBM=2 and HPBMZD is not null HPBMZD=4 , other options can not be checked
Present Illness and Past History	39.Mitral Valve	Single Choice	1=Mechanical valve 2=Biologic valve 3=Valvuloplasty 4=Unknown	HPBM=2 and HPBMEJ is not null HPBMEJ=4 , other options can not be checked
Present Illness and Past History	40.Tricuspid Valve	Single Choice	1=Mechanical valve 2=Biologic valve 3=Valvuloplasty 4=Unknown	HPBM=2 and HPBMSJ is not null HPBMSJ=4 , other options can not be checked
Present Illness and Past History	41.Date of Prior Valvular Surgery	Calendar Format		HPBMD=20000101、HPBMD1 is not null;HPBMD<>20000101,hide HPBMD1、HPBMD2 ;
Present Illness and Past History	42.Site of Prior Valvular Surgery	Input		HPBMD<>20000101,hide HPBMD1、HPBMD2 ; HPBMD1=999 , hide HPBMD2
Present Illness and Past History	43.Time Passed since Prior Valvular Surgery	Single Choice	1=XX year(s) ago 2=XX month(es) age 3=XX week(s) ago 4=XX day(s) ago 5=XX hour(s) ago	HPBMD1=999 , hide HPBMD2
Present Illness and Past History	44.Prior Arrhythmia	Single Choice	1=Not mentioned 2=Yes	HPXL=1 , hide HPXLL、HPXLLQ、HPXLLQD、HPXLLQD1、HPXLLQD2
Present Illness and Past History	45.Type of Arrhythmia			
Present Illness and Past History	45-[1]Atrial Flutter /Atrial Fibrillation	Multiple Choices	1	
Present Illness and Past History	45-[2]III °AV Block	Multiple Choices	1	
Present Illness and Past History	45-[3]Ventricular Tachycardia / Ventricular Fibrillation	Multiple Choices	1	
Present Illness and Past History	45-[4]Others(Detailed Description)	Multiple Choices	1	
Present Illness and Past History	46.Others(Detailed Description)	Input		HPXLL=4 , HPXLLQ is not null
Present Illness and Past History	47.Date of Prior Arrhythmia	Calendar Format		HPXLLQD=20000101、HPXLLQD1 is not null;HPXLLQD<>20000101, hide HPXLLQD1、HPXLLQD2 ;
Present Illness and	48.Site of of Prior Arrhythmia	Input		HPXLLQD1<>20000101, hide HPXLLQD1、HPXLLQD2 ;

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Past History				HPXLLQD1=999 or continual，hide HPXLLQD2
Present Illness and Past History	49.Time Passed since Prior Arrhythmia	Single Choice	1=XX year(s) ago 2=XX month(es) age 3=XX week(s) ago 4=XX day(s) ago 5=XX hour(s) ago	HPXLLQD1=99999 or continual，hide HPXLLQD2
Present Illness and Past History	50.Electrophysiological Devices(Pacemakers, Implantable Automatic Defibrillators ICD, Cardiac Resynchronization Therapy CRT, or Cardiac Synchronization Therapy Combined With Implantable Automatic Defibrillators CRT-D, Implantable Loop Recorder)	Single Choice	1=Not mentioned 2=Yes	HPDSL=1，hide HPDSLL、 HPDSLLD、HPDSLLD1、 HPDSLLD2
Present Illness and Past History	51.Type of Electrophysiological Devices	Single Choice	1=Single chamber pacing 2=Dual-chamber pacing 3=Biventricular pacing 4=Pacemaker of unknown type 5=Automatic implantable cardioventer defibillator (AICD) 6=Other types of Electrophysiology devices	HPDSL=2 and HPDSLL is not null
Present Illness and Past History	51-[7]Other Type of Electrophysiological Devices	Input		
Present Illness and Past History	52.Date and Time of the recent equipment of Electrophysiological Devices	Calendar Format		HPDSLLD=20000101、HPDSLLD1 is not null;HPDSLLD<>20000101, hide HPDSLLD1、HPDSLLD2；
Present Illness and Past History	53.Site of the recent equipment of Electrophysiological Devices	Input		HPDSLLD<>20000101, hideHPDSLLD1、HPDSLLD2； HPDSLLD1=999，hide HPDSLLD2
Present Illness and Past History	54.Time Passed Since the recent equipment of Electrophysiological Devices	Single Choice	1=XX year(s) ago 2=XX month(es) age 3=XX week(s) ago 4=XX day(s) ago 5=XX hour(s) ago	HPDSLLD1=999，hide HPDSLLD2
Present Illness and Past History	55.Ischemic stroke(Cerebral Infarction、Ischemic Stroke、Cerebral Thrombosis)	Single Choice	1=Not mentioned 2=Yes	HPQCZ =1，hide HPQCZD、 HPQCZD1、HPQCZD2

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Present Illness and Past History	56..Date and Time of the Recent Onset of Ischemic Stroke	Calendar Format		HPQCZD=20000101、HPQCZD1 is not null;HPQCZD<>20000101, hide HPQCZD1、HPQCZD2 ;
Present Illness and Past History	57.Site of the Recent Onset of Ischemic Stroke	Input		HPQCZD<>20000101, hide HPQCZD1、HPQCZD2 ; HPQCZD1=999，hide HPQCZD2
Present Illness and Past History	58.Time Passed since the Recent Onset of Ischemic Stroke	Single Choice	1=XX year(s) ago 2=XX month(es) age 3=XX week(s) ago 4=XX day(s) ago 5=XX hour(s) ago	HPQCZD1=999，hide HPQCZD2
Present Illness and Past History	59.Hemorrhagic Stroke(Cerebral Hemorrhage、Subarachnoid Hemorrhage、Cerebral Artery Rupture、Cerebral Aneurysm Rupture)	Single Choice	1=Not mentioned 2=Yes	HPCCZ =1，hide HPCCZD、HPCCZD1、HPCCZD2
Present Illness and Past History	56..Date and Time of the Recent Onset of Hemorrhagic Stroke	Calendar Format		HPCCZD=20000101、HPCCZD1 is not null;HPCCZD<>20000101, hide HPCCZD1、HPCCZD2 ;
Present Illness and Past History	57.Site of the Recent Onset of Hemorrhagic Stroke	Input		HPCCZD<>20000101, hide HPCCZD1、HPCCZD2 ; HPCCZD1=999，hide HPCCZD2
Present Illness and Past History	58.Time Passed since the Recent Onset of Hemorrhagic Stroke	Single Choice	1=XX year(s) ago 2=XX month(es) age 3=XX week(s) ago 4=XX day(s) ago 5=XX hour(s) ago	HPCCZD1=999，hide HPCCZD2
Present Illness and Past History	63.Transient Ischemic Attack, TIA	Single Choice	1=Not mentioned 2=Yes	HPTIA =1，hide HPTIAD、HPTIAD1、HPTIAD2
Present Illness and Past History	56..Date and Time of the Recent Onset of TIA	Calendar Format		HPTIAD=20000101、HPTIAD1 is not null;HPTIAD<>20000101,hide HPTIAD1、HPTIAD2 ;
Present Illness and Past History	57.Site of the Recent Onset of TIA	Input		HPTIAD<>20000101, hide HPTIAD1、HPTIAD2 ; HPTIAD1=999，hide HPTIAD2
Present Illness and Past History	58.Time Passed since the Recent Onset of TIA	Single Choice	1=XX year(s) ago 2=XX month(es) age 3=XX week(s) ago 4=XX day(s) ago 5=XX hour(s) ago	HPTIAD1=999，hide HPTIAD2
Present Illness and Past History	67.Peripheral Arterial Disease, PAD (Intermittent Claudication, Angioplasty, Peripheral Vessels Bypass	Single Choice	1=Not mentioned 2=Yes	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
	Grafting)			
Present Illness and Past History	Risk Factors			
Present Illness and Past History	68.Diabetes	Single Choice	1=Not mentioned 2=Yes	HPTNB=1，hide HPTNBL、 HPTNSD 、 HPTNSDQ、 HPTNSD1、 HPTNSD2、 HPTNSD3、 HPTNSD4、 HPTNSD5
Present Illness and Past History	69.Type of Diabetes	Single Choice	1=T1DM 2=T2DM 3=Unknown	HPTNB=2 and HPTNBL is not null
Present Illness and Past History	70.Diabetes Control			
Present Illness and Past History	70-[1]Diabetes Control-Unknown	Multiple Choices	1	HPTNSD=1, no valuation in other items
Present Illness and Past History	70-[2]Diabetes Control-No Treatment for Diabetes	Multiple Choices	1	HPTNSD1=1, no valuation in other items
Present Illness and Past History	70-[3]Diabetes Control-Diet only	Multiple Choices	1	
Present Illness and Past History	70-[4]Diabetes Control-Oral Agent	Multiple Choices	1	
Present Illness and Past History	70-[5]Diabetes Control-Insulin	Multiple Choices	1	
Present Illness and Past History	70-[6]Diabetes Control-Others	Multiple Choices	1	HPTNSD5=1 and HPTNSDQ is not null
Present Illness and Past History	70-[7]Others	Input		HPTNSD=1 or 2 or 3 or 4 or 5，hide HPTNSDQ HPTNSD=6 and HPTNSDQ is not null
Present Illness and Past History	80.Hypertension	Single Choice	1=Not mentioned 2=Yes	HPGXY=1，hide HPGXYZL、 HPGXYZL1、 HPGXYZL2、 HPGXYZL3、 HPGXYZL4
Present Illness and Past History	81.Hypertension Control			
Present Illness and Past History	81-[1]Hypertension Control-Unknown	Multiple Choices	1	HPGXYZL=1,no valuation in other items
Present Illness and Past History	81-[2]Hypertension Control-No Treatment	Multiple Choices	1	HPGXYZL1=1, no valuation in other items
Present Illness and Past History	81-[3]Hypertension Control-Life Style Changing	Multiple Choices	1	
Present Illness and Past History	81-[4]Hypertension Control- Drugs	Multiple Choices	1	
Present Illness and	82.History of Dyslipidemia	Single Choice	1=Not mentioned 2=Yes	HPXZYC=1，hide HPXZYCZ

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Past History				
Present Illness and Past History	83.Dyslipidemia Treatment			
Present Illness and Past History	83-[1]Dyslipidemia Treatment-Unknown	Multiple Choices	1	HPXZYCZ=1, no valuation in other items
Present Illness and Past History	83-[2]Dyslipidemia Treatment-No Treatment	Multiple Choices	1	HPXZYCZ1=1, no valuation in other items
Present Illness and Past History	83-[3]Dyslipidemia Treatment-Life Style Changing	Multiple Choices	1	
Present Illness and Past History	83-[4]Dyslipidemia Treatment-Lipid-Lowering Agent	Multiple Choices	1	
Present Illness and Past History	84.History of Non-Cardiac Disease			
Present Illness and Past History	84-[1]Chronic Renal Failure	Single Choice	1=Not mentioned 2=Yes，treated by dialysis 3=Yes，not treated by dialysis	
Present Illness and Past History	84-[2]Chronic Liver Disease	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	84-[3]COPD	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	84-[4Sleep Apnea	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	84-[5]Venous Thrombosis Disease	Single Choice	1=Not mentioned 2=Yes	HPJMSS=1，hide HPJMSS1
Present Illness and Past History	84-[6]If Yes，Please Choose An Option：	Single Choice	1=Deep venous thrombosis 2=Pulmonary embolism 3=Unknown	HPJMSS=2 and HPJMSS1 is not null
Present Illness and Past History	84-[7]Immunity Disease	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	84-[8]Thyroid Disease	Single Choice	1=Not mentioned 2=Yes	HPJZX=1，hide HPJZX1、HPJZXQ
Present Illness and Past History	84-[9]If Yes，Please Choose An Option：	Single Choice	1=Hypothyroidism 2=Hyperthyroidism 3=Others	HPJZX=2 and HPJZX1 is not null
Present Illness and Past History	84-[10]Others:	Input		HPJZX1=1 or 2，hide HPJZXQ HPJZX1=3 and HPJZXQ is not null
Present Illness and Past History	85.Contraindications May Exist			
Present Illness and Past History	85-[1]Active Bleeding	Single Choice	1=Not mentioned 2=Yes	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Present Illness and Past History	85-[2]Gastric Ulcer	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	85-[3] Intracranial Mass	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	85-[4]Suspected/Diagnosed Aortic Dissection	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	85-[5]Surgery(Cardiac Surgery Excluded)	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	85-[6]Pregnancy	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	85-[7]Trauma	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	85-[8]History of Asthma	Single Choice	1=Not mentioned 2=Yes	
Present Illness and Past History	Drug Use Before Admission			If drug end with 999, hide the following variables
Present Illness and Past History	86-[1]	Drug Storehouse		
Present Illness and Past History	86-[2]	Drug Storehouse		
Present Illness and Past History	86-[3]	Drug Storehouse		
Present Illness and Past History	86-[4]	Drug Storehouse		
Present Illness and Past History	86-[5]	Drug Storehouse		
Present Illness and Past History	86-[6]	Drug Storehouse		
Present Illness and Past History	86-[7]	Drug Storehouse		
Present Illness and Past History	86-[8]	Drug Storehouse		
Present Illness and Past History	86-[9]	Drug Storehouse		
Present Illness and Past History	86-[10]	Drug Storehouse		
Personal and family History	Personal History			
Personal and family History	87. Smoking History	Single Choice	1=Never 2=Over 1 year 3=Over 1 month	PFHXY=1 or 6 , hide PFHYJY , PFHXYS , PFHMR ;

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			but less then 1 year 4= Former smoker(quit time unknown) 5=Current smoker 6=Not recorded	PFHXY=4 or 5，hide PFHYJY；
Personal and family History	88.Time of Smoking Cessation(Month)	Input		PFHXY=2 and PFHYJY is not null
Personal and family History	89.Smoking History(Month)	Input		PFHXY=2 or 3 or 4 or 5 and PFHXYS is not null
Personal and family History	90.Cigarette Consumption Per Day	Input		PFHXY=2 or 3 or 4 or 5and PFHMR is not null
Personal and family History	91.History of Allergy and Adverse Event of Drugs			
Personal and family History	91-[1]	Input		If drug end with 999, hide the following variables
Personal and family History	91-[2]	Input		
Personal and family History	91-[3]	Input		
Personal and family History	92.Family History			
Personal and family History	92-[1]CHD	Single Choice	1=Not mentioned 2=Yes	
Personal and family History	92-[2]Cerebrovascular Accident	Single Choice	1=Not mentioned 2=Yes	
Personal and family History	92-[3]Hypertension	Single Choice	1=Not mentioned 2=Yes	
Personal and family History	92-[4]Diabetes	Single Choice	1=Not mentioned 2=Yes	
Personal and family History	92-[5]Dyslipidemia	Single Choice	1=Not mentioned 2=Yes	
physical Examination	1.Body Temperature(℃)	Input		
physical Examination	2.Heart Rate(/min)	Input		
physical Examination	3.Respiratory Rate(/min)	Input		
physical Examination	4.Systolic Pressure(mmHg)	Input		
physical Examination	5.Diastolic Pressure(mmHg)	Input		
Progress Notes	1.In-hospital Event			
Progress Notes	1-[1]Recurrent MI	Multiple Choices	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Progress Notes	1-[2]Recurrent Angina Pectoris	Multiple Choices	1	
Progress Notes	5-[3]Rupture of the Free Wall of Heart	Multiple Choices	1	
Progress Notes	1-[4]Rupture of papillary muscle	Multiple Choices	1	
Progress Notes	1-[5]Ventricular Septal Rupture	Multiple Choices	1	
Progress Notes	1-[6]Cardiac Tamponade	Multiple Choices	1	
Progress Notes	1-[7]Pericardial Effusion	Multiple Choices	1	
Progress Notes	1-[8]Cardiac Shock	Multiple Choices	1	
Progress Notes	1-[9]Cardiac Arrest	Multiple Choices	1	
Progress Notes	1-[10]CPR	Multiple Choices	1	
Progress Notes	1-[11]Atrial Fibrillation/Atrial Flutter	Multiple Choices	1	
Progress Notes	1-[12]Ventricular Tachycardia	Multiple Choices	1	
Progress Notes	1-[13]Ventricular Fibrillation	Multiple Choices	1	
Progress Notes	1-[14]Acute Heart Failure	Multiple Choices	1	
Progress Notes	1-[15]Acute Exacerbation of Chronic Heart Failure	Multiple Choices	1	
Progress Notes	1-[16]Heart Failure(Undetermined)	Multiple Choices	1	
Progress Notes	1-[17]Acute Pulmonary Edema	Multiple Choices	1	
Progress Notes	1-[18]Respiratory Failure	Multiple Choices	1	
Progress Notes	1-[19]Gastrointestinal Bleeding	Multiple Choices	1	
Progress Notes	1-[20]Urogenital Bleeding	Multiple Choices	1	
Progress Notes	1-[21] Intracranial /Subdural Hemorrhage	Multiple Choices	1	
Progress Notes	1-[22]Retroperitoneal Hemorrhage	Multiple Choices	1	
Progress Notes	1-[23]Bleeding/Hematoma in Puncture Site	Multiple Choices	1	
Progress Notes	1-[24]Pericardial Bleeding	Multiple Choices	1	
Progress Notes	1-[25]Bleeding(Position is not Indicated)	Multiple Choices	1	
Progress Notes	1-[26]Hemorrhagic Shock	Multiple Choices	1	
Progress Notes	1-[27]Venous Thromboembolism	Multiple Choices	1	
Progress Notes	1-[28]Pulmonary Embolism	Multiple Choices	1	
Progress Notes	1-[29]Deep Venous Thrombosis	Multiple Choices	1	
Progress Notes	1-[30]Acute Ischemic Stroke(Cerebral	Multiple Choices	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
	Infarction/Cerebral Embolism /Cerebral Thrombosis/TIA)			
Progress Notes	1-[31]Acute Hemorrhagic Stroke (Cerebral Hemorrhage/ Subarachnoid Hemorrhage	Multiple Choices	1	
Progress Notes	1-[32]Acute Stroke (Undetermined)	Multiple Choices	1	
Progress Notes	1-[33]Acute Renal Failure	Multiple Choices	1	
Progress Notes	1-[34]Dialysis(Peritoneal Dialysis/Hemodialysis)	Multiple Choices	1	
Progress Notes	1-[35]Adverse Contrast media reaction(Including Serious Allergy)	Multiple Choices	1	
Progress Notes	1-[36]Contrast Induced Nephropathy(CIN)	Multiple Choices	1	
Progress Notes	1-[37]Thrombocytopenia	Multiple Choices	1	
Progress Notes	1-[38]Infection(Nosocomial Infection)	Multiple Choices	1	
Progress Notes	1-[39]None of Above	Multiple Choices	1	
Progress Notes	2.Consultation of Cardiac Surgery After PCI	Single Choice	1=Yes 2=No 3=Not recorded	
Progress Notes	3.Doctor Suggestion After PCI			
Progress Notes	3-[1]No Suggestion	Multiple Choices	1	BCGZJY1=1，no valuation in other items
Progress Notes	3-[2]Medication	Multiple Choices	1	
Progress Notes	3-[3]PCI	Multiple Choices	1	
Progress Notes	3-[4]CABG	Multiple Choices	1	
Progress Notes	3-[5]Heart Transplantation	Multiple Choices	1	
Progress Notes	3-[6]Hybrid Surgery	Multiple Choices	1	
Progress Notes	3-[7]Other Cardiac Surgery/Procedure(Non-PCI or CABG)	Multiple Choices	1	
Progress Notes	3-[8]Revascularization	Multiple Choices	1	
Progress Notes	4.PCI Was Refused by Patient？	Single Choice	1=Yes 2=No 3=Not recorded	BCJJPCI=2 or 3,hide BCJJPCIR； BCJJPCI=1，BCJJPCIR is not null
Progress Notes	5.The Reason of PCI Refusal？	Single Choice	1=For Economic Reasons 2=For Operation Risks 3=Transfering to Other Hospitals for	BCJJPCI=2 or 3, hide BCJJPCIR； BCJJPCI=1，BCJJPCIR is not null

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			CABG 4=Others 5=Not Recorded	
Progress Notes	6.CABG Was Refused by Patient ?	Single Choice	1=Yes 2=No 3=Not recorded	BCJJCA=2 or 3, hide BCJJPCIR； BCJJCA=1，BCJJCAR is not null
Progress Notes	7.The Reason of CABG Refusal ?	Single Choice	1=For Economic Reasons 2=For Operation Risks 3=Transfering to Other Hospitals for PCI 4=Others 5=Not Recorded	BCJJCA=2 or 3, hide BCJJPCIR； BCJJCA=1，BCJJCAR is not null
Progress Notes	Drug Contraindications			
Progress Notes	8.Drug Contraindications-1	Input		BCYWJ01=999，hide question 9-16
Progress Notes	9..The Reason of Drug Not Prescription	Single Choice	0=Not recored 1=Allergy / Intolerance 2=Refused by the patient 3=Active bleeding 4=Bradycardia even without β-blockers(heart beat <60 bpm) 5=II/III-degree AV blocks 6=Systolic pressure<90mmHg 7=Moderate to severe arotic stenosis 8=Renal failure 9=Other reasons(Detailed Description)	BCYWJ02=9，BCYWJ03 is not null
Progress Notes	10.Other Reasons	Input		BCYWJ02=9，BCYWJ03 is not null
Progress Notes	11.Drug Contraindications-2	Input		BCYWJ04=999, hide question 12-16
Progress Notes	12..The Reason of Drug Not Prescription	Single Choice	0=Not recored 1=Allergy / Intolerance 2=Refused by the patient 3=Active bleeding 4=Bradycardia even without β-blockers(heart beat <60 bpm) 5=II/III-degree AV blocks 6=Systolic pressure<90mmHg 7=Moderate to severe arotic stenosis	BCYWJ05=9，BCYWJ06 is not null

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			8=Renal failure 9=Other reasons(Detailed Description)	
Progress Notes	13.Other Reasons	Input		BCYWJ05=9，BCYWJ06 is not null
Progress Notes	14.Drug Contraindications-3	Input		BCYWJ07=999, hide question 15-16
Progress Notes	15.The Reason of Drug Not Prescription	Single Choice	0=Not recorded 1=Allergy / Intolerance 2=Refused by the patient 3=Active bleeding 4=Bradycardia even without β-blockers(heart beat <60 bpm) 5=II/III-degree AV blocks 6=Systolic pressure<90mmHg 7=Moderate to severe aortic stenosis 8=Renal failure 9=Other reasons(Detailed Description)	BCYWJ08=9，BCYWJ09 is not null
Progress Notes	16.Other Reasons	Input		BCYWJ08=9，BCYWJ09 is not null
CAG Operation Records	1.Date of Angiography	Calendar Format		
CAG Operation Records	2.Dcotor of Angiography-1	Input		IF CAGYS1=999，hide CAGYS2
CAG Operation Records	3.Dcotor of Angiography-2	Input		IF CAGYS1=999，hide CAGYS2
CAG Operation Records	4.Vascular Canal	Single Choice	1=Femoral artery 2=radial artery 3=brachial artery 4=Others	
CAG Operation Records	5.Simultaneous PCI	Single Choice	1=No 2=Yes	
CAG Operation Records	6.Coronary Stenosis in Angiography			
CAG Operation Records	7-[1]LM(Branch No.5)	Multiple Choices	1	CAGXZX01 is null，hide CAGZZYZ CAGXZX01=1，CAGZZYZ is not null
CAG Operation Records	7-[2] proximal LAD(Branch No.6)	Multiple Choices	1	CAGXZX02 is null，hide CAGQJYZ CAGXZX02=1，CAGQJYZ is not null
CAG Operation Records	7-[3]Mid/Distal LAD, Diag(Branch No.7/8/9-10)	Multiple Choices	1	CAGXZX03 is null，hide CAGDJYZ CAGXZX03=1，CAGDJYZ is not null
CAG	7-	Multiple	1	CAGXZX04 is null，hide CAGDYYZ

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Operation Records	[4]OM,LCX,LPDA,LPL(Branch No.12/11、13/15/14)	Choices		CAGXZX04=1，CAGDYYZ is not null
CAG Operation Records	7-[5]Ramus(Branch No.16)	Multiple Choices	1	CAGXZX05 is null，hide CAGZJYZ CAGXZX05=1，CAGZJYZ is not null
CAG Operation Records	7-[6]RCA,RPDA,RPL,AM(Branch No.1-3/4)	Multiple Choices	1	CAGXZX06 is null，hide CAGYGYZ CAGXZX06=1，CAGYGYZ is not null
CAG Operation Records	7-[7]Not Recorded	Multiple Choices	1	CAGXZX07=1，hideCAGZZYZ,CAGQJYZ,CAGDJYZ, CAGDYYZ,CAGZJYZ,CAGYGYZ；CAGXZX07=1，no valuation in other items
CAG Operation Records	8.Stenosis Presented in Coronary Angiography(%)			
CAG Operation Records	9-[1]Severity of Stenosis in LM(Most Serious Degree)	Input		CAGXZX01 is null，hide CAGZZYZ CAGXZX01=1，CAGZZYZ is not null
CAG Operation Records	9-[2]Severity of Stenosis in prox LAD(Most Serious Degree)	Input		CAGXZX02 is null，hide CAGQJYZ CAGXZX02=1，CAGQJYZ is not null
CAG Operation Records	9-[3]Severity of Stenosis in Mid/Distal LAD,Diag(Most Serious Degree)	Input		CAGXZX03 is null，hide CAGDJYZ CAGXZX03=1，CAGDJYZ is not null
CAG Operation Records	9-[4]Severity of Stenosis in OM,LCX,LPDA,LPL)(Most Serious Degree)	Input		CAGXZX04 is null，hide CAGDYYZ CAGXZX04=1，CAGDYYZ is not null
CAG Operation Records	9-[5]Severity of Stenosis in Ramus(Most Serious Degree)	Input		CAGXZX05 is null，hide CAGZJYZ CAGXZX05=1，CAGZJYZ is not null
CAG Operation Records	9-[6]Severity of Stenosis in RCA,RPDA,RPL,AM(Most Serious Degree)	Input		CAGXZX06 is null，hide CAGYGYZ CAGXZX06=1，CAGYGYZ is not null
CAG Operation Records	10.Vascular Graft Stenosis Presented in Coronary Angiography(%)			
CAG Operation Records	10-[1]LM(Branch No.5)	Multiple Choices	1	CAGQXG01 is null，hide CAGQCD01 CAGQXG01=1 and CAGQCD01 is not null
CAG Operation Records	10-[2] prox LAD(Branch No.6)	Multiple Choices	1	CAGQXG02 is null，hide CAGQCD02 CAGQXG02=1 and CAGQCD02 is not null
CAG Operation Records	10-[3]Mid/Distal LAD,Diag(Branch No.7/8/9-10)	Multiple Choices	1	CAGQXG03 is null，hide CAGQCD03 CAGQXG03=1 and CAGQCD03 is not null

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
CAG Operation Records	10-[4]OM,LCX,LPDA,LPL(Branch No.12/11、13/15/14)	Multiple Choices	1	CAGQXG04 is null，hide CAGQCD04 CAGQXG04=1 and CAGQCD04 is not null
CAG Operation Records	10-[5]RCA,RPDA,RPL,AM(Branch No.1-3/4)	Multiple Choices	1	CAGQXG05 is null，hide CAGQCD05 CAGQXG05=1 and CAGQCD05 is not null
CAG Operation Records	10-[6] LIMA	Multiple Choices	1	CAGQXG06 is null，hide CAGQCD06 CAGQXG06=1 and CAGQCD06 is not null
CAG Operation Records	10-[7] RIMA	Multiple Choices	1	CAGQXG07 is null，hide CAGQCD07 CAGQXG07=1 and CAGQCD07 is not null
CAG Operation Records	10-[8]Saphenous Vein Graft (SAG)	Multiple Choices	1	CAGQXG08 is null，hide CAGQCD08 CAGQXG08=1 and CAGQCD08 is not null
CAG Operation Records	10-[9]None of Above	Multiple Choices	1	"None of Above"，no valuation in other items CAGQXG09=1，hide CAGQCD01、CAGQCD02、CAGQCD03、CAGQCD04、CAGQCD05、CAGQCD06、CAGQCD07、CAGQCD08
CAG Operation Records	11.Severity of Stenosis (Most Serious Degree)			
CAG Operation Records	11-[1]LM	Input		CAGQXG01 is null，hide CAGQCD01 CAGQXG01=1 and CAGQCD01 is not null
CAG Operation Records	11-[2]prox LAD	Input		CAGQXG02 is null，hide CAGQCD02 CAGQXG02=1 and CAGQCD02 is not null
CAG Operation Records	11-[3]Mid/Distal LAD,Diag	Input		CAGQXG03 is null，hide CAGQCD03 CAGQXG03=1 and CAGQCD03 is not null
CAG Operation Records	11-[4]OM,LCX,LPDA,LPL	Input		CAGQXG04 is null，hide CAGQCD04 CAGQXG04=1 and CAGQCD04 is not null
CAG Operation Records	11-[5]RCA,RPDA,RPL,AM	Input		CAGQXG05 is null，hide CAGQCD05 CAGQXG05=1 and CAGQCD05 is not null
CAG Operation Records	11-[6]LIMA	Input		CAGQXG06 is null，hide CAGQCD06

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
				CAGQXG06=1 and CAGQCD06 is not null
CAG Operation Records	11-[7]RIMA	Input		CAGQXG07 is null，hide CAGQCD07 CAGQXG07=1 and CAGQCD07 is not null
CAG Operation Records	11-[8]SAG	Input		CAGQXG08 is null，hide CAGQCD08 CAGQXG08=1 and CAGQCD08 is not null
CAG Operation Records	12.CAG Complications			
CAG Operation Records	12-[1]Cardiac Shock	Single Choice	1=No 2=Yes	
CAG Operation Records	12-[2]Perioperative MI	Single Choice	1=No 2=Yes	
CAG Operation Records	12-[3]Cardiac Arrest Or Ventricular Fibrillation(Or Electromechanical Dissociation)	Single Choice	1=No 2=Yes	
CAG Operation Records	Cardiac Tamponade	Single Choice	1=No 2=Yes	
CAG Operation Records	12-[5]Ischemic Strock	Single Choice	1=No 2=Yes	
CAG Operation Records	12-[6]Acute Renal Failure (New Dialysis is Instructed When Creatinine >2mg/dl Or Two Times of Basic Value)	Single Choice	1=No 2=Yes	
CAG Operation Records	12-[7]Pulmonary Edema / Heart Failure	Single Choice	1=No 2=Yes	
CAG Operation Records	12-[8]Bleeding/Hematoma in Puncture Site	Single Choice	1=No 2=Yes	
CAG Operation Records	12-[9]Retroperitoneal Hemorrhage	Single Choice	1=No 2=Yes	
CAG Operation Records	12-[10]Gastrointestinal Bleeding	Single Choice	1=No 2=Yes	
CAG Operation Records	12-[11] Intracranial Hemorrhage	single choice	1=No 2=Yes	
CAG Operation Records	12-[12]Urogenital Bleeding	single choice	1=No 2=Yes	
CAG Operation Records	12-[13]Pacemaker	single choice	1=No 2=Yes	CAGBF13=1，hide CAGBF14
CAG Operation	12-[14]If Yes, Choose an Option：	single choice	1=Temporary pacemakers.	CAGBF13=2 and CAGBF14 is not null

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Records			2=Single chamber pacemaker 3=Dual chamber pacemaker 4=Biventricular pacemaker	
CAG Operation Records	12-[15]ICD	single choice	1=No 2=Yes	CAGBF15=1，hide CAGBF16
CAG Operation Records	12-[16]If Yes, Choose an Option：	single choice	1=Single chamber 2=Dual chamber 3=Biventricular	CAGBF15=2 and CAGBF16 is not null
CAG Operation Records	13.Other Findings in Coronary Angiography			
CAG Operation Records	13-[1]None	Multiple Choices	1	
CAG Operation Records	13-[2]Coronary Muscle Bridge	Multiple Choices	1	
CAG Operation Records	13-[3]Idiopathic Coronary Dissection	Multiple Choices	1	
CAG Operation Records	13-[4]Calcification	Multiple Choices	1	
CAG Operation Records	13-[4]-[1]Calcification Site	Input		
CAG Operation Records	13-[5]Coronary Artery Bifurcation	Multiple Choices	1	
CAG Operation Records	13-[5]-[1]Site of Bifurcation	Input		
CAG Operation Records	13-[6]Diffused Stenosis	Multiple Choices	1	
CAG Operation Records	13-[6]-[1]Site of Diffused Stenosis	Input		
CAG Operation Records	13-[7]Plaque	Multiple Choices	1	
CAG Operation Records	13-[7]-[1]Site of Plaque	Input		
CAG Operation Records	13-[8]Others	Multiple Choices	1	
CAG Operation Records	13-[9]Other Findings	Input		
CAG Operation Records	14.IVUS in Angiography Procedure	single choice	1=Yes 2=No	
CAG Operation Records	15.OCT in Angiography Procedure	single choice	1=Yes 2=No	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
CAG Operation Records	16. Heart Assist Devices Used in Interventional Procedure ?	single choice	1=None 2=IABP (intra-aortic balloon pump) 3=ECMO (extracorporeal membrane oxygenation) 4=LVAD (left ventricular assist device) 5=Impella ventricular assist device 6=TandemHeart PTVA system	CAGJXFZ<>1，CAGJXFZT is not null
CAG Operation Records	17.Time of Employment of Devices in Interventional Procedure	single choice	1=Before coronary angiography 2=After coronary angiography 3=Not recorded	CAGJXFZ<>1，CAGJXFZT is not null
CAG Operation Records	18.FFR Measuring in Angiography Procedure	single choice	1=Yes 2=No	CAGFFR=1,CAGFFRS is not null
CAG Operation Records	19.FFR Value Measured in Angiography Procedure	Input		CAGFFR=1,CAGFFRS is not null
PCI Operation Records	1.PCI Status		1=Not done 2=Selective 3=Urgence 4=Emergency 5=Rescue	PCIZT=1，All other questions in this module is shield
PCI Operation Records	2.Time of Entering CathLab	Calendar Format		
PCI Operation Records	3.Name of PCI Doctor-1	Input		if PCIXM1=999,hidePCIXM2
PCI Operation Records	4.Name of PCI Doctor-2	Input		if PCIXM1=999,hidePCIXM2
PCI Operation Records	5.Hybrid Surgery	single choice	1=No 2=Yes	
PCI Operation Records	6.Vascular Canal	single choice	1=Femoral artery 2=radial artery 3=brachial artery 4=Others	
PCI Operation Records	7.Stent Implanted	single choice	1=No 2=Yes	PCIZJ=1，hidePCI21B09、PCI22B09、PCI23B09、PCI24B09、PCIZJL、PCIZJQT
PCI Operation Records	8.Type of Stent	single choice	1=Bare metal stent 2=Drug eluting stent 3=Others	PCIZJ=2 and PCIZJL is not null
PCI Operation Records	9.Others：	Input		PCIZJL=3 and PCIZJQT is not null
PCI	10.IABP		1=No	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Operation Records			2=Yes，before coronary angiography 3=Yes，after coronary angiography but beofre PCI 4=Yes，after PCI	
PCI Operation Records	11.The First Lesion treated by PCI	single choice	1=Yes 2=No	PCI21B00 The default choice is "Yes"
PCI Operation Records	12.Site of Lesion			
PCI Operation Records	12-[1]LM	Multiple Choices	1	
PCI Operation Records	12-[2]prox LAD	Multiple Choices	1	
PCI Operation Records	12-[3]Mid/Distal LAD,Diag	Multiple Choices	1	
PCI Operation Records	12-[4]OM,LCX,LPDA,LPL	Multiple Choices	1	
PCI Operation Records	12-[5]Ramus	Multiple Choices	1	
PCI Operation Records	12-[6]RCA,RPDA,RPL,AM	Multiple Choices	1	
PCI Operation Records	13.Degree of Stenosis Before PCI(%)	Input		
PCI Operation Records	14.TIMI Flow Classification in The Lesion (Before PCI)	single choice	0=0 1=1 2=2 3=3 4=Not recorded	
PCI Operation Records	15.Number of Stents in the Lesion	Input		PCIZJ=1，hidePCI21B09、PCI22B09、PCI23B09、PCI24B09
PCI Operation Records	16.TIMI Flow Classification in The Lesion (After PCI)	single choice	0=0 1=1 2=2 3=3 4=Not recorded	
PCI Operation Records	17.The Second Lesion treated by PCI	single choice	1=Yes 2=No	PCI22B0=2，hide the following questions
PCI Operation Records	18.Site of Lesion			
PCI Operation Records	18-[1]LM	Multiple Choices	1	
PCI Operation	18-[2]prox LAD	Multiple Choices	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Records				
PCI Operation Records	18-[3]Mid/Distal LAD,Diag	Multiple Choices	1	
PCI Operation Records	18-[4]OM,LCX,LPDA,LPL	Multiple Choices	1	
PCI Operation Records	18-[5]Ramus	Multiple Choices	1	
PCI Operation Records	18-[6]RCA,RPDA,RPL,AM	Multiple Choices	1	
PCI Operation Records	19.Degree of Stenosis Before PCI(%)	Input		
PCI Operation Records	20.TIMI Flow Classification in The Lesion (Before PCI)	single choice	0=0 1=1 2=2 3=3 4=Not recorded	
PCI Operation Records	21.Number of Stents in the Lesion	Input		PCIZJ=1，hidePCI21B09、PCI22B09、PCI23B09、PCI24B09
PCI Operation Records	22.TIMI Flow Classification in The Lesion (After PCI)	single choice	0=0 1=1 2=2 3=3 4=Not recorded	
PCI Operation Records	23.The Third Lesion treated by PCI	single choice	1=Yes 2=No	PCI23B00=2，hide the following questions
PCI Operation Records	24.Site of Lesion			
PCI Operation Records	24-[1]LM	Multiple Choices	1	
PCI Operation Records	24-[2]prox LAD	Multiple Choices	1	
PCI Operation Records	24-[3]Mid/Distal LAD,Diag	Multiple Choices	1	
PCI Operation Records	24-[4]OM,LCX,LPDA,LPL	Multiple Choices	1	
PCI Operation Records	24-[5]Ramus	Multiple Choices	1	
PCI Operation Records	24-[6]RCA,RPDA,RPL,AM	Multiple Choices	1	
PCI Operation Records	25.Degree of Stenosis Before PCI(%)	Input		
PCI Operation Records	26.TIMI Flow Classification in The Lesion (Before PCI)	single choice	0=0 1=1 2=2 3=3	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			4=Not recorded	
PCI Operation Records	27.Number of Stents in the Lesion	Input		PCIZJ=1，hide PCI21B09、PCI22B09、PCI23B09、PCI24B09
PCI Operation Records	28.TIMI Flow Classification in The Lesion (After PCI)	single choice	0=0 1=1 2=2 3=3 4=Not recorded	
PCI Operation Records	29.The Fourth Lesion treated by PCI	single choice	1=Yes 2=No	PCI24B00=2，hide the following questions
PCI Operation Records	30.Site of Lesion			
PCI Operation Records	30-[1]LM	Multiple Choices	1	
PCI Operation Records	30-[2]prox LAD	Multiple Choices	1	
PCI Operation Records	30-[3]Mid/Distal LAD,Diag	Multiple Choices	1	
PCI Operation Records	30-[4]OM,LCX,LPDA,LPL	Multiple Choices	1	
PCI Operation Records	30-[5]Ramus	Multiple Choices	1	
PCI Operation Records	30-[6]RCA,RPDA,RPL,AM	Multiple Choices	1	
PCI Operation Records	31.Degree of Stenosis Before PCI(%)	Input		
PCI Operation Records	32.TIMI Flow Classification in The Lesion (Before PCI)	single choice	0=0 1=1 2=2 3=3 4=Not recorded	
PCI Operation Records	33.Number of Stents in the Lesion	Input		PCIZJ=1，hide PCI21B09、PCI22B09、PCI23B09、PCI24B09
PCI Operation Records	34.TIMI Flow Classification in The Lesion (After PCI)	Single Choice	0=0 1=1 2=2 3=3 4=Not recorded	
PCI Operation Records	35.PCI Complications			
PCI Operation Records	35-[1]Cardiac Shock	Single Choice	1=No 2=Yes	
PCI Operation Records	35-[2]Perioperative MI	Single Choice	1=No 2=Yes	
PCI Operation	35-[3]Cardiac Arrest or Ventricular	Single Choice	1=No 2=Yes	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Records	Fibrillation(或 Electromechanical Dissociation)			
PCI Operation Records	35-[4]Cardiac Tamponade	Single Choice	1=No 2=Yes	
PCI Operation Records	35-[5]Ischemic Strock	Single Choice	1=No 2=Yes	
PCI Operation Records	35-[6]Acute Renal Failure(New Dialysis is Instructed When Creatinine >2mg/dl Or Two Times of Basic Value)	Single Choice	1=No 2=Yes	
PCI Operation Records	35-[7]Pulmonary Edema / Heart Failure	Single Choice	1=No 2=Yes	
PCI Operation Records	35-[8]Bleeding/Hematoma in Puncture Site	Single Choice	1=No 2=Yes	
PCI Operation Records	35-[9]Retroperitoneal Hemorrhage	Single Choice	1=No 2=Yes	
PCI Operation Records	35-[10]Gastrointestinal Bleeding	Single Choice	1=No 2=Yes	
PCI Operation Records	35-[11] Intracranial Hemorrhage	Single Choice	1=No 2=Yes	
PCI Operation Records	35-[12]Urogenital Bleeding	Single Choice	1=No 2=Yes	
PCI Operation Records	35-[13]Pacemaker	Single Choice	1=No 2=Yes	PCIBF13=1，hide PCIBF14
PCI Operation Records	35-[14]If Yes, Choose An Option：	Single Choice	1=Temporary pacemakers. 2=Single chamber pacemaker 3=Dual chamber pacemaker 4=Biventricular pacemaker	PCIBF13=2 and PCIBF14 is not null
PCI Operation Records	35-[15]ICD	Single Choice	1=No 2=Yes	PCIBF15=1，hide PCIBF16
PCI Operation Records	35-[16]If Yes, Choose An Option：	Single Choice	1=Single chamber 2=Dual chamber 3=Biventricular	PCIBF15=2 and PCIBF16 is not null
PCI Operation Records	36.PCI Complications of Coronary Artery			
PCI Operation Records	36-[1]Obvious Artery Dissection	Multiple Choices	1	
PCI Operation Records	36-[2]Coronary Artery Rupture	Multiple Choices	1	
PCI	36-[3]Sudden Occlusion	Multiple	1	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
Operation Records	of Coronary Artery	Choices		
PCI Operation Records	36-[4]Occlusion in Collateral Circulation	Multiple Choices	1	
PCI Operation Records	36-[5]Thrombosis in Distal Vessels	Multiple Choices	1	
PCI Operation Records	36-[6]No-Reflow Phenomenon	Multiple Choices	1	
PCI Operation Records	36-[7]None of Above	Multiple Choices	1	PCINBP07=1, no valuation in other items
PCI Operation Records	37.Puncture Site Complications			
PCI Operation Records	37-[1]Vascular Occlusion in Puncture Site	Multiple Choices	1	
PCI Operation Records	37-[2]Arteriovenous Fistula in Puncture Site	Multiple Choices	1	
PCI Operation Records	37-[3]Hematoma in Puncture Site	Multiple Choices	1	
PCI Operation Records	37-[4]Vascular Dissection in Puncture Site	Multiple Choices	1	
PCI Operation Records	37-[5]Surgery Needed for Puncture Site Complications	Multiple Choices	1	
PCI Operation Records	37-[6]Peripheral Arterial Embolism	Multiple Choices	1	
PCI Operation Records	37-[7]None of Above	Multiple Choices	1	PCINCP07=1,no valuation in other items
CABG & Other Operation Records	1.CABG Status	Single Choice	1=Not done 2=Selective 3=Urgent 4=Emergency 5=Rescue	CABGZT=1 , hide all questions in this module
CABG & Other Operation Records	2.Date of Surgery	Calendar Format		
CABG & Other Operation Records	3.Name of Surgeon-1	Input		CABGX1=999.hide CABGX2
CABG & Other Operation Records	4.Name of Surgeon-2	Input		CABGX1=999.hide CABGX2
CABG & Other Operation Records	5.CABG Method	Single Choice	1=Off-pump 2=On-pump 3=Shift from off-pumo to on-pumo 4=Unknown	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
CABG & Other Operation Records	6.CABG Was Employed for the Treatment of PCI/CAG Complications	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	7.Hybrid Surgery	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	8.If the First Bypass Graft was Used in CABG	Single Choice	1=No 2=Yes	CABGDQ01=1，hide CABGDQ02 CABGDQ03 CABGDQ04 CABGDQ05 CABGDQ06 CABGDQ07 CABGDQ08 CABGDQ09 CABGDQ10 CABGDQ11 CABGDQ12 CABGDQ13 CABGDQ14 CABGDQ15 CABGDQ16 CABGDQ17 CABGDQ18
CABG & Other Operation Records	9.The Type of the First Graft	Single Choice	1=Saphenous vein graft(SVG) 2=Radial artery(RA) 3=Left internal mammary artery(LIMA) 4=Right internal mammary artery(RIMA) 5=Free internal mammary artery(FIMA) 6=Others	
CABG & Other Operation Records	10.Distal Anastomosis Site of the First Graft	Single Choice	1=Left anterior descending(LAD) 2=DIAG/Diagnoal Branches/D1/D2/D3 3=Obtuse marginal(OM) 4=Right coronary artery(RCA) 5=Posterior descending(PD) 6=Posterior branch of the left ventricle(PLVB) 7=Intermediate branch(RM)	
CABG & Other Operation Records	11.If the Second Bypass Graft was Used in CABG	Single Choice	1=No 2=Yes	CABGDQ04=1，hide CABGDQ05 CABGDQ06 CABGDQ07 CABGDQ08 CABGDQ09 CABGDQ10 CABGDQ11 CABGDQ12 CABGDQ13 CABGDQ14 CABGDQ15 CABGDQ16 CABGDQ17 CABGDQ18
CABG & Other Operation Records	12.The Type of the Second Graft	Single Choice	1=Saphenous vein graft(SVG) 2=Radial artery(RA) 3=Left internal	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			mammary artery(LIMA) 4=Right internal mammary artery(RIMA) 5=Free internal mammary artery(FIMA) 6=Others	
CABG & Other Operation Records	13.Distal Anastomosis Site of the Second Graft	Single Choice	1=Left anterior descending(LAD) 2=DIAG/Diagnoal Branches/D1/D2/D3 3=Obtuse marginal(OM) 4=Right coronary artery(RCA) 5=Posterior descending(PD) 6=Posterior branch of the left ventricle(PLVB) 7=Intermediate branch(RM)	
CABG & Other Operation Records	14.If the Third of Bypass Graft was Used in CABG	Single Choice	1=No 2=Yes	CABGDQ07=1，hide CABGDQ08 CABGDQ09 CABGDQ10 CABGDQ11 CABGDQ12 CABGDQ13 CABGDQ14 CABGDQ15 CABGDQ16 CABGDQ17 CABGDQ18
CABG & Other Operation Records	15.The Type of the Third Graft	Single Choice	1=Saphenous vein graft(SVG) 2=Radial artery(RA) 3=Left internal mammary artery(LIMA) 4=Right internal mammary artery(RIMA) 5=Free internal mammary artery(FIMA) 6=Others	
CABG & Other Operation Records	16.Distal Anastomosis Site of the Third Graft	Single Choice	1=Left anterior descending(LAD) 2=DIAG/Diagnoal Branches/D1/D2/D3 3=Obtuse marginal(OM) 4=Right coronary artery(RCA) 5=Posterior descending(PD) 6=Posterior branch of the left ventricle(PLVB) 7=Intermediate	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			branch(RM)	
CABG & Other Operation Records	17.If the Fourth Bypass Graft was Used in CABG	Single Choice	1=No 2=Yes	CABGDQ10=1 , hide CABGDQ11 CABGDQ12 CABGDQ13 CABGDQ14 CABGDQ15 CABGDQ16 CABGDQ17 CABGDQ18
CABG & Other Operation Records	18.The Type of the Fourth Graft	Single Choice	1=Saphenous vein graft(SVG) 2=Radial artery(RA) 3=Left internal mammary artery(LIMA) 4=Right internal mammary artery(RIMA) 5=Free internal mammary artery(FIMA) 6=Others	
CABG & Other Operation Records	19.Distal Anastomosis Site of the Fourth Graft	Single Choice	1=Left anterior descending(LAD) 2=DIAG/Diagnoal Branches/D1/D2/D3 3=Obtuse marginal(OM) 4=Right coronary artery(RCA) 5=Posterior descending(PD) 6=Posterior branch of the left ventricle(PLVB) 7=Intermediate branch(RM)	
CABG & Other Operation Records	20.If the Fifth Bypass Graft was Used in CABG	Single Choice	1=No 2=Yes	CABGDQ13=1 , hide CABGDQ14 CABGDQ15 CABGDQ16 CABGDQ17 CABGDQ18
CABG & Other Operation Records	21.The Type of the Fifth Graft	Single Choice	1=Saphenous vein graft(SVG) 2=Radial artery(RA) 3=Left internal mammary artery(LIMA) 4=Right internal mammary artery(RIMA) 5=Free internal mammary artery(FIMA) 6=Others	
CABG & Other Operation Records	22.Distal Anastomosis Site of the Fifth Graft	Single Choice	1=Left anterior descending(LAD) 2=DIAG/Diagnoal Branches/D1/D2/D3 3=Obtuse	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
			marginal(OM) 4=Right coronary artery(RCA) 5=Posterior descending(PD) 6=Posterior branch of the left ventricle(PLVB) 7=Intermediate branch(RM)	
CABG & Other Operation Records	8.If the Sixth Bypass Graft was Used in CABG	Single Choice	1=No 2=Yes	CABGDQ16=1，hide CABGDQ17 CABGDQ18
CABG & Other Operation Records	24.The Type of the Sixth Graft	Single Choice	1=Saphenous vein graft(SVG) 2=Radial artery(RA) 3=Left internal mammary artery(LIMA) 4=Right internal mammary artery(RIMA) 5=Free internal mammary artery(FIMA) 6=Others	
CABG & Other Operation Records	10.Distal Anastomosis Site of the Sixth Graft	Single Choice	1=Left anterior descending(LAD) 2=DIAG/Diagnoal Branches/D1/D2/D3 3=Obtuse marginal(OM) 4=Right coronary artery(RCA) 5=Posterior descending(PD) 6=Posterior branch of the left ventricle(PLVB) 7=Intermediate branch(RM)	
CABG & Other Operation Records	26.If IABP Was Used in the Surgery	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	27.If Assist Devices(VAD/LVAD/RVAD/Ventricular Assist Device)Were Used in the Sirgery	Single Choice	1=No 2=Yes	CABGXH=1，hide CABGXHS
CABG & Other Operation Records	28.If Yes, Choose An Option	Single Choice	1=Left ventricular assist device 2=Right ventricular assist device	CABGXH=2 and CABGXHS is not null
CABG & Other Operation Records	29.If PVAD Was Used in the Surgery	Single Choice	1=No 2=Yes	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
CABG & Other Operation Records	30.Resection of Left Ventricular Aneurysm	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	31.Repairation of ventricular septal rupture After MI	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	32.Valvular Surgery	Single Choice	1=No 2=Yes	CABGQT=1,hide CABGZD、 CABGRJ、CABGSJ
CABG & Other Operation Records	32-[1]Aortic Valve	Single Choice	1=Mechanic valve 2=Biologic valve 3=Valvuloplasty 4=Unknown	CABGQT=2 and CABGZD is not null
CABG & Other Operation Records	32-[2]Mitral Valve	Single Choice	1=Mechanic valve 2=Biologic valve 3=Valvuloplasty 4=Unknown	CABGQT=2 and CABGRJ is not null
CABG & Other Operation Records	32-[3]Tricuspid Valve	Single Choice	1=Mechanic valve 2=Biologic valve 3=Valvuloplasty 4=Unknown	CABGQT=2 and CABGSJ is not null
CABG & Other Operation Records	33.Other Cardiac Surgery	Input		
CABG & Other Operation Records	34.CABG Complications			
CABG & Other Operation Records	34-[1] for Bleeding/Cardiac Tamponade Re-operation	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[2]Re-operation for Valve Dysfunction	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[3]Re-operation for Graft Occlusion	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[4]Re-operation for Other Cardiac Problems	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[5]]Re-operation for Other Non-Cardiac Problems	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[6]Deep Sternum Infection (Mediastinum Infection or Wire Slack)	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[7]Perioperative MI	Single Choice	1=No 2=Yes	

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
CABG & Other Operation Records	34-[8]Re-enter ICU	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[9]Secondary endotracheal intubation	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[10]New-Onset Atrial Fibrillation	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[11]Cardiac Arrest or Ventricular Fibrillation(or Electromechanical Dissociation)	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[12]New-Onset of Strock(Ischemic/hemorrhagic)	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[13]Renal Failure	Single Choice	1=No 2=Yes	
CABG & Other Operation Records	34-[14]Pacemaker	Single Choice	1=No 2=Yes	CABGBF14=1，hide CABGBF15
CABG & Other Operation Records	34-[15]If Yes, Choose An Option：	Single Choice	1=Temporary pacemakers. 2=Single chamber pacemaker 3=Dual chamber pacemaker 4=Biventricular pacemaker	CABGBF14=2 and CABGBF15 is not null
CABG & Other Operation Records	34-[16]ICD	Single Choice	1=No 2=Yes	CABGBF16=1，hide CABGBF17
CABG & Other Operation Records	34-[17]If Yes, Choose An Option：	Single Choice	1=Single chamber 2=Dual chamber 3=Biventricular 4=Can not be classified	CABGBF16=2 and CABGBF17 is not null
Physical Examination	Physical Examination			
Physical Examination	1.If Cardiac Ultrasonography Was Used Before Angiography?	Single Choice	1=No 2=Yes	PECU=1，hide PECUD、PECUSX、PECUSXQ、PECUSXY、PECUHJ、PECUSBL、PECUMD、PECUMDY、PECUEJ
Physical Examination	2.The Date of the Recent Cardiac Ultrasonography(Before Angiography)	Calendar Format		PECU=2 and PECUD is not null PECUD<CAGD
Physical Examination	3.LVEF/EF Value(%)	Input		PECU=2 and PECUSX is not null；

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
				PECUSX<>999，hide PECUSXQ； PECUSX=999，PECUSXQ is not null
Physical Examination	4.Other record regarding left ventricular function	Single Choice	1=No 2=Yes	PECUSX<>999，hide PECUSXQ； PECUSX=999，PECUSXQ is not null
Physical Examination	5.If Yes, Please Choose the Degree	Single Choice	1=Unknown 2=Normal 3=Normal to mild 4=Mild to moderate 5=Moderate 6=Moderate to severe 7=severe	PECUSXQ=1 and hide PECUSXY PECUSXQ=2 and PECUSXY is not null
Physical Examination	6.LVDD/LVEDD(mm)	Input		PECU=2 and PECUHJ is not null
Physical Examination	7.Left Ventricular Aneurysm	Single Choice	1=Not mentioned 2=Yes	PECU=2 and PECUSBL is not null
Physical Examination	8.Pulmonary Artery Hypertension	Single Choice	1=Not mentioned 2=Yes	PECU=2 and PECUMD is not null PECUMD=1，hide PECUMDY
Physical Examination	9.If Yes，The Estimated Pulmonary Artery Pressure Value (mmHg)	Input		PECUMD=2 and PECUMDY is not null
Physical Examination	10.Mitral Regurgitation	Single Choice	1=mild 2=moderate 3=severe 4=Not mentioned	PECU=2 and PECUEJ is not null
Physical Examination	11.If Stress Test Was Performed Before Angiography	Single Choice	1=No 2=Yes	PEFH=1，hide PEFHD、PEFHZ、PEFHQ、PEFHF、PEFHR
Physical Examination	11-[1]The Date of the Recent Test Before Angiography	Calendar Format		PEFH=2 and PEFHD is not null PEFHD<CAGD
Physical Examination	11-[2]Types	Single Choice	1=Only ECG 2=Radionuclide Imaging 3=Cardiac ultrasound 4=CMR 5=Others： 6=Unknown	PEFH=2 and PEFHZ is not null
Physical Examination	11-[3]Others：	Input		PEFHZ=1 or 2 or 3 or 4 or 6，hide PEFHQ PEFHZ=5 and PEFHQ is not null
Physical Examination	11-[4]Methods	Single Choice	1=Exercise of Maximal Load 2=Exercise of Sub-Maximal Load 3=Pharmacological Stress Test 4=Unknown	PEFH=2 and PEFHF is not null
Physical Examination	11-[5]Results	Single Choice	1=Positive 2=Negative 3=Suspected 4=Unknown	PEFH=2 and PEFHR is not null
Physical Examination	12.If Carotid ultrasound Was Performed Before	Single Choice	1=No 2=Yes	PEJU=1，hide PEJUD、PEJUR

Table Label	Variables label	Type	Data Coding	Logical Requirements of Interface
	Angiography			
Physical Examination	12-[1]The Date of the Recent Test Before Angiography	Calendar Format		PEJU=2 and PEJUD is not null PEJUD<CAGD
Physical Examination	12-[2]Results	Single Choice	1=No Stenosis 2=Stenosis<50% 3=Stenosis50%-69% 4=Stenosis70%-99% 5=Stenosis100% 6=The Degree of Stenosis is Undetermined 7=Not Recorded	PEJU=2 and PEJUR is not null
Physical Examination	13.If CTA Was Performed Before Angiography	Single Choice	1=No 2=Yes	PECT=1，hide PECTD、PECTR、PRCTGH
Physical Examination	13-[1]The Date of the Recent Test Before Angiography	Calendar Format		PECT=2 and PECTD is not null PECT<CAGD
Physical Examination	13-[2]Results	Single Choice	1=Positive Phenotype of CHD 2=Negative Phenotype of CHD 3=Suspected CHD 4=Unknown	PECT=2 and PECTR is not null
Physical Examination	13-[3]Cardiovascular Calcification Score	Input		PECT=2 and PRCTGH is not null
Temperature Sheet	1.Height(cm)	Input		
Temperature Sheet	2.Weight(kg)	Input		
Temperature Sheet	3.Study Number	Input		Should be identified to the first question
End Inputting Table	238.Please Check If the Inputting Was Accomplished	Single Choice	Y=Yes N=No	ENDYN=N and ENDCOMM is not null
End Inputting Table	239.Remarks of Case History	Input		
End Inputting Table	Input the Date of Completion		Automatically generated by System	
End Inputting Table	Input the Name of the Accomplish Man		Automatically generated by System	
End QC Table	If QC was accomplished	Single Choice	Y=Yes N=No	ENDYN=N QC table can not be built；QCYN=N and QCCOMM is not null
End QC Table	QC Remarks	Input		
End QC Table	QC Ending Time		Automatically generated by System	
End QC Table	QC Accomplish Man		Automatically generated by System	

Quality Assurance and Quality Control Strategies in Medical Record Abstraction

Background

Medical record abstraction can be guided by the types of data being abstracted. The investigators have defined as *simple data elements* those elements that can be abstracted directly from the chart without use of professional judgment. Examples include the date of admission, patient sex, patient age, serum creatinine on hospital day 1, etc.

In contrast, *complex data elements* are those that require more advanced medical knowledge for abstraction. Examples of complex data elements include the presence of comorbidities, evidence of pulmonary edema on hospital presentation, development of post-procedural complications such as bleeding or arrhythmia, and so on.

Within the Chinese medical record, simple data elements are found predominantly in the medical record face sheet, section for laboratory testing results and physician orders. Complex elements are found throughout all other sections of the medical record including the admission record, discharge record and diagnostic reports, etc.

Training and Qualification of Abstractors

The abstractors for simple data elements were clerks with experience in medical record abstraction. The abstractors for complex data elements were undergraduate or post-graduate trainees. Most were medical students.

Each abstractor was given a set of training materials about medical record abstraction, including *CHINA PEACE: A Brief Introduction*, *China PEACE: Operation Manual of Medical Record Abstraction*, and 30 standard training medical records.

Each abstractor also underwent the following training courses: (1) Introduction to the China PEACE-3VD protocol; (2) Coronary arteries, coronary heart disease and its subtypes; (3) Component parts of the inpatient medical record and their contents; (4) China PEACE-3VD data dictionary; (5) Frequently asked questions in medical record abstraction; (6) Quality assurance and quality control measures in China PEACE-3VD; and (7) Intensive guidance in abstracting 15 standard training medical records followed by group discussion and retraining as needed.

Once training was completed, each abstractor reviewed 30 standard training medical records. Supervisors were responsible for evaluating the accuracy of abstraction. Every abstractor needed to achieve greater than 98 percent abstraction accuracy in order to be considered competent.

Quality Control in Medical Record Abstraction

The investigators randomly audit approximately 5% of the abstracted records. If the records have not been abstracted with 98% accuracy, all records in the audited batch are considered

unqualified and are re-reviewed by a different abstractor. Discrepancies in abstraction are resolved by review of the original medical record.

To minimize abstraction errors, abstractors start by abstracting only printed medical records. After gaining experience, these individuals are allowed to begin abstracting hand-written records. In addition, a physician is always present in the room with abstractors or is available online to answer questions and address areas of concern as they arise. Common problems have led to updates of the data dictionary and database into which data are directly entered. This database has been additionally customized to expedite the identification of medications that may have more than one trade name. Furthermore, medical records belonging to the same hospital and year are assigned to a broad group of reviewers to avoid potential residual disparities in quality among different abstractors

Data Management and Cleaning

Ongoing data cleaning is performed in a systematic manner. Data is regularly queried for invalid and illogical values as well as for duplicate record entry. Outliers in continuous data distributions are identified as potentially invalid and are further explored. Duplicate records are identified by the presence of identical study identification numbers, hospital identification numbers, medical record identification numbers, and dates of discharge. Once a data query is made, concerns are resolved after tracing and reviewing the relevant records.

Baseline and Follow-up Questionnaires

Baseline Interview

A.	INFORMED CONSENT AND BASIC INFORMATION
A.1	The result of informed consent of patient □ Younger than 18 years old □ Dead before interview □ Discharged before interview □ Have participated in the research before □ Is not able to accomplish the interview for serious disease, or mental abnormality or communication difficulties □ Is willing to participate in the prospective follow-up study □ Is unwilling to participate in the prospective follow-up study
A.2	**[If willing to participate in the prospective follow-up study]**The date of signing the informed consent is _____
A.3	**[If willing to participate in the prospective follow-up study]**The name of the doctor who accomplishes the informed consent _____
A.4	**[If willing to participate in the prospective follow-up study]**The name of the patient _____
A.5	**[If willing to participate in the prospective follow-up study]** Sex □ Male　□ Female
A.6	**[If willing to participate in the prospective follow-up study]**The birthday of the patient _____
A.7	**[If willing to participate in the prospective follow-up study]**The ID number of the patient _____
A.8	**[If willing to participate in the prospective follow-up study]**Other identification Number _____
C.	ONSET OF SYMPTOMS

C.1 What acute physical discomfort were you having before you came to hospital? *[Check all that apply]*
□ Chest pain, pressure, tightness or other discomfort
□ Dizziness
□ Indigestion or stomach pain, pressure or other discomfort
□ Nausea
□ Pain or discomfort in neck, shoulder, arms or other discomfort
□ Palpitation
□ Shortness of breath
□ Sweating
□ Weakness or fatigue
□ Confusion
□ None
□ Unknown
□ Other symptom, please specify: _____
"Symptom" here means the acute symptom that directly resulted in the admission of the patient, including both the symptom that had never happened before and the acute exacerbation of the existing symptom. Patient of selective admission should check "None"

C.2 **[if any acute symptoms]** When did the acute symptoms happen: _____(YYYY/MM/DD HH:MM) or ___hours before the admission ○ Unknown

C.3 **[if any acute symptoms]** When did you decide to go to hospital for help for the acute symptoms: _____(YYYY/MM/DD HH:MM) or ___hours before the admission ○ Unknown

C.4 **[if any acute symptoms]** After the onset of symptoms, did you wait for a while before seeking medical care
○ Yes   ○ No **[go to C6]**   ○ Don't Know **[go to C6]**

C.5 **[If C4 yes]** What were the reason(s) that you decided to wait before seeking medical care?
[Check all that apply]
□ Didn't have time to go to the doctor
□ Symptoms did not seem bad enough for emergency care
□ Symptoms would come and go over time (not persistent)
□ Transportation – waited for someone to drive me to office/hospital
□ A concerns about the cost
□ Embarrassment or fear
□ None
□ Others, please specify:

C.6	[if any acute symptoms] When you first started having these symptoms, did you think that something was wrong with your heart?
	○ Yes ○ No ○ Didn't Know
	The purpose of the question is to identify the judgement of the patient to the symptom, instead of the doctor's diagnosis.
C.7	[if any acute symptoms] After the symptom onset, did you take medicine before seeking medical care?
	○ Yes ○ No [go to D1] ○ Don't Know [go to D1]
	The purpose of the question is to identify the medicine taken by the patient against the onset of the symptom without a prescription.
C.8	[If C7 yes] which kinds of medicine you have taken before seeking medical care? *[Check all that apply]*
	□ Aspirin
	□ Nitrates
	□ TCM with nitrate
	□ TCM without nitrate
	□ Statins
	□ None
	□ Others, please specify:
	The medicine can be identified by its packing box.
C.9	Have you ever been diagnosed as the following diseases? *[Check all that apply]*
	□ CHD
	□ Hypertension
	□ Dyslipidemia
	□ DM
	□ Ischemic stroke
	□ hemorrhagic stroke
	□ Unclassified stroke
	□ None
C.10	Before the administration, do you take the following medications routinely? *[Check all that apply]*
	□ Aspirin
	□ Statins
	□ Beta blockers
	□ ACEI or ARB
	□ Nitrates
	□ CCB
	□ TCM
	□ None

Statins include Lovastatin, Simvastatin, Pravastatin, Fluvastatin, Atorvastatin, Rosuvastatin, Pitavastatin, etc.
B-blockers include propranolol, atenolol, metoprolol, bisoprolol, nebivolol, nadolol, labetalol, Carvedilol, timolol, penbutolol, celiprolol, pindolol etc.
ACEI include captopril, enalapril, imidapril, benazepril, quinapril, cilazapril, ramipril, lisinopril, perindopril, fosinopril, zofenopril. Etc.
ARB include irbesartan, valsartan, losartan, telmisartan, candesartan, olmesartan, eprosartan, etc

D.   CVD FUNCTIONAL STATUS (SAQ)

Please go over the activities listed below and indicate how much limitation you have had due to chest pain, chest tightness or angina over the 4 weeks before the admission this time?

	Physical Activity	Extremely limited	Quite a bit limited	Moderately limited	Slightly limited	Not at all limited	Limited for other reasons or did not do activity	Refuse to answer or unknown
D.1	Dressing yourself	○	○	○	○	○	○	○
D.2	Walking indoors on level ground	○	○	○	○	○	○	○
D.3	Showering	○	○	○	○	○	○	○
D.4	Climbing a hill or a flight of stairs without stopping	○	○	○	○	○	○	○
D.5	Gardening, vacuuming or carrying groceries	○	○	○	○	○	○	○
D.6	Walking more than a block at a brisk pace	○	○	○	○	○	○	○
D.7	Running or jogging	○	○	○	○	○	○	○
D.8	Lifting or moving heavy objects (e.g. furniture, children)	○	○	○	○	○	○	○
D.9	Participating in strenuous sports (e.g. swimming, tennis)	○	○	○	○	○	○	○

"4 weeks before" means condition in the 4 weeks before the interview, if the patient is forbidden from moving after PCI or CABG, then it can be altered by the condition in the 4 weeks before the procedure. The limitation of activities must result from the fearing of onset of angina, rather than other movement-limiting diseases.

D1 Example: can you face by yourself?
D3 Example: can you have a tub bath by yourself?
D5 Example: can you cook, do housework, go grocery shopping?
D6 Example: can you ride a bicycle?
D7 Example: can you have non-antagonistic exercises like dancing, gymnastics?
D8 Example: can you carry a baby or do farm work?
D9 Example: can you have antagonistic exercises like basketball?

D.10 Compared with 4 weeks ago, how often do you have chest pain, chest tightness or angina when doing your most strenuous activities?
○ Much more often   ○ Slightly more often   ○ About the same   ○ Slightly less often   ○ Much less often   ○ None over the past 4 weeks   ○ Refuse to answer or unknown

D.11 Over the past 4 weeks, on average, how many times have you had chest pain, chest tightness or angina?
○ ≥4 or more times per day
○ 1-3 times per day
○ 3-6 times per week
○ 1-2 times per week
○ Less than once a week
○ None over the past 4 weeks
○ Refuse to answer or unknown
The method of asking should be a step-wise question.to minimize the disturbance

D.12 Over the past 4 weeks, on average, how many times have you had to take nitroglycerin?
○ ≥4 or more times per day
○ 1-3 times per day
○ 3-6 times per week
○ 1-2 times per week
○ Less than once a week
○ None over the past 4 weeks
○ Refuse to answer or unknown
The method of asking should be a step-wise question.to minimize the disturbance

D.13	How bothersome is it for you to take pills for chest pain, chest tightness or angina as prescribed? ○ Extremely bothersome ○ Quite a bit bothersome ○ Moderately bothersome ○ Slightly bothersome ○ Not bothersome at all ○ My doctor has not prescribed pills ○ Refuse to answer or unknown
D.14	How satisfied are you that everything possible is being done to treat your chest pain, chest tightness or angina? ○Not satisfied at all ○ Mostly dissatisfied ○ Somewhat satisfied ○Mostly satisfied ○ Completely satisfied ○ Refuse to answer or unknown
D.15	How satisfied are you with explanations your doctor has given about your chest pain, chest tightness or angina? ○Not satisfied at all ○ Mostly dissatisfied ○ Somewhat satisfied ○Mostly satisfied ○ Completely satisfied ○ Refuse to answer or unknown
D.16	Overall, how satisfied are you with the current treatment of your chest pain, chest tightness or angina? ○Not satisfied at all ○ Mostly dissatisfied ○ Somewhat satisfied ○Mostly satisfied ○ Completely satisfied ○ Refuse to answer or unknown
D.17	Over the past 4 weeks, how much has your chest pain, chest tightness or angina limited your enjoyment of life? ○ Extremely limited ○ Quite a bit limited ○ Moderately limited ○ Slightly limited ○ Not limited at all ○ Refuse to answer or unknown

D.18	If you had to spend the rest of your life with your chest pain, chest tightness or angina the way it is in the four weeks before this admission, how would you feel about this? ○ Not satisfied at all ○ Mostly dissatisfied ○ Somewhat satisfied ○ Mostly satisfied ○ Completely satisfied ○ Refuse to answer or unknown
D.19	How often do you think or worry that you may have a heart attack or die suddenly? ○ I can't stop thinking or worrying about it ○ I often think or worry about it ○ I occasionally think or worry about it ○ I rarely think or worry about it ○ I never think or worry about it ○ Refuse to answer or unknown

E.	**HEALTH-RELATED QUALITY OF LIFE (EQ-5D)**
	The following questions ask about your health state before the onset of the acute symptom this time. In each of the following categories, please indicate which statement best describes your own health state the week before the onset of the acute symptom this time.
E.1	Mobility ○ I have **no** problems in walking about. ○ I have **some** problems in walking about. ○ I am **confined to bed**. ○ Refuse to answer or unknown
E.2	Self-care ○ I have **no** problems with self-care. ○ I have **some** problems washing or dressing myself. ○ I am **unable to wash or dress myself**. ○ Refuse to answer or unknown
E.3	Usual activities (e.g., work, study, housework, family or leisure activities) ○ I have **no** problems with performing my usual activities. ○ I have **some** problems with performing my usual activities. ○ I am **unable to perform my usual activities**. ○ Refuse to answer or unknown

E.4	Pain/discomfort ○ I have **no** pain or discomfort. ○ I have **moderate** pain or discomfort. ○ I have **extreme** pain or discomfort. ○ Refuse to answer or unknown
E.5	Anxiety/depression ○ I am **not** anxious or depressed. ○ I am **moderately** anxious or depressed. ○ I am **extremely** anxious or depressed. ○ Refuse to answer or unknown
E.6	Please **score** how good or bad your own health is the week before this admission. The best state you can imagine is 100 and the worst health state you can imagine is 0. Overall, how would you score your own health today between 0 and 100? ○ Refuse to answer Enter value between 0 and 100: _ _ _ Please avoid inducing or disturbing the patient (example: tell the patient that the passing score is 60) when asking this question

F. DEPRESSION

Over the last 2 weeks, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days	Nearly every day	Refuse to answer or unknown
F.1	Little interest or pleasure in doing things	○	○	○	○	○
F.2	Feeling down, depressed or hopeless	○	○	○	○	○
F.3	Trouble falling or staying asleep, or sleeping too much	○	○	○	○	○
F.4	Feeling tired or having little energy	○	○	○	○	○
F.5	Poor appetite or overeating	○	○	○	○	○
F.6	Feeling bad about yourself, or that you are a failure or have let yourself or your family down	○	○	○	○	○
F.7	Trouble concentrating on things, such as reading the newspaper or watching television	○	○	○	○	○

| F.8 | Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | ○ | ○ | ○ | ○ | ○ |

F1 Example: not interested in entertainment any more.
F2 Example: feel listless when at work, having no confidence in being competent for the work.
F3 Example: have insomnia and dreamful sleep.
F4 Example: always tired, unwilling to move.
F5 Example: feeling no appetite.
F6 Example: lack self-confidence
F7 Example: absent-minded
F8 Example: people around you noticed your abnormal behavior

G. HEALTH CARE SERVICE

G.1 In the past 12 months before this admission, have you ever been to TCM clinics or seen TCM doctors for heart problem?
○ No **[JUMP TO G4]**   ○ Yes   ○ Unknown **[JUMP TO G4]**   ○ Refuse to answer **[JUMP TO G4]**
Be certain that the patient visit a doctor for heart disease.

G.2 **[IF G1 "YES"]** Which ones do you agree to? *[Check all that apply]*
□ The TCM doctors are easier to see
□ My family has always used TCM
□ Explanations from the TCM doctor are more satisfactory
□ The TCM approaches are more effective
□ The TCM approaches are safer
□ The TCM approaches are less expensive
□ I see TCM doctors just to recuperate
□ None above
The purpose of the question is to identify the reason that the patient prefer TCM clinics , in comparison with western medicine.

G.3 **[IF G1 "YES"]** In what way do you think TCM therapies could be helpful for your heart problem? *[Check all that apply]*
□ Other diseases or disabilities
□ Not specific
□ Unknown
□ High blood pressure control, please specify the name of medication:
□ High blood cholesterol or lipid, please specify the name of medication:
□ High blood sugar, please specify the name of medication:
□ Chest pain, pressure, or tightness , please specify the name of medication:

The purpose of the question is to identify the subjective impression of the patient to the effect of TCM.

G.4	When you got similar symptoms before this admission, which clinics or doctors did you go to? ○ I had no similar symptoms before ○ TCM alone ○ Mostly TCM by times ○ Mostly western medicine by times ○ Western medicine alone ○ TCM and western medicine equally by times ○ Unknown ○ Refuse to answer Be certain that the symptom of the patient results from heart disease.
G.5	What types of medical insurance do you have? *[Check all that apply]* □ Public health service □ Medical insurance for urban workers/residents □ Comprehensive arrangement for serious disease □ Rural cooperative medical service □ Other social medical insurance, please specify: _____ □ Commercial medical insurance □ None □ Unknown
G.6	Before this index admission, the total medical expense during the past year is approximately _____. ○ Unknown ○ Refuse to answer
G.7	Before this index admission, the medical expense paid out-of-pocket during the past year is approximately _____. ○ Unknown ○ Refuse to answer
G.8	In the past 12 month, have you ever borrowed money from others to pay for medical expense (except ones that do not need to pay back)? ○ Yes ○ No ○ Unknown ○ Refuse to answer "Borrowed money " means the money that you borrowed from other people or from banks, and need to be pay back
G.9	In the past 12 month, have you ever avoided healthcare due to costs? ○ No ○ Yes ○ Unknown ○ Refuse to answer
G.10	What do you think of the burden of medical expense mentioned above? ○ Cannot undertake ○ Almost undertake ○ Can undertake easily ○ Unknown ○ Refuse to answer
H.	**SOCIOECONOMIC CHARACTER**

H.1	Your highest achieved education is: ○ Illiteracy/semi-illiteracy ○ Primary school ○ Junior high school ○ Senior high school (technical school or technical secondary school) ○ College (junior college) ○ Postgraduate ○ Unknown ○ Refuse to answer "Highest achieved education" means official education you are receiving/received in an standard school, including the graduates, the undergraduates and the campus students from various kinds of schools and colleges. If the patient did not receive official educations for specific reasons but have ever participated in standard continuation class, he/she will be regarded as having the same level of education. "Illiteracy/semi-illiteracy" means that the ability of literacy is less than 1500 words and cannot read or write daily note.
H.2	Which of the following best describes your foreign language skills? ○ I can use more than one foreign languages ○ I can use one foreign language ○ I know a little about foreign language ○ I have learnt foreign language, but remember little now ○ I have never learnt foreign language ○ Unknown ○ Refuse to answer The current ability of foreign language of the patient is required to be asked, the method of asking should refer to the education level of the patient and be a step-wise question.to minimize the disturbance
H.3	Your current job status: ○ currently having a job ○ used to have a job ○ never have a job ○ Unknown ○ Refuse to answer The **current** job status is needed to be emphasized. A step-wise question is required to minimize the disturbance

H.4	**[If currently working or used to work]** What is/was your primary occupation: ○ Farmer ○ Worker ○ Police/Administrative ○ Clerical ○ Medical related professional ○ Non-medical related professional ○ Business ○ Self-employed ○ Military ○ Others ○ Unknown
H.5	**[If currently working]** How often do you have to work during non-traditional working hours such as the evening or nights on average? ○ 1 or more times/week ○ 1-3 times/month ○ Less than once/month ○ Never ○ Unknown ○ Refuse to answer
H.6	**[If not currently working or never work]** What is the primary reason: ○ Unemployed/laid-off ○ Full-time homemaker ○ Retired ○ Unable to work ○ Prefer not to work ○ Unknown ○ Refuse to answer ○ Others, please specify:
H.7	Current marital status: ○ Married ○ Divorced /Separated ○ Widowed ○ Single ○ Unknown ○ Refuse to answer "Married "is supported by legal formalities of marriage or an traditional wedding ceremony and the spouse is alive. "Divorced /Separated" does not include the status of separated couples. "Widowed " means that the spouse of the patient is dead and did not remarry. "Single" means p
H.8	Including you, there are currently _ _ people living together in your family (sharing the household income in the last year) ○ Refuse to answer "Living together" means sharing the same financial issues
H.9	Do you currently own a house or an apartment? ○ Yes ○ No ○ Unknown ○ Refuse to answer "Own a house" means owning the whole/part of the property of the house, with or without a debt

H.10	Does your house have a private bathroom? ○ Yes ○ No ○ Unknown ○ Refuse to answer If the house the patient is currently living has a private bathroom, then "Yes" should be checked
H.11	Do you currently have a private telephone (phone or mobile)? ○ Yes ○ No ○ Unknown ○ Refuse to answer If the patient's house is not equipped with a fixed phone, but at least one of the family members owns a mobile phone, then "Yes" should be checked.
H.12	Do you currently own a motor vehicle (tractor, motorcycle, electric vehicle, car)?○ Yes ○ No ○ Unknown ○ Refuse to answer "Motor vehicle" means the patient owns a vehicles driven by mechanical power, with or without a debt.
H.13	During the past 5 years, have you ever had self-paid travel(s)? ○ Yes ○ No ○ Unknown ○ Refuse to answer "Self-paid travel(s)" means self-paid travel(s) to a distant place in a long time span and spend nights away, with a purpose of relaxation and sightseeing
H.14	What was your total household income in the last year? ○ < ¥10000 ○ ¥10000 - 29999 ○¥ 30000 - 49999 ○ ¥50000 - 69999 ○ ¥70000 - 99999 ○≥ ¥100000 ○ Unknown ○ Refuse to answer "Household income" means the summation of the after-tax incomes of all family members. Stable amount of monthly salary can be used to calculate the yearly income, the income of unstable jobs (farmers for instance) can be altered by the income of the last year.

I.	**RISK FACTORS**
I.1	In your father and brothers, did anyone have a heart attack, balloon angioplasty, stent or heart bypass surgery before his 55? ○ Yes ○ No ○ Unknown ○ Refuse to answer "Father" means natural father, "brother" means natural brother or half-brother with a different mother or father.
I.2	In your mother and sisters, did anyone have a heart attack, balloon angioplasty, stent or heart bypass surgery before her 65? ○ Yes ○ No ○ Unknown ○ Refuse to answer "Mother" means natural mother, "sister" means natural sister or half-sister with a different mother or father
I.3	Which of the following best describes your current cigarette smoking status? ○ Never smoked **[go to I6]** ○ I stopped smoking more than 1 year ago **[go to I6]** ○ I stopped smoking between 1 month and 1 year ago **[go to I6]** ○ Smoked in the past 30 days ○ Unknown **[go to I6]** ○ Refuse to answer **[go to I6]** "Smoking status" means smoking at least one cigarette (tobacco, hookah, or pipe)ever day

I.4	**[If smoked in the past 30 days or stopped smoking more than 1 month ago]** On average you smoke _ _ cigarettes per day in the last month. ○ Unknown ○ Refuse to answer One pouch of tobacco, hookah, or pipe can be referred to be a cigarette.
I.5	**[If smoked in the past 30 days or stopped smoking more than 1 month ago]** How old were you when you began smoking regularly? ○ Unknown ○ Refuse to answer "Smoking regularly" means have at least one cigarette or one pouch of tobacco, hookah, or pipe
I.6	During the past 1 year, how often do you have a drink containing alcohol? ○ Never **[go to I26]** ○ Monthly or less ○ 2 to 4 times a month ○ 2 to 3 times a week ○ 4 or more times a week ○ Unknown **1 DRINK is 17ml pure alcohol, which equals to 120ml wine, or 360ml beer (half a bottle or 1 tin), or 45ml liquor (1 LIANG)**
I.7	How many drinks containing alcohol do you have on a typical day when you are drinking? ○ 1 or 2 ○ 3 or 4 ○ 5 or 6 ○ 7, 8, or 9 ○ 10 or more ○ Unknown ○ Refuse to answer One unit means 17mL pure alcohol, about 120mL wine, 360mL beer, 100mL yellow wine and 45mL white wine

J.	**OBSTRUCTIVE SLEEP APNEA SYNDROME (MBQ)**
J.1	Do you snore? ○ Yes ○ No **[go to J5]** ○ Don't know **[go to J5]** ○ Refuse to answer
J.2	**[If Yes]** Your snoring is? ○ Slightly louder than breathing ○ As loud as talking ○ Louder than talking ○ Very loud can be heard in adjacent rooms ○ Refuse to answer or unknown
J.3	**[If Yes]** How often do you snore? ○ Nearly never ○ 1-2 times per month ○ 1-2 times per week ○ 3-4 times per week ○ Nearly every day ○ Refuse to answer or unknown
J.4	**[If Yes]** Has your snoring ever bothered other people? ○ Yes ○ No ○ Refuse to answer or unknown J.5-J.12 The frequency of onset of the following symptoms

		Never	Nearly never	1-2 times / month	1-2 times / week	3-4 times / week	Nearly every day	Refuse to answer or unknown
J.5	Has anyone noticed that you quit breathing during your sleep?	○	○	○	○	○	○	○
J.6	Do you choke while you are sleeping?	○	○	○	○	○	○	○
J.7	How often do you feel tired or fatigued after your sleep?	○	○	○	○	○	○	○
J.8	During your wake time do you feel tired, fatigued or not up to at par?	○	○	○	○	○	○	○
J.9	Have you ever fallen asleep while waiting in a line to meet your doctor?	○	○	○	○	○	○	○
J.10	Have you ever fallen asleep while watching television at your home during daytime?	○	○	○	○	○	○	○
J.11	Have you ever fallen asleep while waiting in a line to pay your electricity and telephone bills?	○	○	○	○	○	○	○
J.12	How many hours do you typically sleep each night? ○ Less than 4 ○ 4-5 ○ 6-7 ○ 8-9 ○ 10-11 ○ >=12 ○ Don't know							

| K. | **STRESS** |

The questions in this scale ask about your thoughts and feelings during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems most reasonable. For each question choose the following alternatives: never, almost never, sometimes, fairly often, and very often.

		Never	Almost never	Sometimes	Fairly often	Very often	Refuse to answer or unknown
K.1	In the last month, how often have you felt that you were unable to control the important things in your life?	○	○	○	○	○	○

K.2	In the last month, how often have you felt confident in your ability to handle your personal problems?	○	○	○	○	○	○
K.3	In the last month, how often have you felt that things were going your way?	○	○	○	○	○	○
K.4	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	○	○	○	○	○	○

L.   SOCIAL SUPPORT

The following questions ask about other people who provide you with assistance and support.

		None of the time	A little of the time	Some of the time	Most of the time	All of the time	Refuse to answer or unknown
L.1	Is there someone available to you whom you can count on to listen to you when you need to talk?	○	○	○	○	○	○
L.2	Is there someone available to you to give you good advice about a problem?	○	○	○	○	○	○
L.3	Is there someone available to you who shows you love and affection?	○	○	○	○	○	○
L.4	Is there someone available to you to help you with daily chores?	○	○	○	○	○	○
L.5	Can you count on anyone to provide you with emotional support (talking over problems or helping make difficult decisions)?	○	○	○	○	○	○
L.6	Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?	○	○	○	○	○	○

L1 Example: Is there anyone who would like to listen to you when you want to have a conversation?
L2 Example: Is there anyone who would help you with your trouble?
L3 Example: Do your family and friends care about you?
L4 Example: Is there anyone who would help you with your housework?
L5 Example: Is there anyone who would help you to make decisions?
L6 Example: Do you always chat with your family and friendS?

X.	**PHYSICAL MEASUREMENTS**
X.1	Height: ___ cm ○ Unmeasured
X.2	Weight: ___ kg ○ Unmeasured
X.3	Waistline: ___ cm ○ Unmeasured

1 Month Follow-up Interview

A.	**BASIC INFORMATION**

A.1	Type of follow-up: ○ Face-to-face interview ○ Telephone interview **[go to A4]**
A.2	Was bio-sample collected? ○ No ○ Yes
A.3	ID of bio-sample: _____ **[go to B1]**
A.4	Did the participant answered the telephone interview by him/herself? ○ Yes ○ No, who: ___ **[go to C1]**

B.	**FOLLOW-UP MEASUREMENTS**

B.1	Weight: ___ kg ○ Unmeasured
B.2	Waistline: ___ cm ○ Unmeasured
B.3	Blood pressure 1st: ___/___mmHg
B.4	Blood pressure 2nd: ___/___mmHg
B.5	**[if difference between 1st and 2nd >5mmHg]** Blood pressure 3rd: ___/___mmHg ()
B.6	ID of bio-sample: _____

C.	**OUTCOMES**

	Admission note 1
C.1	Date of hospitalization：_ _ /_ _/ _ _ _ _ ○ Unknown
C.2	Name of the hospital: _____
C.3	Admission status: ○ Emergency ○ Scheduled ○ Unknown

C.4	Main reason for hospitalization： ○ MI ○ Unstable angina pectoris ○ Stable angina pectoris ○ Valve dysfunction ○ Arrhythmia ○ Heart failure ○ New ischemic stroke ○ New hemorrhagic stroke ○ Transient ischemic attack ○ Diabetes ○ Kidney disease ○ Cardiac surgery related infections ○ Pericardial effusion or tamponade ○ Pulmonary embolism ○ Bleeding except hemorrhagic stroke ○ Others ○ Unknown
C.5	Therapies in hospitalization duration *[Check all that apply]*： □ PCI □ CABG □ Thrombolysis □ Coronary angiography □ Stroke thrombolysis □ Valve surgery □ LV assist device □ Pacemaker or defibrillator implantation □ Pulmonary embolism thrombolysis □ Dialysis □ Cardiopulmonary resuscitation □ None above
C.6	Supportive documents were collected: □ Face sheet □ Discharge summary □ CAG report □ CAG imagine □ CABG report □ PCI report □ CT report □ MRI report □ None above
	Admission note 2
C.7	Date of hospitalization： _ _ /_ _/ _ _ _ _ ○ Unknown
C.8	Name of the hospital: _____
C.9	Admission status: ○ Emergency ○ Scheduled ○ Unknown
C.10	Main reason for hospitalization： ○ MI ○ Unstable angina pectoris ○ Stable angina pectoris ○ Valve dysfunction ○ Arrhythmia ○ Heart failure ○ New ischemic stroke ○ New hemorrhagic stroke ○ Transient ischemic attack ○ Diabetes ○ Kidney disease ○ Cardiac surgery related infections ○ Pericardial effusion or tamponade ○ Pulmonary embolism ○ Bleeding except hemorrhagic stroke ○ Others ○ Unknown

C.11	Therapies in hospitalization duration *[Check all that apply]*： □ PCI　□ CABG　□ Thrombolysis　□ Coronary angiography □ Stroke thrombolysis　□ Valve surgery　□ LV assist device □ Pacemaker or defibrillator implantation　□ Pulmonary embolism thrombolysis　□ Dialysis □ Cardiopulmonary resuscitation　□ None above
C.12	Supportive documents were collected: □ Face sheet □ Discharge summary □ CAG report □ CAG imagine □ CABG report □ PCI report □ CT report □ MRI report □ None above

D.　ADHERENCE

D.1	In the past month, how often did you forget to take one or more of your prescribed medications? ○ No prescribed medication **[JUMP TO E1]**　　○ Never　　　　　　　○ Once ○ 2-3 times　　　　　　　　○ Once per week　　　　○ 2-5 times per week ○ Every day or nearly every day　　　○ Unknown　　　　○ Refuse to answer
D.2	In the past month, how often did you miss a dose of <u>ASPIRIN</u>? ○ No prescribed this medication **[JUMP TO D4]**　○ Never **[JUMP TO D4]**　　○ Once ○ 2-3 times　　　　　　　　○ Once per week　　○ 2-5 times per week ○ Everyday or nearly everyday　　○ Unknown **[JUMP TO D4]**　○ Refuse to answer **[JUMP TO D4]**
D.3	**[If you have ever missed a dose of <u>ASPIRIN</u>]** The main reason is… ○ I Forgot to take it unintentionally ○ Doctors told me to stop taking it ○ I began feeling better, believed it was unnecessary to take it everyday ○ The drug seemed ineffective ○ I was worried about adverse reaction ○ I couldn't afford it ○ I couldn't access it easily ○ Others, please specify： ○ Unknown ○ Refuse to answer

D.4	In the past month, how often did you decide to skip <u>CLOPIDOGREL</u>? ○ No prescribed this medication **[JUMP TO D6]** ○ Never **[JUMP TO D6]** ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Everyday or nearly everyday ○ Unknown **[JUMP TO D6]** ○ Refuse to answer **[JUMP TO D6]**
D.5	**[If you have ever missed a dose of <u>CLOPIDOGREL</u>]** The main reason is… ○ I Forgot to take it unintentionally ○ Doctors told me to stop taking it ○ I began feeling better, believed it was unnecessary to take it everyday ○ The drug seemed ineffective ○ I was worried about adverse reaction ○ I couldn't afford it ○ I couldn't access it easily ○ Others, please specify： ○ Unknown ○ Refuse to answer
D.6	In the past month, how often did you decide to skip <u>STATINs</u>? ○ No prescribed this medication **[JUMP TO D9]** ○ Never **[JUMP TO D9]** ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Everyday or nearly everyday ○ Unknown **[JUMP TO D9]** ○ Refuse to answer **[JUMP TO D9]**
D.7	The drug name and dosage: _____
D.8	**[If you have ever missed a dose of <u>STATINs</u>]** The main reason is… ○ I Forgot to take it unintentionally ○ Doctors told me to stop taking it ○ I began feeling better, believed it was unnecessary to take it everyday ○ The drug seemed ineffective ○ I was worried about adverse reaction ○ I couldn't afford it ○ I couldn't access it easily ○ Others, please specify： ○ Unknown ○ Refuse to answer
D.9	In the past month, how often did you decide to skip <u>BETA-BLOCKERs</u>? ○ No prescribed this medication **[JUMP TO D12]** ○ Never **[JUMP TO D12]** ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Everyday or nearly everyday ○ Unknown **[JUMP TO D12]** ○ Refuse to answer **[JUMP TO D12]**
D.10	The drug name and dosage: _____

D.11 **[If you have ever missed a dose of <u>BETA-BLOCKERs</u>]** The main reason is…
○ I Forgot to take it unintentionally
○ Doctors told me to stop taking it
○ I began feeling better, believed it was unnecessary to take it everyday
○ The drug seemed ineffective
○ I was worried about adverse reaction
○ I couldn't afford it
○ I couldn't access it easily
○ Others, please specify：
○ Unknown
○ Refuse to answer

D.12 In the past month, how often did you decide to skip <u>ACEI/ARBs</u>?
○ No prescribed this medication **[JUMP TO E1]** ○ Never **[JUMP TO E1]** ○ Once
○ 2-3 times ○ Once per week ○ 2-5 times per week
○ Everyday or nearly everyday ○ Unknown **[JUMP TO E1]** ○ Refuse to answer **[JUMP TO E1]**

D.13 The drug name and dosage: _____

D.14 **[If you have ever missed a dose of <u>ACEI/ARBs</u>]** The main reason is…
○ I Forgot to take it unintentionally
○ Doctors told me to stop taking it
○ I began feeling better, believed it was unnecessary to take it everyday
○ The drug seemed ineffective
○ I was worried about adverse reaction
○ I couldn't afford it
○ I couldn't access it easily
○ Others, please specify：
○ Unknown
○ Refuse to answer

| E. | **CVD FUNCTIONAL STATUS (SAQ)** |

Please go over the activities listed below and indicate how much limitation you have had due to chest pain ,chest tightness or angina over the past 4 weeks?

Physical Activity	Extremely limited	Quite a bit limited	Moderately limited	Slightly limited	Not at all limited	Limited for other reasons or did not do activity	Refuse to answer or unknown

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		○	○	○	○	○	○	○
E.1	Dressing yourself	○	○	○	○	○	○	○
E.2	Walking indoors on level ground	○	○	○	○	○	○	○
E.3	Showering	○	○	○	○	○	○	○
E.4	Climbing a hill or a flight of stairs without stopping	○	○	○	○	○	○	○
E.5	Gardening, vacuuming or carrying groceries	○	○	○	○	○	○	○
E.6	Walking more than a block at a brisk pace	○	○	○	○	○	○	○
E.7	Running or jogging	○	○	○	○	○	○	○
E.8	Lifting or moving heavy objects (e.g. furniture, children)	○	○	○	○	○	○	○
E.9	Participating in strenuous sports (e.g. swimming, tennis)	○	○	○	○	○	○	○

E.10 Compared with 4 weeks ago, how often do you have chest pain, chest tightness or angina when doing your most strenuous activities?
○ Much more often ○ Slightly more often ○ About the same ○ Slightly less often ○ Much less often ○ None over the past 4 weeks ○ Refuse to answer or unknown

E.11 Over the past 4 weeks, on average, how many times have you had chest pain, chest tightness or angina?
○ ≥4 or more times per day
○ 1-3 times per day
○ 3-6 times per week
○ 1-2 times per week
○ Less than once a week
○ None over the past 4 weeks
○ Refuse to answer or unknown

E.12 Over the past 4 weeks, on average, how many times have you had to take nitroglycerin?
○ ≥4 or more times per day
○ 1-3 times per day

○ 3-6 times per week
○ 1-2 times per week
○ Less than once a week
○ None over the past 4 weeks
○ Refuse to answer or unknown

E.13   How bothersome is it for you to take pills for chest pain, chest tightness or angina as prescribed?
○ Extremely bothersome
○ Quite a bit bothersome
○ Moderately bothersome
○ Slightly bothersome
○ Not bothersome at all
○ My doctor has not prescribed pills
○ Refuse to answer or unknown

E.14   How satisfied are you that everything possible is being done to treat your chest pain, chest tightness or angina?
○Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

E.15   How satisfied are you with explanations your doctor has given about your chest pain, chest tightness or angina?
○Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

E.16   Overall, how satisfied are you with the current treatment of your chest pain, chest tightness or angina?
○Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

E.17   Over the past 4 weeks, how much has your chest pain, chest tightness or angina limited your enjoyment of life?
○ Extremely limited   ○ Quite a bit limited   ○ Moderately limited   ○ Slightly limited   ○ Not limited at all   ○ Refuse to answer
     or unknown

E.18	If you had to spend the rest of your life with your chest pain, chest tightness or angina the way it is right now, how would you feel about this? ○ Not satisfied at all ○ Mostly dissatisfied ○ Somewhat satisfied ○ Mostly satisfied ○ Completely satisfied ○ Refuse to answer or unknown
E.19	How often do you think or worry that you may have a heart attack or die suddenly? ○ I can't stop thinking or worrying about it ○ I often think or worry about it ○ I occasionally think or worry about it ○ I rarely think or worry about it ○ I never think or worry about it ○ Refuse to answer or unknown

F. HEALTH-RELATED QUALITY OF LIFE (EQ-5D)

The following questions ask about your current health state. In each of the following categories, please indicate which statement best describes your own health state today.

F.1 Mobility
○ I have **no** problems in walking about.
○ I have **some** problems in walking about.
○ I am **confined to bed**.
○ Refuse to answer or unknown

F.2 Self-care
○ I have **no** problems with self-care.
○ I have **some** problems washing or dressing myself.
○ I am **unable to wash or dress myself**.
○ Refuse to answer or unknown

F.3 Usual activities (e.g., work, study, housework, family or leisure activities)
○ I have **no** problems with performing my usual activities.
○ I have **some** problems with performing my usual activities.
○ I am **unable to perform my usual activities**.
○ Refuse to answer or unknown

F.4 Pain/discomfort
○ I have **no** pain or discomfort.

○ I have **moderate** pain or discomfort.
○ I have **extreme** pain or discomfort.
○ Refuse to answer or unknown

F.5 Anxiety/depression
○ I am **not** anxious or depressed.
○ I am **moderately** anxious or depressed.
○ I am **extremely** anxious or depressed.
○ Refuse to answer or unknown

F.6 Please **score** how good or bad your own health is today. The best state you can imagine is 100 and the worst health state you can imagine is 0. Overall, how would you score your own health today between 0 and 100?
Enter value between 0 and 100: _ _ _   ○ Refuse to answer

G. DEPRESSION

Over the last 2 weeks, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days	Nearly every day	Refuse to answer or unknown
G.1	Little interest or pleasure in doing things	○	○	○	○	○
G.2	Feeling down, depressed or hopeless	○	○	○	○	○
G.3	Trouble falling or staying asleep, or sleeping too much	○	○	○	○	○
G.4	Feeling tired or having little energy	○	○	○	○	○
G.5	Poor appetite or overeating	○	○	○	○	○
G.6	Feeling bad about yourself, or that you are a failure or have let yourself or your family down	○	○	○	○	○
G.7	Trouble concentrating on things, such as reading the newspaper or watching television	○	○	○	○	○
G.8	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	○	○	○	○	○

H. STRESS

The questions in this scale ask about your thoughts and feelings during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems most reasonable. For each question choose the following alternatives: never, almost never, sometimes, fairly often, and very often.

		Never	Almost never	Some-times	Fairly often	Very often	Refuse to answer or unknown
H.1	In the last month, how often have you felt that you were unable to control the important things in your life?	○	○	○	○	○	○
H.2	In the last month, how often have you felt confident in your ability to handle your personal problems?	○	○	○	○	○	○
H.3	In the last month, how often have you felt that things were going your way?	○	○	○	○	○	○
H.4	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	○	○	○	○	○	○

N. LAB TESTS

N.1   TC: ____   ○ Unmeasured

N.2   HDL-C: ____   ○ Unmeasured

N.3   LDL-C: ____   ○ Unmeasured

N.4   Blood glucose: ____   ○ Unmeasured

N.5   ALT: ____   ○ Unmeasured

N.6   Cr: ____   ○ Unmeasured

N.7   BUN: ___   ○ Unmeasured

N.8   CK: ___   ○ Unmeasured

N.9   hsCRP: ___   ○ Unmeasured

N.10   Hb: ___   ○ Unmeasured

N.11   HCT: ___   ○ Unmeasured

N.12   WBC: ___   ○ Unmeasured

N.13   PLT: ___   ○ Unmeasured

N.14   OB: ___   ○ Unmeasured

N.15   PRO: ___   ○ Unmeasured

6 Month Follow-up Interview

A. BASIC INFORMATION

Type of follow-up:
○ Face-to-face interview
○ Telephone interview

Did the participant answered the telephone interview by him/herself?
○ Yes   ○ No, who: ___ **[go to C1]**

B. FOLLOW-UP MEASUREMENTS

Weight: ___ kg   ○ Unmeasured

Waistline: ___ cm   ○ Unmeasured

Blood pressure 1st: ___/___mmHg

Blood pressure 2nd: ___/___mmHg

[if difference between 1st and 2nd >5mmHg] Blood pressure 3rd: ___/___mmHg ()

C. OUTCOMES

Admission note 1

C.1   Date of hospitalization：_ _ /_ _/ _ _ _ _   ○ Unknown

C.2   Name of the hospital: _____

C.3   Admission status:
○ Emergency   ○ Scheduled   ○ Unknown

C.4   Main reason for hospitalization：
○ MI   ○ Unstable angina pectoris   ○ Stable angina pectoris   ○ Valve dysfunction
○ Arrhythmia   ○ Heart failure   ○ New ischemic stroke   ○ New hemorrhagic stroke
○ Transient ischemic attack   ○ Diabetes   ○ Kidney disease
○ Cardiac surgery related infections   ○ Pericardial effusion or tamponade
○ Pulmonary embolism   ○ Bleeding except hemorrhagic stroke   ○ Others   ○ Unknown

C.5	Therapies in hospitalization duration *[Check all that apply]*: □ PCI □ CABG □ Thrombolysis □ Coronary angiography □ Stroke thrombolysis □ Valve surgery □ LV assist device □ Pacemaker or defibrillator implantation □ Pulmonary embolism thrombolysis □ Dialysis □ Cardiopulmonary resuscitation □ None above

C.5 Therapies in hospitalization duration *[Check all that apply]*:
□ PCI   □ CABG   □ Thrombolysis □ Coronary angiography
□ Stroke thrombolysis □ Valve surgery   □ LV assist device
□ Pacemaker or defibrillator implantation □ Pulmonary embolism thrombolysis   □ Dialysis
□ Cardiopulmonary resuscitation □ None above

H.5 Supportive documents were collected:
□ Face sheet
□ Discharge summary
□ CAG report
□ CAG imagine
□ CABG report
□ PCI report
□ CT report
□ MRI report
□ None above

Admission note 2

C.6 Date of hospitalization：_ _ /_ _/ _ _ _ _   ○ Unknown

C.7 Name of the hospital: _____

C.8 Admission status:
○ Emergency   ○ Scheduled   ○ Unknown

C.9 Main reason for hospitalization：
○ MI   ○ Unstable angina pectoris   ○ Stable angina pectoris   ○ Valve dysfunction
○ Arrhythmia   ○ Heart failure   ○ New ischemic stroke   ○ New hemorrhagic stroke
○ Transient ischemic attack   ○ Diabetes   ○ Kidney disease
○ Cardiac surgery related infections   ○ Pericardial effusion or tamponade
○ Pulmonary embolism   ○ Bleeding except hemorrhagic stroke   ○ Others   ○ Unknown

C.10 Therapies in hospitalization duration *[Check all that apply]*:
□ PCI   □ CABG   □ Thrombolysis □ Coronary angiography
□ Stroke thrombolysis □ Valve surgery   □ LV assist device
□ Pacemaker or defibrillator implantation □ Pulmonary embolism thrombolysis   □ Dialysis
□ Cardiopulmonary resuscitation   □ None above

H.6	Supportive documents were collected: □ Face sheet □ Discharge summary □ CAG report □ CAG imagine □ CABG report □ PCI report □ CT report □ MRI report □ None above

Admission note 3

C.11	Date of hospitalization：＿＿/＿＿/＿＿＿＿ ○ Unknown
C.12	Name of the hospital: _____
C.13	Admission status: ○ Emergency ○ Scheduled ○ Unknown
C.14	Main reason for hospitalization： ○ MI ○ Unstable angina pectoris ○ Stable angina pectoris ○ Valve dysfunction ○ Arrhythmia ○ Heart failure ○ New ischemic stroke ○ New hemorrhagic stroke ○ Transient ischemic attack ○ Diabetes ○ Kidney disease ○ Cardiac surgery related infections ○ Pericardial effusion or tamponade ○ Pulmonary embolism ○ Bleeding except hemorrhagic stroke ○ Others ○ Unknown
C.15	Therapies in hospitalization duration *[Check all that apply]*： □ PCI □ CABG □ Thrombolysis □ Coronary angiography □ Stroke thrombolysis □ Valve surgery □ LV assist device □ Pacemaker or defibrillator implantation □ Pulmonary embolism thrombolysis □ Dialysis □ Cardiopulmonary resuscitation □ None above

H.7	Supportive documents were collected: □ Face sheet □ Discharge summary □ CAG report □ CAG imagine □ CABG report □ PCI report □ CT report □ MRI report □ None above
	Admission note 4
C.16	Date of hospitalization：＿＿/＿＿/＿＿＿＿　○ Unknown
C.17	Name of the hospital: _____
C.18	Admission status: ○ Emergency　○ Scheduled　○ Unknown
C.19	Main reason for hospitalization： ○ MI　○ Unstable angina pectoris　○ Stable angina pectoris　○ Valve dysfunction ○ Arrhythmia　○ Heart failure　○ New ischemic stroke　○ New hemorrhagic stroke ○ Transient ischemic attack　○ Diabetes　○ Kidney disease ○ Cardiac surgery related infections　○ Pericardial effusion or tamponade ○ Pulmonary embolism　○ Bleeding except hemorrhagic stroke　○ Others　○ Unknown
C.20	Therapies in hospitalization duration *[Check all that apply]*： □ PCI　□ CABG　□ Thrombolysis　□ Coronary angiography □ Stroke thrombolysis　□ Valve surgery　□ LV assist device □ Pacemaker or defibrillator implantation　□ Pulmonary embolism thrombolysis　□ Dialysis □ Cardiopulmonary resuscitation　□ None above

H.8	Supportive documents were collected: □ Face sheet □ Discharge summary □ CAG report □ CAG imagine □ CABG report □ PCI report □ CT report □ MRI report □ None above

D.   ADHERENCE

D.1	In the past month, how often did you forget to take one or more of your prescribed medications? ○ No prescribed medication **[JUMP TO E1]** ○ Never ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Every day or nearly every day ○ Unknown ○ Refuse to answer
D.2	In the past month, how often did you miss a dose of <u>ASPIRIN</u>? ○ No prescribed this medication **[JUMP TO D4]** ○ Never **[JUMP TO D4]** ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Everyday or nearly everyday ○ Unknown **[JUMP TO D4]** ○ Refuse to answer **[JUMP TO D4]**
D.3	**[If you have ever missed a dose of <u>ASPIRIN</u>]** The main reason is… ○ I Forgot to take it unintentionally ○ Doctors told me to stop taking it ○ I began feeling better, believed it was unnecessary to take it everyday ○ The drug seemed ineffective ○ I was worried about adverse reaction ○ I couldn't afford it ○ I couldn't access it easily ○ Others, please specify： ○ Unknown ○ Refuse to answer
D.4	In the past month, how often did you decide to skip <u>CLOPIDOGREL</u>? ○ No prescribed this medication **[JUMP TO D6]** ○ Never **[JUMP TO D6]** ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Everyday or nearly everyday ○ Unknown **[JUMP TO D6]** ○ Refuse to answer **[JUMP TO D6]**

D.5	**[If you have ever missed a dose of <u>CLOPIDOGREL</u>]** The main reason is… ○ I Forgot to take it unintentionally ○ Doctors told me to stop taking it ○ I began feeling better, believed it was unnecessary to take it everyday ○ The drug seemed ineffective ○ I was worried about adverse reaction ○ I couldn't afford it ○ I couldn't access it easily ○ Others, please specify： ○ Unknown ○ Refuse to answer
D.6	In the past month, how often did you decide to skip <u>STATINs</u>? ○ No prescribed this medication **[JUMP TO D9]** ○ Never **[JUMP TO D9]** ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Everyday or nearly everyday ○ Unknown **[JUMP TO D9]** ○ Refuse to answer **[JUMP TO D9]**
D.7	The drug name and dosage: _____
D.8	**[If you have ever missed a dose of <u>STATINs</u>]** The main reason is… ○ I Forgot to take it unintentionally ○ Doctors told me to stop taking it ○ I began feeling better, believed it was unnecessary to take it everyday ○ The drug seemed ineffective ○ I was worried about adverse reaction ○ I couldn't afford it ○ I couldn't access it easily ○ Others, please specify： ○ Unknown ○ Refuse to answer
D.9	In the past month, how often did you decide to skip <u>BETA-BLOCKERs</u>? ○ No prescribed this medication **[JUMP TO D12]** ○ Never **[JUMP TO D12]** ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Everyday or nearly everyday ○ Unknown **[JUMP TO D12]** ○ Refuse to answer **[JUMP TO D12]**
D.10	The drug name and dosage: _____

D.11	**[If you have ever missed a dose of <u>BETA-BLOCKERs</u>]** The main reason is… ○ I Forgot to take it unintentionally ○ Doctors told me to stop taking it ○ I began feeling better, believed it was unnecessary to take it everyday ○ The drug seemed ineffective ○ I was worried about adverse reaction ○ I couldn't afford it ○ I couldn't access it easily ○ Others, please specify： ○ Unknown ○ Refuse to answer
D.12	In the past month, how often did you decide to skip <u>ACEI/ARBs</u>? ○ No prescribed this medication **[JUMP TO E1]** ○ Never **[JUMP TO E1]** ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Everyday or nearly everyday ○ Unknown **[JUMP TO E1]** ○ Refuse to answer **[JUMP TO E1]**
D.13	The drug name and dosage: _____
D.14	**[If you have ever missed a dose of <u>ACEI/ARBs</u>]** The main reason is… ○ I Forgot to take it unintentionally ○ Doctors told me to stop taking it ○ I began feeling better, believed it was unnecessary to take it everyday ○ The drug seemed ineffective ○ I was worried about adverse reaction ○ I couldn't afford it ○ I couldn't access it easily ○ Others, please specify： ○ Unknown ○ Refuse to answer

E.	**CVD FUNCTIONAL STATUS (SAQ)**

Please go over the activities listed below and indicate how much limitation you have had due to chest pain ,chest tightness or angina over the past 4 weeks?

Physical Activity	Extremely limited	Quite a bit limited	Moderately limited	Slightly limited	Not at all limited	Limited for other reasons or did not do activity	Refuse to answer or unknown

E.1	Dressing yourself	○	○	○	○	○	○	○
E.2	Walking indoors on level ground	○	○	○	○	○	○	○
E.3	Showering	○	○	○	○	○	○	○
E.4	Climbing a hill or a flight of stairs without stopping	○	○	○	○	○	○	○
E.5	Gardening, vacuuming or carrying groceries	○	○	○	○	○	○	○
E.6	Walking more than a block at a brisk pace	○	○	○	○	○	○	○
E.7	Running or jogging	○	○	○	○	○	○	○
E.8	Lifting or moving heavy objects (e.g. furniture, children)	○	○	○	○	○	○	○
E.9	Participating in strenuous sports (e.g. swimming, tennis)	○	○	○	○	○	○	○

E.10 Compared with 4 weeks ago, how often do you have chest pain ,chest tightness or angina when doing your most strenuous activities?
○ Much more often   ○ Slightly more often   ○ About the same   ○ Slightly less often   ○ Much less often   ○ None over the past 4 weeks   ○ Refuse to answer or unknown

E.11 Over the past 4 weeks, on average, how many times have you had chest pain, chest tightness or angina?
○ ≥4 or more times per day
○ 1-3 times per day
○ 3-6 times per week
○ 1-2 times per week
○ Less than once a week
○ None over the past 4 weeks
○ Refuse to answer or unknown

E.12   Over the past 4 weeks, on average, how many times have you had to take nitroglycerin?
○ ≥4 or more times per day
○ 1-3 times per day
○ 3-6 times per week
○ 1-2 times per week
○ Less than once a week
○ None over the past 4 weeks
○ Refuse to answer or unknown

E.13   How bothersome is it for you to take pills for chest pain, chest tightness or angina as prescribed?
○ Extremely bothersome
○ Quite a bit bothersome
○ Moderately bothersome
○ Slightly bothersome
○ Not bothersome at all
○ My doctor has not prescribed pills
○ Refuse to answer or unknown

E.14   How satisfied are you that everything possible is being done to treat your chest pain, chest tightness or angina?
○Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

E.15   How satisfied are you with explanations your doctor has given about your chest pain, chest tightness or angina?
○Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

E.16   Overall, how satisfied are you with the current treatment of your chest pain, chest tightness or angina?
○Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

| E.17 | Over the past 4 weeks, how much has your chest pain, chest tightness or angina limited your enjoyment of life? |

○ Extremely limited   ○ Quite a bit limited   ○ Moderately limited   ○ Slightly limited   ○ Not limited at all   ○ Refuse to answer or unknown

E.18 If you had to spend the rest of your life with your chest pain, chest tightness or angina the way it is right now, how would you feel about this?
○ Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○ Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

E.19 How often do you think or worry that you may have a heart attack or die suddenly?
○ I can't stop thinking or worrying about it
○ I often think or worry about it
○ I occasionally think or worry about it
○ I rarely think or worry about it
○ I never think or worry about it
○ Refuse to answer or unknown

F.   HEALTH-RELATED QUALITY OF LIFE (EQ-5D)

The following questions ask about your current health state. In each of the following categories, please indicate which statement best describes your own health state today.

F.1 Mobility
○ I have **no** problems in walking about.
○ I have **some** problems in walking about.
○ I am **confined to bed**.
○ Refuse to answer or unknown

F.2 Self-care
○ I have **no** problems with self-care.
○ I have **some** problems washing or dressing myself.
○ I am **unable to wash or dress myself**.
○ Refuse to answer or unknown

F.3	Usual activities (e.g., work, study, housework, family or leisure activities) ○ I have **no** problems with performing my usual activities. ○ I have **some** problems with performing my usual activities. ○ I am **unable to perform my usual activities**. ○ Refuse to answer or unknown
F.4	Pain/discomfort ○ I have **no** pain or discomfort. ○ I have **moderate** pain or discomfort. ○ I have **extreme** pain or discomfort. ○ Refuse to answer or unknown
F.5	Anxiety/depression ○ I am **not** anxious or depressed. ○ I am **moderately** anxious or depressed. ○ I am **extremely** anxious or depressed. ○ Refuse to answer or unknown
F.6	Please **score** how good or bad your own health is today. The best state you can imagine is 100 and the worst health state you can imagine is 0. Overall, how would you score your own health today between 0 and 100? Enter value between 0 and 100: _ _ _ ○ Refuse to answer

G.	**DEPRESSION**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days	Nearly every day	Refuse to answer or unknown
G.1	Little interest or pleasure in doing things	○	○	○	○	○
G.2	Feeling down, depressed or hopeless	○	○	○	○	○
G.3	Trouble falling or staying asleep, or sleeping too much	○	○	○	○	○
G.4	Feeling tired or having little energy	○	○	○	○	○
G.5	Poor appetite or overeating	○	○	○	○	○
G.6	Feeling bad about yourself, or that you are a failure or have let yourself or your family down	○	○	○	○	○

G.7	Trouble concentrating on things, such as reading the newspaper or watching television	○	○	○	○	○
G.8	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	○	○	○	○	○

H. STRESS

The questions in this scale ask about your thoughts and feelings during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems most reasonable. For each question choose the following alternatives: never, almost never, sometimes, fairly often, and very often.

		Never	Almost never	Sometimes	Fairly often	Very often	Refuse to answer or unknown
H.1	In the last month, how often have you felt that you were unable to control the important things in your life?	○	○	○	○	○	○
H.2	In the last month, how often have you felt confident in your ability to handle your personal problems?	○	○	○	○	○	○
H.3	In the last month, how often have you felt that things were going your way?	○	○	○	○	○	○
H.4	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	○	○	○	○	○	○

12 Month Follow-up Interview

A. BASIC INFORMATION

Type of follow-up:
○ Face-to-face interview
○ Telephone interview **[go to A4]**

Was bio-sample collected?
○ No   ○ Yes

ID of bio-sample: _____ **[go to B1]**

Did the participant answered the telephone interview by him/herself?
○ Yes   ○ No, who: **___ [go to C1]**

B. FOLLOW-UP MEASUREMENTS

Weight: ___ kg   ○ Unmeasured

Waistline: ___ cm   ○ Unmeasured

Blood pressure 1st: ___/___mmHg

Blood pressure 2nd: ___/___mmHg

[if difference between 1st and 2nd >5mmHg] Blood pressure 3rd: ___/___mmHg ()

ID of bio-sample: _____

C. OUTCOMES

Admission note 1

C.1   Date of hospitalization：_ _ /_ _/ _ _ _ _   ○ Unknown

C.2   Name of the hospital: _____

C.3   Admission status:
○ Emergency   ○ Scheduled   ○ Unknown

C.4   Main reason for hospitalization：
○ MI   ○ Unstable angina pectoris   ○ Stable angina pectoris   ○ Valve dysfunction
○ Arrhythmia   ○ Heart failure   ○ New ischemic stroke   ○ New hemorrhagic stroke
○ Transient ischemic attack   ○ Diabetes   ○ Kidney disease

○ Cardiac surgery related infections　○ Pericardial effusion or tamponade
○ Pulmonary embolism　○ Bleeding except hemorrhagic stroke　○ Others　○ Unknown

C.5　Therapies in hospitalization duration *[Check all that apply]*：
□ PCI　□ CABG　□ Thrombolysis　□ Coronary angiography
□ Stroke thrombolysis　□ Valve surgery　□ LV assist device
□ Pacemaker or defibrillator implantation　□ Pulmonary embolism thrombolysis　□ Dialysis
□ Cardiopulmonary resuscitation　□ None above

H.5　Supportive documents were collected:
□ Face sheet
□ Discharge summary
□ CAG report
□ CAG imagine
□ CABG report
□ PCI report
□ CT report
□ MRI report
□ None above

Admission note 2

C.6　Date of hospitalization：＿＿/＿＿/＿＿＿＿　○ Unknown

C.7　Name of the hospital: _____

C.8　Admission status:
○ Emergency　○ Scheduled　○ Unknown

C.9　Main reason for hospitalization：
○ MI　○ Unstable angina pectoris　○ Stable angina pectoris　○ Valve dysfunction
○ Arrhythmia　○ Heart failure　○ New ischemic stroke　○ New hemorrhagic stroke
○ Transient ischemic attack　○ Diabetes　○ Kidney disease
○ Cardiac surgery related infections　○ Pericardial effusion or tamponade
○ Pulmonary embolism　○ Bleeding except hemorrhagic stroke　○ Others　○ Unknown

C.10　Therapies in hospitalization duration *[Check all that apply]*：
□ PCI　□ CABG　□ Thrombolysis　□ Coronary angiography
□ Stroke thrombolysis　□ Valve surgery　□ LV assist device
□ Pacemaker or defibrillator implantation　□ Pulmonary embolism thrombolysis　□ Dialysis
□ Cardiopulmonary resuscitation　□ None above

H.6	Supportive documents were collected: □ Face sheet □ Discharge summary □ CAG report □ CAG imagine □ CABG report □ PCI report □ CT report □ MRI report □ None above
	Admission note 3
C.11	Date of hospitalization：_ _ /_ _/ _ _ _ _ ○ Unknown
C.12	Name of the hospital: _____
C.13	Admission status: ○ Emergency ○ Scheduled ○ Unknown
C.14	Main reason for hospitalization： ○ MI ○ Unstable angina pectoris ○ Stable angina pectoris ○ Valve dysfunction ○ Arrhythmia ○ Heart failure ○ New ischemic stroke ○ New hemorrhagic stroke ○ Transient ischemic attack ○ Diabetes ○ Kidney disease ○ Cardiac surgery related infections ○ Pericardial effusion or tamponade ○ Pulmonary embolism ○ Bleeding except hemorrhagic stroke ○ Others ○ Unknown
C.15	Therapies in hospitalization duration *[Check all that apply]*： □ PCI □ CABG □ Thrombolysis □ Coronary angiography □ Stroke thrombolysis □ Valve surgery □ LV assist device □ Pacemaker or defibrillator implantation □ Pulmonary embolism thrombolysis □ Dialysis □ Cardiopulmonary resuscitation □ None above

H.7	Supportive documents were collected: □ Face sheet □ Discharge summary □ CAG report □ CAG imagine □ CABG report □ PCI report □ CT report □ MRI report □ None above
	Admission note 4
C.16	Date of hospitalization：_ _ /_ _/ _ _ _ _ ○ Unknown
C.17	Name of the hospital: _____
C.18	Admission status: ○ Emergency ○ Scheduled ○ Unknown
C.19	Main reason for hospitalization： ○ MI ○ Unstable angina pectoris ○ Stable angina pectoris ○ Valve dysfunction ○ Arrhythmia ○ Heart failure ○ New ischemic stroke ○ New hemorrhagic stroke ○ Transient ischemic attack ○ Diabetes ○ Kidney disease ○ Cardiac surgery related infections ○ Pericardial effusion or tamponade ○ Pulmonary embolism ○ Bleeding except hemorrhagic stroke ○ Others ○ Unknown
C.20	Therapies in hospitalization duration *[Check all that apply]*： □ PCI □ CABG □ Thrombolysis □ Coronary angiography □ Stroke thrombolysis □ Valve surgery □ LV assist device □ Pacemaker or defibrillator implantation □ Pulmonary embolism thrombolysis □ Dialysis □ Cardiopulmonary resuscitation □ None above

H.8	Supportive documents were collected: □ Face sheet □ Discharge summary □ CAG report □ CAG imagine □ CABG report □ PCI report □ CT report □ MRI report □ None above

D. ADHERENCE

D.1	In the past month, how often did you forget to take one or more of your prescribed medications? ○ No prescribed medication **[JUMP TO E1]** ○ Never ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Every day or nearly every day ○ Unknown ○ Refuse to answer
D.2	In the past month, how often did you miss a dose of <u>ASPIRIN</u>? ○ No prescribed this medication **[JUMP TO D4]** ○ Never **[JUMP TO D4]** ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Everyday or nearly everyday ○ Unknown **[JUMP TO D4]** ○ Refuse to answer **[JUMP TO D4]**
D.3	**[If you have ever missed a dose of <u>ASPIRIN</u>]** The main reason is… ○ I Forgot to take it unintentionally ○ Doctors told me to stop taking it ○ I began feeling better, believed it was unnecessary to take it everyday ○ The drug seemed ineffective ○ I was worried about adverse reaction ○ I couldn't afford it ○ I couldn't access it easily ○ Others, please specify： ○ Unknown ○ Refuse to answer
D.4	In the past month, how often did you decide to skip <u>CLOPIDOGREL</u>? ○ No prescribed this medication **[JUMP TO D6]** ○ Never **[JUMP TO D6]** ○ Once ○ 2-3 times ○ Once per week ○ 2-5 times per week ○ Everyday or nearly everyday ○ Unknown **[JUMP TO D6]** ○ Refuse to answer **[JUMP TO D6]**
D.5	**[If you have ever missed a dose of <u>CLOPIDOGREL</u>]** The main reason is…

○ I Forgot to take it unintentionally
○ Doctors told me to stop taking it
○ I began feeling better, believed it was unnecessary to take it everyday
○ The drug seemed ineffective
○ I was worried about adverse reaction
○ I couldn't afford it
○ I couldn't access it easily
○ Others, please specify：
○ Unknown
○ Refuse to answer

D.6 In the past month, how often did you decide to skip STATINs?
○ No prescribed this medication **[JUMP TO D9]**　○ Never **[JUMP TO D9]**　○ Once
○ 2-3 times　　　　　　　　　○ Once per week　　○ 2-5 times per week
○ Everyday or nearly everyday　　○ Unknown **[JUMP TO D9]**　○ Refuse to answer **[JUMP TO D9]**

D.7 **[If you have ever missed a dose of STATINs]** The main reason is…
○ I Forgot to take it unintentionally
○ Doctors told me to stop taking it
○ I began feeling better, believed it was unnecessary to take it everyday
○ The drug seemed ineffective
○ I was worried about adverse reaction
○ I couldn't afford it
○ I couldn't access it easily
○ Others, please specify：
○ Unknown
○ Refuse to answer

D.8 In the past month, how often did you decide to skip BETA-BLOCKERs?
○ No prescribed this medication **[JUMP TO E1]**　○ Never **[JUMP TO E1]**　○ Once
○ 2-3 times　　　　　　　　　○ Once per week　　○ 2-5 times per week
○ Everyday or nearly everyday　　○ Unknown **[JUMP TO E1]**　○ Refuse to answer **[JUMP TO E1]**

D.9 The drug name and dosage: _____

D.10 **[If you have ever missed a dose of BETA-BLOCKERs]** The main reason is…
○ I Forgot to take it unintentionally
○ Doctors told me to stop taking it
○ I began feeling better, believed it was unnecessary to take it everyday
○ The drug seemed ineffective
○ I was worried about adverse reaction
○ I couldn't afford it

○ I couldn't access it easily
○ Others, please specify：
○ Unknown
○ Refuse to answer

H.9 In the past month, how often did you decide to skip <u>ACEI/ARBs</u>?
○ No prescribed this medication **[JUMP TO D12]** ○ Never **[JUMP TO D12]** ○ Once
○ 2-3 times ○ Once per week ○ 2-5 times per week
○ Everyday or nearly everyday ○ Unknown **[JUMP TO D12]** ○ Refuse to answer **[JUMP TO D12]**

H.10 The drug name and dosage: _____

H.11 **[If you have ever missed a dose of <u>ACEI/ARBs</u>]** The main reason is…
○ I Forgot to take it unintentionally
○ Doctors told me to stop taking it
○ I began feeling better, believed it was unnecessary to take it everyday
○ The drug seemed ineffective
○ I was worried about adverse reaction
○ I couldn't afford it
○ I couldn't access it easily
○ Others, please specify：
○ Unknown
○ Refuse to answer

E.	**HEALTH CARE SERVICE**

E.1 After the index hospitalization, have you ever been to TCM clinics or seen TCM doctors for heart problem?
○ No ○ Yes ○ Unknown ○ Refuse to answer

E.2 After the index hospitalization, when you got chest tightness or pain after the index hospitalization, which kind of clinics or doctors did you go to?
○ No chest tightness or pain before ○ TCM alone ○ Mostly TCM
○ TCM and western medicine equally ○ Mostly western medicine ○ Western medicine alone ○ Unknown ○ Refuse to answer

E.3 After the index hospitalization, have you ever taken TCM medications?
○ No **[JUMP TO E5]** ○ Yes ○ Unknown **[JUMP TO E5]** ○ Refuse to answer

E.4 **[IF E3 "YES"]** After the index hospitalization, have you ever taken TCM medications for heart problems?
○ No ○ Yes, please specify: ___ ○ Unknown ○ Refuse to answer

E.5 After the index hospitalization, have you ever accepted TCM physiotherapy (acupuncture, massage, cupping, etc.)?

○ No **[JUMP TO E8]**   ○ Yes   ○ Unknown **[JUMP TO E8]**   ○ Refuse to answer **[JUMP TO E8]**

E.6	**[IF E5 "YES"]** After the index hospitalization, have you ever accepted TCM physiotherapy (acupuncture, massage, cupping, etc.) for heart problems? ○ No ○ Yes ○ Unknown ○ Refuse to answer
E.7	**[IF E3 or E5 "YES"]** After the index hospitalization, have you ever decided to stop or skip medications because you are using TCM medications and interventions instead? ○ No ○ Yes ○ Unknown ○ Refuse to answer
E.8	What types of medical insurance do you have? *[Check all that apply]* □ Public health service □ Medical insurance for urban workers/residents □ Comprehensive arrangement for serious disease □ Rural cooperative medical service □ Other social medical insurance □ Commercial medical insurance □ None □ Unknown
E.9	The total medical expense during the past year is approximately _____. ○ Unknown ○ Refuse to answer
E.10	The medical expense paid out-of-pocket during the past year is approximately _____. ○ Unknown ○ Refuse to answer
E.11	In the past 12 month, have you ever borrowed money from others to pay for medical expense? ○ Yes ○ No ○ Unknown ○ Refuse to answer
E.12	In the past 12 month, have you ever avoided healthcare due to costs? ○ Yes ○ No ○ Unknown ○ Refuse to answer
E.13	What do you think of the burden of medical expense mentioned above? ○ Can not undertake ○ Almost undertake ○ Can undertake easily ○ Unknown ○ Refuse to answer

F.	**CVD FUNCTIONAL STATUS (SAQ)**

Please go over the activities listed below and indicate how much limitation you have had due to chest pain ,chest tightness or angina over the past 4 weeks?

	Physical Activity	Extremely limited	Quite a bit limited	Moderately limited	Slightly limited	Not at all limited	Limited for other reasons or did not do activity	Refuse to answer or unknown
F.1	Dressing yourself	○	○	○	○	○	○	○

F.2	Walking indoors on level ground	○	○	○	○	○	○	○
F.3	Showering	○	○	○	○	○	○	○
F.4	Climbing a hill or a flight of stairs without stopping	○	○	○	○	○	○	○
F.5	Gardening, vacuuming or carrying groceries	○	○	○	○	○	○	○
F.6	Walking more than a block at a brisk pace	○	○	○	○	○	○	○
F.7	Running or jogging	○	○	○	○	○	○	○
F.8	Lifting or moving heavy objects (e.g. furniture, children)	○	○	○	○	○	○	○
F.9	Participating in strenuous sports (e.g. swimming, tennis)	○	○	○	○	○	○	○

F.10 Compared with 4 weeks ago, how often do you have chest pain ,chest tightness or angina when doing your most strenuous activities?
○ Much more often   ○ Slightly more often   ○ About the same   ○ Slightly less often   ○ Much less often   ○ None over the past 4 weeks   ○ Refuse to answer or unknown

F.11 Over the past 4 weeks, on average, how many times have you had chest pain, chest tightness or angina?
○ ≥4 or more times per day
○ 1-3 times per day
○ 3-6 times per week
○ 1-2 times per week
○ Less than once a week
○ None over the past 4 weeks
○ Refuse to answer or unknown

F.12 Over the past 4 weeks, on average, how many times have you had to take nitroglycerin?
○ ≥4 or more times per day
○ 1-3 times per day
○ 3-6 times per week
○ 1-2 times per week

○ Less than once a week
○ None over the past 4 weeks
○ Refuse to answer or unknown

F.13 How bothersome is it for you to take pills for chest pain, chest tightness or angina as prescribed?
○ Extremely bothersome
○ Quite a bit bothersome
○ Moderately bothersome
○ Slightly bothersome
○ Not bothersome at all
○ My doctor has not prescribed pills
○ Refuse to answer or unknown

F.14 How satisfied are you that everything possible is being done to treat your chest pain, chest tightness or angina?
○Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

F.15 How satisfied are you with explanations your doctor has given about your chest pain, chest tightness or angina?
○Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

F.16 Overall, how satisfied are you with the current treatment of your chest pain, chest tightness or angina?
○Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

F.17 Over the past 4 weeks, how much has your chest pain, chest tightness or angina limited your enjoyment of life?
○ Extremely limited   ○ Quite a bit limited   ○ Moderately limited   ○ Slightly limited   ○ Not limited at all   ○ Refuse to answer or unknown

F.18 If you had to spend the rest of your life with your chest pain, chest tightness or angina the way it is right now, how would you feel about this?

○ Not satisfied at all
○ Mostly dissatisfied
○ Somewhat satisfied
○ Mostly satisfied
○ Completely satisfied
○ Refuse to answer or unknown

F.19 How often do you think or worry that you may have a heart attack or die suddenly?
○ I can't stop thinking or worrying about it
○ I often think or worry about it
○ I occasionally think or worry about it
○ I rarely think or worry about it
○ I never think or worry about it
○ Refuse to answer or unknown

G. HEALTH-RELATED QUALITY OF LIFE (EQ-5D)

The following questions ask about your current health state. In each of the following categories, please indicate which statement best describes your own health state today.

G.1 Mobility
○ I have **no** problems in walking about.
○ I have **some** problems in walking about.
○ I am **confined to bed**.
○ Refuse to answer or unknown

G.2 Self-care
○ I have **no** problems with self-care.
○ I have **some** problems washing or dressing myself.
○ I am **unable to wash or dress myself**.
○ Refuse to answer or unknown

G.3 Usual activities (e.g., work, study, housework, family or leisure activities)
○ I have **no** problems with performing my usual activities.
○ I have **some** problems with performing my usual activities.
○ I am **unable to perform my usual activities**.
○ Refuse to answer or unknown

G.4 Pain/discomfort
○ I have **no** pain or discomfort.
○ I have **moderate** pain or discomfort.
○ I have **extreme** pain or discomfort.

	○ Refuse to answer or unknown			

G.5 Anxiety/depression
○ I am **not** anxious or depressed.
○ I am **moderately** anxious or depressed.
○ I am **extremely** anxious or depressed.
○ Refuse to answer or unknown

G.6 Please **score** how good or bad your own health is today. The best state you can imagine is 100 and the worst health state you can imagine is 0. Overall, how would you score your own health today between 0 and 100?
Enter value between 0 and 100: _ _ _   ○ Refuse to answer

H.   DEPRESSION

Over the last 2 weeks, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days	Nearly every day	Refuse to answer or unknown
H.1	Little interest or pleasure in doing things	○	○	○	○	○
H.2	Feeling down, depressed or hopeless	○	○	○	○	○
H.3	Trouble falling or staying asleep, or sleeping too much	○	○	○	○	○
H.4	Feeling tired or having little energy	○	○	○	○	○
H.5	Poor appetite or overeating	○	○	○	○	○
H.6	Feeling bad about yourself, or that you are a failure or have let yourself or your family down	○	○	○	○	○
H.7	Trouble concentrating on things, such as reading the newspaper or watching television	○	○	○	○	○
H.8	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	○	○	○	○	○

I.   SOCIOECONOMIC CHARACTER

I.1 Your current job status:
○ currently having a job   ○ used to have a job   ○ never have a job   ○ Unknown   ○ Refuse to answer

I.2 **[If currently working]** What is/was your primary occupation in the past year:
○ Farmer
○ Worker
○ Police/Administrative
○ Clerical
○ Medical related professional
○ Non-medical related professional
○ Business
○ Self-employed
○ Military
○ Others
○ Refuse to answer

I.3 **[If currently working]** How often do you have to work through the night as a shift worker on average in the past year?
○ 1 or more times/week   ○ 1-3 times/month   ○ Less than once/month   ○ Never   ○ Unknown   ○ Refuse to answer

I.4 **[If used to work or never work]** What is the primary reason for not working currently:
○ Unemployed/laid-off
○ Full-time homemaker
○ Retired
○ Unable to work
○ Prefer not to work
○ Others, please specify:
○ Unknown
○ Refuse to answer

I.5 **[If used to work]** Have you stopped working since your heart attack or heart problem?
○ Yes   ○ No   ○ Unknown   ○ Refuse to answer

I.6 Current marital status:
○ Married   ○ Divorced /Separated   ○ Widowed   ○ Single   ○ Unknown   ○ Refuse to answer

I.7 Including you, there are currently _ _ people living together in your family (sharing the household income in the last year)   ○ Refuse to answer

I.8 What was your total household income in the last year?
○ < ¥10000   ○ ¥10000 - 29999   ○¥ 30000 - 49999   ○ ¥50000 - 69999   ○ ¥70000 - 99999   ○≥ ¥100000   ○ Unknown   ○ Refuse to answer

J. RISK FACTORS

J.1 Have you ever smoked in the past 1 month?
○ Never **[go to J3]**   ○ Yes **[go to J3]**   ○ Unknown **[go to J3]**   ○ Refuse to answer **[go to J3]**

J.2   **[If smoked in the past 30 days]** On average you smoke _ _ cigarettes per day in the last month.   ○ Unknown   ○ Refuse to answer

K. STRESS

The questions in this scale ask about your thoughts and feelings during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems most reasonable. For each question choose the following alternatives: never, almost never, sometimes, fairly often, and very often.

		Never	Almost never	Sometimes	Fairly often	Very often	Refuse to answer or unknown
K.1	In the last month, how often have you felt that you were unable to control the important things in your life?	○	○	○	○	○	○
K.2	In the last month, how often have you felt confident in your ability to handle your personal problems?	○	○	○	○	○	○
K.3	In the last month, how often have you felt that things were going your way?	○	○	○	○	○	○
K.4	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	○	○	○	○	○	○

L. SOCIAL SUPPORT

The following questions ask about other people who provide you with assistance and support.

		None of the time	A little of the time	Some of the time	Most of the time	All of the time	Refuse to answer or unknown

L.1	Is there someone available to you whom you can count on to listen to you when you need to talk?	○	○	○	○	○	○
L.2	Is there someone available to you to give you good advice about a problem?	○	○	○	○	○	○
L.3	Is there someone available to you who shows You love and affection?	○	○	○	○	○	○
L.4	Is there someone available to you to help you with daily chores?	○	○	○	○	○	○
L.5	Can you count on anyone to provide you with emotional support (talking over problems or helping make difficult decisions)?	○	○	○	○	○	○
L.6	Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?	○	○	○	○	○	○

O.   LAB TESTS

O.1   TC: ____   ○ Unmeasured

O.2   HDL-C: ____   ○ Unmeasured

O.3   LDL-C: ____   ○ Unmeasured

O.4   Blood glucose: ____   ○ Unmeasured

O.5   ALT: ____   ○ Unmeasured

O.6   Cr: ____   ○ Unmeasured

O.7   BUN: ____   ○ Unmeasured

O.8   CK: ____   ○ Unmeasured

O.9   hsCRP: ____   ○ Unmeasured

O.10   Hb: ___   ○ Unmeasured

O.11   HCT: ___   ○ Unmeasured

O.12   WBC: ___   ○ Unmeasured

O.13   PLT: ___   ○ Unmeasured

O.14   OB: ___   ○ Unmeasured

O.15   PRO: ___   ○ Unmeasured

Sample Size Calculation

The current study is primarily a descriptive one to generate information about how coronary artery disease patients are treated and what outcomes they experience. The 1-year enrollment period and estimated entire size of eligible patients (both enrolled and not enrolled) of 4000 was determined based on both feasibility and consideration of adequate statistical precision for describing the treatment decisions, guidelines adherence and appropriateness of treatment. This projected sample size was calculated to achieve 84% statistical power at a 2-sided 0.05 significance level to detect a primary endpoint difference of 4%, given the anticipated event rate of the whole cohort was 8%, at least 50% of eligible patients was enrolled into prospective cohort and the loss-to-follow up rate was less than 10%.