EuPreCHO Appendix 06 - Case Report Form

EuPreCHO: European study on perioperative management and outcome following Preoperative Transthoracic Echocardiography in noncardiac surgery patients.

Inclusion criteria		
Elective, inhospital, intermediate or high-risk noncardiac surgery procedures AND any of the 3 following criteria	**Yes**	No
- **aged ≥65 years OR**	**Yes**	No
- **≥18 years AND ≥2 of the following: hypertension, smoking, dyslipidaemia, diabetes, or family history of cardiovascular disease** (coronary artery disease, cerebral vascular disease, peripheral arterial disease, heart failure) **OR**	**Yes**	No
- **≥18 years AND known cardiovascular disease** (coronary artery disease, cerebral vascular disease, peripheral arterial disease, heart failure, valvular disease)	**Yes**	No
Exclusion criteria		
- under 18 years of age	No	Yes
- day surgery (outpatient surgery)	No	Yes
- urgent/emergency surgery	No	Yes
- current ICU patient (i.e. in ICU day prior of surgery or the day of the index surgery (day 0),	**No**	Yes
- cardiac surgery within the last month prior to the index noncardiac surgery	**No**	Yes
- unwilling or unable to provide informed consent	**No**	Yes
- unable to complete the WHODAS questionnaire (literacy or language barrier)	**No**	Yes
- Previous enrollment in EuPreCHO (in case of repeated surgery).	**No**	Yes
Only IF the first inclusion criterion AND any of the 3 subsequent eligibility criteria are answered with YES and all exclusion criteria are answered with NO, THEN, is the patient eligible for recruitment		

PATIENT BASELINE CHARACTERISTICS		
1	**Study Subject ID:**	|__|__|__|-|__|__|__|-|__|__|__| *Enter Study Subject ID in this format xxx-xxx-xxx 3 digit code for the country, 3 digit code for the hospital and 3 digit individual patient number*
2	**Patients Exposed / Non-Exposed**	**Did patient receive TTE within 6 months of surgery?** *(or within 8 months if index surgery has been postponed)* ☐ Yes-patient had TTE-Exposed ☐ No-patient did not have TTE-,non exposed
3	**Written informed consent was obtained from patient**	Date of informed consent (before or equal to date of surgery) |__|__|- |__|__|__| -|__|__|__|__| *in this format dd-Mmm-YYYY (Month in English starting with capital letter)*
4	**Age (on day of surgery):**	|__|__|__||* under 18 is exclusion criteria
5	**Biological sex:**	☐ Male ☐ Female *in case of gender-affirming hormone therapy use the therapy-induced sex*
6	**Weight:**	|__|__||__| kg [40-e]
7	**Height:**	|__|__||__| cm [140-210]
8	**Preoperative functional status**	☐ fully independent ☐ partially dependent ☐ fully dependent
9	**ASA Physical Status:**	☐ I ☐ II ☐ III ☐ IV ☐ V
10	**Active cancer**	☐ Yes ☐ No *undergoing surgery for cancer OR known metastatic disease OR patient* *has received active treatment for their cancer (e.g., chemotherapy, radiation or surgery) within the last 6 months*
11	**Family history of cardiovascular disease**	☐ Yes ☐ No *yes, if reported in any preoperative clinical documentation or if history provided by patient*
12	**History of dyslipidemia**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of correspondent treatment*
13	**Hypertension**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of correspondent treatment*
14	**Current smoker**	☐ Yes ☐ No *< 1 yr prior intervention, excluding pipes, cigars, chewing tobacco*
15	**Diabetes mellitus with treatment**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of correspondent treatment* 15.1 If yes, treated with ☐ Diet ☐ Classical Oral antidiabetics ☐ GLP-1 Receptor Agonist/ SGLT2 inhibitors ☐ Insulin
16	**Haemoglobin Preop (closest to operation date and ≤3 months)**	**16.1 unit** ☐ g/L[60-180] ☐ g/dL[6-18] ☐ mg/mL[60-180] **16.2 value |__|__|__|.|__|**

17	**Preoperative hs-Troponin**	**17.1 |__|__|__|__| ng/L** *Please be aware of unit* **17.2 Assay information Troponin** 99th percentile of local assay **|__|__|__|__|** **ng /L** *Please be aware of unit* 17.3 Check which applies (single choice) ☐ high-sensitivity Troponin I ☐ high-sensitivity Troponin T
18	**Preoperative B-type Natriuretic Peptide**	**18.1 |__|__|__|__| ng/L** *Please be aware of unit* **18.2 Assay information** 99th percentile of local assay **|__|__|__|__|** **ng /L** *Please be aware of unit* **18.3** Check which B-type Natriuretic Peptide applies (single choice) ☐ NTproBNP ☐ BNP
19	**Creatinine Preop:** **(closest to surgery date and ≤3 months)**	**19.1 Unit** ☐ µmol/L [1.0-3000.0] ☐ mg/dL [0.1-30.0] **19.2 Value |__|__|__|__|.|__|**
20	**Renal disease**	☐Yes ☐ No *including chronic kidney disease, dialysis-dependent, hypertensive renal/heart disease with renal failure, kidney-transplantation, acute renal failure* 20.1 If yes ,does patient need dialysis ☐ Yes ☐ No

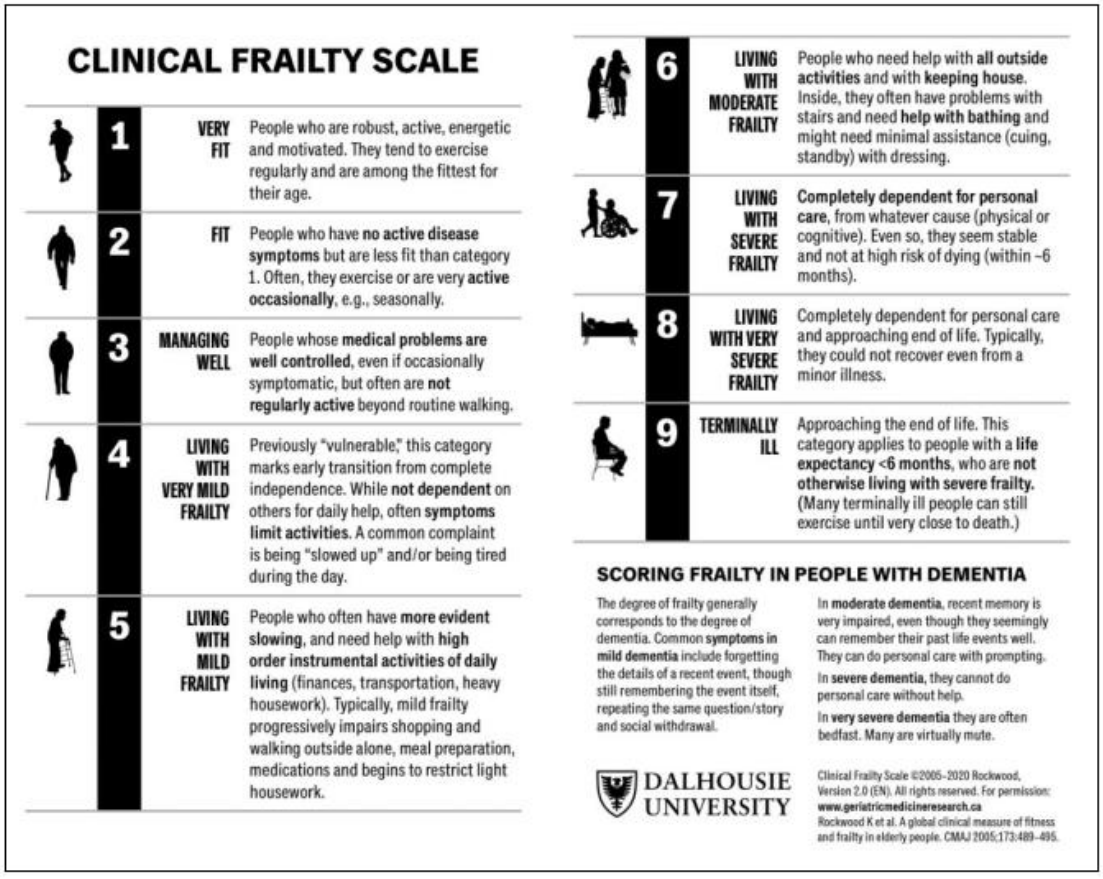
CARDIOPULMONARY COMORBIDITIES			
21	**Chronic heart failure or cardiomyopathy**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of correspondent treatment* ***21.1*** If yes, history of congestive heart failure? ☐ Yes ☐ No	
22	**Intake of heart failure medication (>30 days before surgery)**	**22.1** ACE-Inhibitors; ☐ Yes ☐ No Intake of heart failure medication (>30 days before surgery) **22.1.1** if yes, was it discontinued preoperatively (>24-48h)? ☐ Yes ☐ No **22.2** ARB; ☐ Yes ☐ No **22.2.1** if yes, was it discontinued preoperatively (>24-48h)? ☐ Yes ☐ No **22.3** Beta blockers; ☐ Yes ☐ No **22.3.1** if yes, was it discontinued preoperatively (>24-48h)? ☐ Yes ☐ No **22.4** MRA (Mineralocorticoid Receptor Antagonist); ☐ Yes ☐ No **22.4.1** if yes, was it discontinued preoperatively (>24-48h)? ☐ Yes ☐ No **22.5** SGLT-2 Inhibitors; ☐ Yes ☐ No **22.5.1** if yes, was it discontinued preoperatively (>24-48h)? ☐ Yes ☐ No **22.6** Diuretics (others than MRA) ; ☐ Yes ☐ No **22.6.1** if yes, was it discontinued preoperatively (>24-48h)? ☐ Yes ☐ No **22.7** Antihypertensive medication (others than ACE-Inhibitors and ARB) ; ☐ Yes ☐ No **22.7.1** if yes, was it discontinued preoperatively (>24-48h)? ☐ Yes ☐ No	
23	**History of Coronary Artery Disease**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of myocardial infarction, correspondent interventions or medical treatment*	**23.1** If yes, check all that apply: ☐ previous myocardial infarction ☐ previous coronary intervention ☐ previous coronary artery bypass
24	**History of peripheral vascular disease**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of correspondent interventions (e.g. PTA, vascular surgery)*	
25	**History of Stroke or TIA**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of correspondent interventions*	
26	**History of severe valvular stenosis**	☐ Yes ☐ No	**26.1** If yes, check all that apply : ☐ Mitral valve ☐ Aortic valve ☐ Tricuspid valve
27	**History of severe valvular regurgitation**	☐ Yes ☐ No	**27.1** If yes, check all that apply: ☐ Mitral valve ☐ Aortic valve ☐ Tricuspid valve

28	**History of cardiac arrhythmia or heart blocks**	☐ Yes ☐ No **28.1** If yes, check all that apply: ☐ atrial fibrillation, atrial flutter ☐ Heart blocks ☐ History of cardiac arrest
29	**History of pulmonary embolism**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of correspondent treatment*
30	**Chronic obstructive pulmonary disease**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of correspondent treatment* **30.1** If yes History of severe COPD? ☐Yes ☐ No *Functional disability, hospitalization in the past for treatment of COPD, O2 therapy, Gold III-IV*
31	**History of restrictive pulmonary disease**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of correspondent treatment*
32	**History of OSAS**	☐ Yes ☐ No *yes, if diagnosis reported in any preoperative clinical documentation or if history of correspondent treatment*

SYMPTOMS AND CLINICAL SIGNS			
33	**Presence of symptoms**	☐ Yes ☐ No	**33.1** If yes, check all that apply: ☐ dyspnoea ☐ chest discomfort ☐ orthopnea ☐ history of syncope ☐ history of arrhythmia
34	**Presence of clinical signs**	☐ Yes ☐ No	**34.1** If yes , check all that apply : ☐ murmur ☐ crackles ☐ jugular vein distension ☐ peripheral oedema ☐ ascites ☐ pleural effusion ☐ arrhythmia
35	**Was ECG recorded?**	☐ Yes ☐ No **35.1** If yes, was any of the following detected? Check all that apply ☐ Atrial fibrillation ☐ Other non-sinus rhythms ☐ RBBB ☐ LBBB ☐ ischemic changes (ST depression, T inversion, ST elevation) ☐ non-acute/nonspecific ischemic changes(e.g. pathological Q waves, poor R wave progression, T-flattening) ☐ none of the above **35.2** If yes and patient had TTE, when was ECG recorded ? ☐ Before TTE ☐ After TTE ☐ Not Applicable, Patient did not receive TTE	

	SELF-REPORTED FUNCTIONAL CAPACITY	
36	**How many floors can you continuously climb without having to stop to rest?** **Single choice**	☐ **<1** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **>4**
37	**Choose one activity category that best describes your usual pattern of daily physical activities, (including activities related to house and family care, transportation, occupation, exercise and wellness and leisure or recreational purposes)** **Single choice**	☐ Inactive or little activity other than usual daily activities ☐ Regularly (≥ d/wk) participate in physical activities requiring low levels of exertion that result in slight increases in breathing and heart rate for at least 10 minutes at a time ☐ Brisk walking, jogging or running, cycling, swimming, or vigorous sports at a comfortable pace or other activities requiring similar levels of exertion for 20 to 60 minutes per week ☐ Brisk walking, jogging or running, cycling, swimming, or vigorous sports at a comfortable pace or other activities requiring similar levels of exertion for 1 to 3 hours per week ☐ Brisk walking, jogging or running, cycling, swimming, or vigorous sports at a comfortable pace or other activities requiring similar levels of exertion for over 3 hours per week.

38	**CLINICAL FRAILTY SCALE**	☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9**



CLINICAL FRAILTY SCALE

1 VERY FIT — People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.

2 FIT — People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g., seasonally.

3 MANAGING WELL — People whose **medical problems are well controlled**, even if occasionally symptomatic, but often are **not regularly active** beyond routine walking.

4 LIVING WITH VERY MILD FRAILTY — Previously "vulnerable," this category marks early transition from complete independence. While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up" and/or being tired during the day.

5 LIVING WITH MILD FRAILTY — People who often have **more evident slowing**, and need help with **high order instrumental activities of daily living** (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.

6 LIVING WITH MODERATE FRAILTY — People who need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 LIVING WITH SEVERE FRAILTY — **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).

8 LIVING WITH VERY SEVERE FRAILTY — Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.

9 TERMINALLY ILL — Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise living with severe frailty.** (Many terminally ill people can still exercise until very close to death.)

SCORING FRAILTY IN PEOPLE WITH DEMENTIA

The degree of frailty generally corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

In **very severe dementia** they are often bedfast. Many are virtually mute.

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Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.

BASELINE WHODAS 2.0						
	Difficulties?	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or Cannot do**
In the past 30 days, how much difficulty did you have in …	**39 Standing for long periods such as 30 minutes**	☐0	☐ 1	☐2	☐3	☐4
	40 Taking care of your household responsibilities	☐0	☐ 1	☐ 2	☐ 3	☐4
	41 Learning a new task, for example, learning how to get to a new place	☐0	☐ 1	☐ 2	☐ 3	☐4
	42 How much of a problem did you have joining in community activities (for example festivities, religious or other activities) in the same way as everyone else can?	☐0	☐ 1	☐ 2	☐ 3	☐4
	43 How much have you been emotionally affected by your health problems?	☐0	☐ 1	☐ 2	☐ 3	☐4
	44 Concentrating on doing something for ten minutes	☐0	☐ 1	☐ 2	☐ 3	☐4
	45 Walking a long distance such as a kilometre	☐0	☐ 1	☐ 2	☐ 3	☐4
	46 Washing your whole body	☐0	☐ 1	☐ 2	☐ 3	☐4
	47 Getting dressed	☐0	☐ 1	☐ 2	☐ 3	☐4
	48 Dealing with people you do not know	☐0	☐ 1	☐ 2	☐ 3	☐4
	49 Maintaining a friendship	☐0	☐ 1	☐ 2	☐ 3	☐4
	50 Your day-to-day work/school Please	☐0	☐ 1	☐ 2	☐ 3	☐4

	complete this question only if you work (paid, non-paid, self-employed) or go to school, otherwise skip this question					

PREOPERATIVE TRANSTHORACIC ECHOCARDIOGRAPHY

51	**Was preoperative transthoracic echocardiography conducted within 6 months of the surgery**	☐ Yes ☐ No **55.1 If yes** **Date:** |__|__|- |__|__|__|__| -|__|__|__|__|
52	**The TTE was requested …**	☐ **specifically due to the surgery** ☐ **independent of the surgery**
53	**Why was TTE requested?**	☐ **new symptoms/ signs** ☐ **routine follow-up** (prior disease)
54	**Type of TTE**	☐ **extensive TTE examination (cardiological TTE lab)** ☐ **focused TTE** **54.1 If focused TTE, when was TTE conducted?** ☐ **at the time of preoperative assessment** ☐ **immediately preoperatively**
55	**How was the estimated Ejection Fraction (EF)?**	☐ EF in percentage ☐ EF qualitative **55.1** If EF reported in percentage, estimated EF % |__|__| % **55.2** If qualitative report only, check what applies (single choice): ☐ Normal EF ☐ mildly reduced EF ☐ moderately reduced EF ☐ severely reduced EF
56	**Regional wall motion abnormality**	☐ Yes ☐ No 56.1 If yes, is regional wall motion abnormality new/not previously described? ☐ Yes ☐ No
57	**Significant (Grade II or more) LV diastolic dysfunction with evidence of increased LV filling pressures**	☐ Yes ☐ No
58	**Significant RV dysfunction**	☐ Yes ☐ No
59	**Clinically relevant mitral valve stenosis**	☐ Yes ☐ No
60	**Severe mitral regurgitation**	☐ Yes ☐ No
61	**Severe aortic stenosis**	☐ Yes ☐ No

62 Severe aortic regurgitation	☐ Yes ☐ No
PERIOPERATIVE MANAGEMENT	
63 Was surgery postponed?	☐ Yes ☐ No If yes: **63.1** Check all that apply ☐ surgery postponed for diagnostic work-up ☐ surgery postponed for medical optimization-prehabilitation ☐ postponed for other reasons (e.g. logistic)
64 Was Surgery Cancelled?	☐ Yes ☐ No If yes: **64.1** ☐ cancellation (based on doctor/board decision) Date |__|__| - |__|__|__| - |__|__|__|__| (dd/Mmm/YYYY) NOTE: even if the patient was cancelled complete CRF including follow-up 30 days after cancellation **64.2** ☐ cancellation after shared decision with patient Date |__|__| - |__|__|__| - |__|__|__|__| (dd/Mmm/YYYY) NOTE: even if the patient was cancelled complete CRF including follow-up 30 days after cancellation
65 Discussion in preoperative multidisciplinary board	☐ **Yes** ☐ **No** **65.1** If yes: decision derived from board discussion (check all that apply) ☐ cancellation due to medical reasons ☐ surgery postponed for diagnostic work-up ☐ surgery postponed for medical optimization /prehabilitation ☐ none of the above (surgery and perioperative care performed as planned) **65.2** If yes: Is discussion in multidisciplinary board local standard of care for the conducted surgery? (always done in your institution for this specific surgery) ☐ Yes ☐ No, not standard of care **65.2.1** If not standard of care and patient had a TTE: when was multidisciplinary board discussion ? ☐ Before TTE ☐ After TTE ☐ Not Applicable, Patient did not receive TTE
66 Cardiological work-up	☐ Yes ☐ No **66.1** If yes check all that apply ☐ cardiac MRI **66.1.1** If yes and patient had TTE, when was cardiac MRI conducted ? ☐ Before TTE ☐ After TTE ☐ Not Applicable, Patient did not receive TTE ☐ cardiac CT scan **66.1.2** If yes and patient had TTE, when was cardiac CTscan conducted ?

	☐ Before TTE ☐ After TTE ☐ Not Applicable, Patient did not receive TTE ☐ stress imaging **66.1.3** If yes and patient had TTE, when was stress imaging conducted ? ☐ Before TTE ☐ After TTE ☐ Not Applicable, Patient did not receive TTE ☐ coronary angiography **66.1.4** If yes and patient had TTE, when was coronary angiography conducted ? ☐ Before TTE ☐ After TTE ☐ Not Applicable, Patient did not receive TTE ☐ PCI or CABG **66.1.5** If yes and patient had TTE, when was PCI or CABG conducted ? ☐ Before TTE ☐ After TTE ☐ Not Applicable, Patient did not receive TTE ☐ valvuloplasty or TAVI **66.1 6** If yes and patient had TTE, when was valvuloplasty or TAVI conducted ? ☐ Before TTE ☐ After TTE ☐ Not Applicable, Patient did not receive TTE
67 Changes in medication	☐ Yes ☐ No if no medication was given from the beginning and no new medication introduced, please answer No **67.1** If yes, existing drug or introduction of new drug ☐ adaptation of dosage of existing drug ☐ introduction of new drug class **67.1.1** If new drug, check all that apply ☐ **Aspirin** ☐ **ADP-inhibitors e.g. but not limited to clopidogrel, prasugrel, ticagrelor, ticlodipin, Cangrelor** ☐ **Vit K-antagonits** ☐ **LMWH** ☐ **NOACs e.g. but not limited to rivoroxaban, apixaban, dabigatran, edoxaban** ☐ **B-Blockers** ☐ **Inhibitors of renin angiotensin system (ACE-inhibitors, ADII Antagonists, Renin inhibitors, Angiotensin receptor neprilysin inhibitors)** ☐ **Calcium channel-blockers** ☐ **Statins** ☐ **Diuretics** ☐ **Mineralocorticoid/aldosterone receptor antagonists, e.g. but not limited to spironolactone, eplerenone- finorenone** ☐ **PDE-Inhibitors (e.g. but not limited to Avanafil, Sildenafil, Tadalafil, Vardenafil) or Endothelin-Inhibitors (e.g. Bosentan, Macitentan, Darusentan, Ambrisentan)** ☐ **SGLT-2 inhibitors (e.g. but not limited to : canagliflozin, dapagliflozin, empagliflozin ertugliflozin)** ☐ **GLP-1 receptor agonists (e.g. but not limited to liraglutide, semaglutide, tirzepatide, exenatide, lixisenatide, albiglutide, dulaglutide, exenatide)**
68 Planned ICU/IMC admission or planned extended PACU stay	☐ Yes ☐ No **68.1** If yes: Is ICU/IMC admission/ extended PACU stay standard of care for the conducted surgery? *(always done in your institution for this specific surgery)* ☐ Yes ☐ No
69 Systematic perioperative Troponin screening	☐ Yes ☐ No

	69.1 If yes: Is systematic perioperative Troponin screening standard of care for the conducted surgery? *(always done in your institution for this specific surgery)* ☐ Yes ☐ No

INTRAOPERATIVE DATA			
70	**Date of surgery**	Date |__|__| - |__|__|__| - |__|__|__|__| (dd/Mmm/YYYY)	
71	**Type of surgery**	☐ Moderate risk ☐ High risk	
72	**Intrathoracic, intra-abdominal, or suprainguinal vascular surgery?**	☐ Yes ☐ No	
73	**Surgery site (as per NSQIP MICA)**	☐ Anorectal ☐ Aortic ☐ Bariatric ☐ Brain ☐ Breast ☐ ENT (not thyroid/parathyroid) ☐ Foregut/Hepatopancreatobiliary ☐ Gallbladder, appendix, adrenal and spleen ☐ Hernia (ventral, inguinal, femoral) ☐ Intestinal	☐ Neck (thyroid/parathyroid) ☐ Obstetric/Gynaecologic ☐ Orthopaedic and non-vascular extremity ☐ Other abdominal ☐ Peripheral vascular ☐ Skin ☐ Spine ☐ Non-oesophageal thoracic ☐ Vein ☐ Urology
74	**Anaesthesia technique**	☐ General ☐ General combined with regional ☐ neuraxial ☐ peripheral ☐ Regional-peripheral ☐ Regional-neuraxial ☐ Regional-combined peripheral and neuraxial	
75	**Invasive blood pressure measurement**	☐ Yes ☐ No	**75.1** If yes: Is invasive blood pressure measurement local standard of care for the conducted surgery? *(always done in your institution for this specific surgery)* ☐ Yes ☐ No
76	**Central venous line**	☐ Yes ☐ No	**76.1** If yes: Is central venous line local standard of care for the conducted surgery? *(always done in your institution for this specific surgery)* ☐ Yes ☐ No
77	**Pulmonary arterial catheter**	☐ Yes ☐ No	**77.1** If yes: Is pulmonary arterial catheter local standard of care for the conducted surgery? *(always done in your institution for this specific surgery)* ☐ Yes ☐ No
78	**Intraoperative TransEsophageal Echocardiogram - TEE**	☐ Yes ☐ No	**78.1** If yes: Is intraoperative TEE local standard of care for the conducted surgery? *(always done in your institution for this specific surgery)* ☐ Yes ☐ No
79	**Pulse contour cardiac output using any devicefor cardiac output estimation**	☐ Yes ☐ No	**79.1** If yes: are devicesfor cardiac output estimation local standard care for the conducted surgery? *(always done in your institution for this specific surgery)* ☐ Yes ☐ No

80	**Goal-directed haemodynamic management** **as per locally implemented protocol**	☐ Yes ☐ No	**80.1** If yes: Is goal-directed haemodynamic management standard of care for the conducted surgery? *(always done in your institution for this specific surgery)* ☐ Yes ☐ No

INHOSPITAL POSTOPERATIVE EVOLUTION

81 **ICU Admission?**	☐ Yes ☐ No	
If Yes, First ICU admission **81.1**	☐ **Planned, i.e. decision of ICU admission prior to anesthesia induction** ☐ **Unexpected, i.e. decision of ICU admission during/after anaesthesia induction or during hospital stay**	
81.2 Length of first stay in ICU (days)	|__|__|__|	
81.3 Was patient readmitted to ICU (second stay or more in ICU) ?	☐ **Yes** ☐ **No**	**81.3.1** If yes: Total Length of **additional** stay in ICU (days) |__|__| *if several readmissions please report the cumulative length of stay in ICU*

82 **Grade of most severe complication in hospital**
according to Clavien-Dindo class
(single choice)

☐ None ☐ I ☐ II ☐ IIIa ☐ IIIb ☐ IVa ☐ IVb ☐ V

GRADE I*: Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic and radiological interventions (Allowed therapeutic regimens are: drugs as antiemetics, antipyretics, analgetics, diuretics and electrolytes and physiotherapy. This grade also includes wound infections opened at the bedside)*
GRADE II*: Requiring pharmacological treatment with drugs other than such allowed for grade I complications. Blood transfusions and total parenteral nutrition are also included.*
GRADE III*: Requiring surgical, endoscopic or radiological intervention.*
- ***IIIa****: Intervention not under general anaesthesia*
- ***IIIb****: Intervention under general anaesthesia*

GRADE IV*: Life-threatening complication (including CNS complications) * requiring IC/ICU-management*
- ***IVa****: single organ dysfunction (including dialysis)*
- ***IVb****: multiorgan dysfunction*

GRADE V*: Death of a patient*

82.1 If any, organ system of most severe complication

Organ system affected by the complication with the highest Clavien-Dindo class, if several with the same class check all that apply

☐ Cardiovascular
☐ Respiratory
☐ Neurological
☐ Gastrointestinal
☐ Renal
☐ Surgical site infection
☐ Other
☐ Not Applicable / no complication for this patient

83	**Date of Hospital Discharge**	☐ Patient still in hospital at 30-day follow up ☐ Patient has been discharged (or died in hospital) 83.1 If discharged , date of discharge :

	|__|__| - |__|__|__| - /__/__/__/__/ (dd/Mmm/YYYY) [>=Date of surgery] *if patient died, date of hospital discharge = date of death*

30-DAY OUTCOMES	
84 When was follow-up performed?	|__|__| - |__|__|__| - /__/__/__/__/ (dd/Mmm/YYYY) [>=30 days Date of surgery]
85 Did the patient die?	☐ Yes ☐ No **85.1** If yes, did patient die from cardiac death? ☐ Yes ☐ No *(Please refer to appendix 2 for cardiac death definition)* **85.2** If patient died, please enter date of death |__|__| - |__|__|__| - /__/__/__/__/ (dd/Mmm/YYYY) **85.3** If exact date unknown, confirm that death occurred within 30 days of surgery ☐ Confirmed ☐ Not confirmed
86 Did the patient suffer a Myocardial Infarction?	☐ Yes ☐ No **86.1** If yes , please enter date of MI |__|__| - |__|__|__| - |__|__|__|__| (dd/Mmm/YYYY) **86.2** If exact date unknown, confirm that MI occurred within 30 days of surgery ☐ Confirmed ☐ Not confirmed
***87* Did the patient suffer a non-fatal cardiac arrest?**	☐ Yes ☐ No **87.1** If yes , please enter date of non-fatal cardiac arrest |__|__| - |__|__|__| - |__|__|__|__| (dd/Mmm/YYYY) **87.2** If exact date unknown, confirm that non-fatal cardiac arrest occurred within 30 days of surgery ☐ Confirmed ☐ Not confirmed
88 Did the patient suffer an acute heart failure or decompensation of chronic heart failure?	☐ Yes ☐ No **88.1** If yes , date of acute heart failure or decompensation of chronic heart failure |__|__| - |__|__|__| - |__|__|__|__| (dd/Mmm/YYYY) **88.2** If exact date unknown, confirm that acute heart failure or decompensation of chronic heart failure occurred within 30 days of surgery ☐ Confirmed ☐ Not confirmed
89 Was the patient submitted to coronary revascularisation	☐ Yes ☐ No **89.1** If yes , date of coronary revascularisation |__|__| - |__|__|__| - |__|__|__|__| (dd/Mmm/YYYY) **89.2** If exact date unknown, confirm that coronary revascularisation occurred within 30 days of surgery ☐ Confirmed ☐ Not confirmed

90 Did patient suffer any repeated event? (check all that apply)	☐ No ☐ Myocardial Infarction ☐ Non-fatal cardiac arrest ☐ Acute heart failure or decompensation of chronic heart failure ☐ Coronary revascularisation

30-DAY WHODAS 2.0

91 Was 30-Day WHODAS Completed	☐ **Yes** ☐ **No, patient died**					
	Difficulties?	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or Cannot do**
In the past 30 days, how much difficulty did you have in …	**92 Standing for long periods such as 30 minutes**	☐**0**	☐ **1**	☐**2**	☐**3**	☐**4**
	93 Taking care of your household responsibilities	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**
	94 Learning a new task, for example, learning how to get to a new place	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**
	95 How much of a problem did you have joining in community activities (for example festivities, religious or other activities) in the same way as everyone else can?	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**
	96 How much have you been emotionally affected by your health problems?	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**
	97 Concentrating on doing something for ten minutes	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**
	98 Walking a long distance such as a kilometre	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**
	99 Washing your whole body	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**
	100 Getting dressed	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**
	101 Dealing with people you do not know	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**
	102 Maintaining a friendship	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**
	103 Your day-to-day work/school please complete this question only if you work (paid, non-paid, self-employed) or go to school, otherwise skip this question	☐**0**	☐ **1**	☐ **2**	☐ **3**	☐**4**

DAYS ALIVE AND OUT OF HOSPITAL AT 30 DAYS

104 Was the patient admitted to an acute medical care facility after discharge from the initial institution?

(Please note also early inter-institutional transfer should be reported as admission)

☐ **Yes** ☐ **No**

104.1 If yes, length of stay in health care facility (days) |__|__|

104.2 If yes, was readmission for cardiovascular reason? ☐ **Yes** ☐ **No**

104.3 Was the patient readmitted more than once? (Please note also early inter-institutional transfer should be reported as admission)

☐ **Yes** ☐ **No**

104.3.1 If yes : how many additional times? |__|__|

104.3.2 If yes: cumulative length of stay in health care facility(ies) (days) |__|__|

104.3.3 If yes, was any readmission for cardiovascular reason? ☐ **Yes** ☐ **No**