

PATIENT'S NAME _____ SURNAME _____

Definitions of fatal, non-fatal cardiovascular and infection events

FATAL CARDIOVASCULAR EVENTS	date
<input type="checkbox"/> Amputation	
<input type="checkbox"/> Aortic aneurysm elective / rupture	
<input type="checkbox"/> Acute myocardial infarction	
<input type="checkbox"/> Congestive heart failure	
<input type="checkbox"/> Cardiac arrhythmia / cardiac arrest (ablations, pacemaker implantation)	
<input type="checkbox"/> Coronary artery bypass grafting (CABG)	
<input type="checkbox"/> Peripheral arterial disease (AAA, claudication intermittent, critical limb ischemia)	
<input type="checkbox"/> Stroke ischemic and / or transient ischemic attack)	
<input type="checkbox"/> Stroke hemorrhagic	
<input type="checkbox"/> Stroke (unknown ischemic / hemorrhagic)	
<input type="checkbox"/> Subarachnoid hemorrhage	
<input type="checkbox"/> Other	

NON-FATAL CARDIOVASCULAR EVENTS	date
<input type="checkbox"/> Amputation	
<input type="checkbox"/> Aortic aneurysm elective / rupture	
<input type="checkbox"/> Acute myocardial infarction	
<input type="checkbox"/> Congestive heart failure	
<input type="checkbox"/> Cardiac arrhythmia / cardiac arrest (ablations, pacemaker implantation)	
<input type="checkbox"/> Coronary artery bypass grafting (CABG)	
<input type="checkbox"/> Peripheral arterial disease (AAA, claudication intermittent, critical limb ischemia)	
<input type="checkbox"/> Stroke ischemic and / or transient ischemic attack	
<input type="checkbox"/> Stroke hemorrhagic	
<input type="checkbox"/> Stroke (unknown ischemic / hemorrhagic)	
<input type="checkbox"/> Subarachnoid hemorrhage	
<input type="checkbox"/> Acute coronary syndrome / angina pectoris (chest pain on exertion)	
<input type="checkbox"/> Carotid procedure (endarterectomy and / or stenting)	
<input type="checkbox"/> Percutaneous transluminal coronary angioplasty, stenting	
<input type="checkbox"/> Peripheral arterial intervention (revascularization, percutaneous transluminal angioplasty, stenting in arteries of the lower extremities)	
<input type="checkbox"/> Other	

INFECTIOUS EVENTS	date
<input type="checkbox"/> Cardiac infection	
<input type="checkbox"/> Central venous catheter related infection	
<input type="checkbox"/> Gastro-intestinal infection	
<input type="checkbox"/> Graft or fistula infection	
<input type="checkbox"/> Respiratory infection	
<input type="checkbox"/> Sepsis (not central venous catheter related)	
<input type="checkbox"/> Skin / musculoskeletal infection	
<input type="checkbox"/> Urinary infection	
<input type="checkbox"/> Other	