
General Data Form

A. Investigator Name:

B. Hospital Name:

C. Patient Information:

1. Patient Name:

2. Hospital File Number:

3. Date of Birth:

4. Date of Initial Evaluation:

5. Ethnicity:

☐ Arabian Gulf region ☐ Arabian Non-Gulf region ☐ Non Arabic

D. Patient Baseline Characteristics:

<i>Baseline Characteristics</i>	
Weight (Kg)	
Height (m)	

BMI (Kg /M ²)			
Smoker	YES	EX	NO
Diabetes Mellitus	IDDM	NIDDM	NO
Dyslipidemia	YES		NO
Hypertension	YES		NO
H/O of Coronary Heart Disease	YES		NO
H/O of Chronic Kidney Disease	YES		NO
H/O of Peripheral Arterial disease	YES		NO
H/O of	YES		NO

Cerebrovascular Accident		
H/O of PCI	YES	NO
H/O of CABG	YES	NO
H/O of Atrial Fibrillation	YES	NO
H/O of Congestive Heart Failure	YES	NO
H/O of Depression	YES	NO
Married	YES	NO

Number of Wives Currently Living with Him	X1	X2	X3	X4	
Number of Divorces	X1	X2	X3	X4	
Widowhood	YES			NO	
Wives Nationality	Arabic Gulf Region	Arabic Non-Gulf Region	Non- Arabic		
Educational Level	Illiterate	Secondary School	Post Graduate	Master	PhD

Living in Urban or Ruler Area	Urban Area			Ruler Area		
Monthly Income	< \$1300	\$1300-2600	\$2600-5300	\$5300-7900	\$7900-10600	> \$10600
Job Category	Jobless	Private Sector	Government Sector		Self-employed	

Angiographic Data Form

Indication for Coronary Angiogram (Elective vs Urgent/Emergent)	Elective	Urgent/Emergent

No of Vessel with Luminal Stenosis of 50% or more in a Major Epicardial Vessel other than Left Main Artery	0	1	2	3
Luminal stenosis of 50% or more in the Left main Artery (Left Main Disease)	Yes		No	
No of Vessel with Luminal Stenosis of 70% or more in a Major Epicardial Vessel other than Left Main Artery	0	1	2	3
Coronary Intervention (PCI vs CABG)	PCI		CABG	

Medical Treatment	
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Physician Name Filling the Form:

