

提交完成

您的问卷已提交，感谢您的参与，祝您身体健康！



咨询医生

有问题问医生，和医生交个朋友

心内科支架患者随访问卷

1.请问您是患者本人吗？

- ☒ A.是
☐ B.不是

2.请问您/患者自从做完支架手术出院后，是否出现过脑梗死症状？

- ☒ A.有
☐ B.没有

3.请问具体出现脑梗死的时间（请填写具体年月）

2022年

4.请问您/患者自从做完支架手术出院后，是否出现过术后支架内血栓？

- ☒ A.有
☐ B.没有

5.请问具体出现术后支架内血栓的时间（请填写具体年月）

2022年

6.请问您/患者自从做完支架手术出院后，是否出现过心肌梗死？

- ☒ A.有
☐ B.没有

7.请问具体出现心肌梗死的时间（请填写具体年月）

2022年

8.请问您/患者是否在术后支架血管中再次放置支架？

- ☒ A.有
☐ B.没有

9.请问您/患者支架血管中再次放置支架的时间（请填写具体年月）

2022年

10.请问您/患者自从做完支架手术出院后，是否再次住院？

- ☒ A.有
☐ B.没有

11.请问您/患者再次住院原因？（多选）

- ☐ A.心衰
☒ B.心绞痛
☐ C.脑卒中
☐ D.高血压
☐ E.其他原因

12.请问具体再次住院的时间（请填写：原因，住院年月，如有多次请多次填写）

2022年

13.请问您/患者出院后是否出现以下情况？

- ☐ A.黑便、尿血、鼻出血、牙龈出血或皮肤瘀斑等
☐ B.因明显出血症状接受治疗
☒ C.无出血

14.请问您/患者出院后是否出现下列情况？

- ☐ A.日常活动量不受限制：一般体力活动不引起过度疲劳、心悸、气喘或心绞痛
☐ B.日常活动量轻度限制。休息时无自觉症状。一般体力活动引起过度疲劳、心悸、气喘或心绞痛。
☐ C.体力活动明显受限。休息时无症状，但小于一般体力活动即可引起过度疲劳、心悸、气喘或心绞痛。
☒ D.不能从事任何体力活动。休息状态下也出现心悸、气喘或心绞痛症状，体力活动后加重。

15.请问您/患者是否吸烟？（包括香烟、雪茄、烟斗、水烟等，不包括电子烟和无烟烟草产品）

- ☒ A.目前吸烟
☐ B.曾经吸烟，已戒烟
☐ C.从不吸烟

16.在过去的30天，患者有多少天是吸烟的？（请填写数字或不知道）

30

17.请问您/患者每天吸多少根烟（请填写数字或不知道）

1

18.请问您/患者是否饮酒？

- ☐ A.目前饮酒
☐ B.曾经饮酒，已戒烟
☒ C.从不饮酒

19.请问患者出院后药物服用情况

- ☒ A.出院药物一直遵医嘱服用且没有换药
☐ B.出院后复查调整过药物
☐ C.出院后未遵医嘱服用药

20.请问患者出院后服用的药物名称（可填写不记得药名、未服药）

阿司匹林

Cardiology Stent Patient Follow-up Questionnaire

Patient Questionnaire

1. Are you the patient yourself?

- A. Yes
- B. No

Response:

2. Since being discharged after the stent surgery, have you/the patient experienced any symptoms of cerebral infarction?

- A. Yes
- B. No

Response:

3. If yes, when did the cerebral infarction occur? (Please specify year and month)

Response:

4. Since being discharged after the stent surgery, have you/the patient experienced in-stent thrombosis?

- A. Yes
- B. No

Response:

5. If yes, when did the in-stent thrombosis occur? (Please specify year and month)

Response:

6. Since being discharged after the stent surgery, have you/the patient experienced myocardial infarction?

- A. Yes
- B. No

Response:

7. If yes, when did the myocardial infarction occur? (Please specify year and month)

Response:

8. Have you/the patient had another stent placed in the same blood vessel after the initial surgery?

- A. Yes
- B. No

Response:

9. If yes, when was the additional stent placed? (Please specify year and month)

Response:

10. Since being discharged after the stent surgery, have you/the patient been hospitalized again?

- A. Yes
- B. No

Response:

11. What was the reason for rehospitalization?

- A. Heart disease
- B. Angina
- C. Stroke
- D. Bleeding
- E. Other reasons

Response:

12. When did the rehospitalization occur? (Please specify: reason, year and month of hospitalization. If multiple times, list all)

Response:

13. Since discharge, have you/the patient experienced any of the following?

- A. Blood in urine, nosebleeds, gum bleeding, or skin bruising
- B. Received treatment for significant bleeding symptoms
- C. No bleeding

Response:

14. Since discharge, which of the following best describes your/the patient's physical activity tolerance?

- A. No limitations on daily activities; ordinary physical activity does not cause fatigue, palpitations, shortness of breath, or angina

- B. Slight limitation of daily activities. Comfortable at rest, but ordinary physical activity results in fatigue, palpitations, shortness of breath, or angina
- C. Marked limitation of physical activity. Comfortable at rest, but less than ordinary physical activity causes fatigue, palpitations, shortness of breath, or angina
- D. Unable to perform any physical activity without discomfort. Symptoms of heart failure or angina present at rest; any physical activity increases discomfort

Response:

15. Do you/does the patient smoke? (Includes cigarettes, cigars, pipes, hookah, etc. Excludes e-cigarettes and smokeless tobacco)

- A. Currently smoke
- B. Former smoker, have quit
- C. Never smoked

Response:

16. In the past 30 days, on how many days did the patient smoke? (Please enter number or "don't know")

Response:

17. How many cigarettes does the patient smoke per day? (Please enter number or "don't know")

Response:

18. Do you/does the patient consume alcohol?

- A. Currently consume alcohol
- B. Former drinker, have quit
- C. Never consumed alcohol

Response:

19. Medication adherence after discharge

- A. Consistently followed discharge medication regimen without changes
- B. Medications adjusted during follow-up visits after discharge
- C. Did not follow the prescribed medication regimen after discharge

Response:

20. What medications has the patient been taking after discharge? (Can write "don't remember medication name" or "not taking medication")

Response: