University Hospital Essen	**Postoperative follow-up ''Questionnaire''**	**WHGZ**

Name of the Patient: **Date of birth:**

Which operation: **Date of surgery:**

We have the following couple of questions regarding your health status after surgery:

1. **How you manage your daily tasks?** Independent/ dependent on help

2. **Did you have a stroke since surgery?** No / Yes → Date……
   Do you have a neurological deficit? No / Yes → which one?……

3. **Do you have any lung disease?** No / Yes → which one?……

4. **Do you have any limitation of physical activity (NYHA classification)?** No / Yes→Class.....
   Class I: No limitation of physical activity.
   Class II: Slight limitation of physical activity.
   Class III: Marked limitation of physical activity.
   Class IV: Unable to carry out any physical activity without discomfort.

5. **Did you have any chest pain radiating to the neck/jaw, to the left/right shoulder/arm or upper belly since surgery?** No / Yes → Since when?……

6. **Did you have myocardial infarction after surgery?** No / Yes → Date……..

7. **Did you have coronary angiography after surgery?** No / Yes → Date……..

8. **Did you have stent-Implantation after surgery?** No / Yes → Date……

9. **Did you undergo a new coronary artery bypass surgery?** No / Yes → Date……

10. **Did you have any valvular infection after surgery?** No / Yes → Since when?……..
    Which valve was / is affected ?.....

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11. Did you have any valvular regurgitation after surgery? No / Yes → Since when?……

Which valve was / is affected ?……

12. Did you undergo another cardiac surgery? No / Yes → Date……

Which operation you had ?……

13. Do you have heart arrhythmias?

Atrial fibrillation No / Yes → Since when?……

Another arrhythmia No / Yes → Since when?……

Pacemaker implantation No / Yes → Date……

14. Did you have kidney disease or insufficieny after surgery? No / Yes

Are you on dialysis? No / Yes → Since when?……

15. Do you have peripheral or central vascular disease? No / Yes → which one?……

Did you need surgery or stent implantation No / Yes → Date……

16. Did you acquire another disease or undergo any other surgery? No / Yes → Date……

Which operation you had ?……

17. When was the last echocardiographic control? Date……

Can we have a copy of the echocardiographic report? No / Yes

Do you have an appointment for the next examination? No / Yes → Date……

18. What is the name of your cardiologist / GP ? Name……, City……

19. In case we still have questions, is it okay to call you ? No / Yes, Phone number.:……

Remarks:……

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Patient's signature……

We thank you for your patience and effort!

Filled by: **Follow-up date:**		**Approved and released by:** *Associate Professor Dr. S.-E. Shehada* *"*Consultant cardiac surgeon"