## Rysunek1

## Data collecting sheet - AMI patients prescribed aspirin at discharge

*Prospective data collecting sheet.*

*Please fill in the form for all patients who were treated with AMI (principal diagnosis ICD-10 I21, I22) at the time of discharge. The following data are necessary in order to include the patient into the indicator count.*

1. **Patient name** (not transmitted into the national database):…………………………………………………..
2. **Hospital registration number**:…………………………………………………………………………………………………
3. **Date of birth (YYYY.MM.DD)**:…………………………………………………………………………………………………
4. **Principal diagnosis code**: ………………………………………………………………………………………………………..
5. **Type of unit**:
   1. acut
   2. rehabilitation
6. **Is patient allergic to aspirin?**
7. no 1. yes
8. **Is there a known contraindication or intolerance of aspirin?**
9. no 1. yes
10. **Type of discharge:**
    1. transfer to another inpatient hospital
    2. discharge to home, social home
    3. patient left hospital against medical advice
    4. in hospital death
    5. other, e.g.:………………………………………………………………………………………………………………...
11. **Is there a known objection/refusal to take aspirin-containing medication?**
12. no 1. yes
13. **Was patient prescribed at discharge to take aspirin?**

0. no 1. yes

10. **Was patient prescribed to take other (non-aspirin-containing) platelet aggregation inhibitor therapy?**

0. no 1. yes

11. **Date of discharge** **(YYYY.MM.DD)**:…………………………………………………………………………………………………