### SECTION A: DEMOGRAPHIC DATA

1. Hospital number: 

2. Gender:
   - (1) Female
   - (2) Male

3. Age: 

4. Nationality: …………………………………………………………………… 

5. Occupation: ……………………………………………………………………

6. Date of arrival at AU: ddd   ddd   mmm   mmm   yyy   yyy 

7. Time of arrival at AU: hhh   hhh   mmm   mmm 

8. Accompanied by:
   - (1) Nobody
   - (2) Relative
   - (3) Friend
   - (4) Police
   - (5) Other (Specify): … ……………………………………………………………….

9. How did the patient arrive at the hospital?
   - (1) Ambulance
   - (2) Private vehicle
   - (3) Police escort
   - (4) Other (Specify): … ……………………………………………………………….

10. Time when help was summoned/ambulance called for: hhh   hhh   mmm   mmm 

11. Time of arrival of help/ambulance since summoned: h   h   m   m 

### SECTION B: MEDICAL HISTORY

1. Past medical history (Specify): …………………………………………………

2. Recent surgical history (Specify): ……………………………………………

3. Smoking habits:
   - (1) Non-smoker
   - (2) Ex-smoker
   - (3) Smoker
### SECTION C: CURRENT CONDITION

**Onset of chest pain:**

1. **Date:**
   - (dd/mm/yyyy) [V16]

2. **Time:**
   - (hh:mm) [V17]

3. **Pain location:**
   - Chest: (1) Yes (2) No [V18]
   - Epigastric: (1) Yes (2) No [V19]
   - Other: (1) Yes (2) No [V20]
   - Specify: ……………………………………………………………………………………

4. **Duration (in minutes):** [V21]

5. **Severity of pain (Use pain-scale: 1 – 10):**

6. **Pain radiated to:** ……………………………………………………………… [V23]

7. **Pain was accompanied by:**
   - Sweating: (1) Yes (2) No [V24]
   - Nausea: (1) Yes (2) No [V25]

8. **Pain was relieved by:**
   - Resting: (1) Yes (2) No [V26]
   - Medication: (1) Yes (2) No [V27]
   - Specify: ……………………………………………………………………………………

9. **Any other measures taken?**
   - (1) Yes (2) No [V28]
   - Specify: ……………………………………………………………………………………

10. **Was this the first episode?**
    - (1) Yes (2) No [V29]

11. **If not, when did the pain last occur?**
    - (1) Last night
    - (2) Yesterday
    - (3) Last week
    - (4) Last month
    - (5) Last year [V30]

12. **Where was the patient when the onset of symptoms first occurred?**
    - (1) At home
    - (2) At work
    - (3) Other (Specify): …………………………………………………………………… [V31]
### SECTION D: ASSESSMENT, DIAGNOSIS & DRUG ADMINISTRATION

1. Time triaged by nurse
   
2. Outcome of triage: .................................................................

3. Area to which patient was transferred:
   (1) Female observation room
   (2) Male observation room
   (3) Cubicle
   (4) Resuscitation room

4.1 ECG obtained: (1) Yes  (2) No

4.2 Time: h h m m

4.3 Initiated by
   • Nurse (1) Yes  (2) No
   • Physician (1) Yes  (2) No

4.4 Was ECG obtained in less than 10 minutes? (1) Yes  (2) No

5.1 Time doctor attended the patient: h h m m

5.2 Time diagnosis was made: h h m m

5.3 Diagnosis of AMI (Specify type): ...................................................

5.4 Diagnosis made by:
   (1) Emergency doctor
   (2) Physician
   (3) Cardiologist

5.5 Referred to:
   (1) Physician
   (2) Cardiologist

6.1 By who was the decision to thrombolyse made?
   (1) Emergency doctor
   (2) Physician
   (3) Cardiologist

6.2 At what time was the decision to thrombolyse made? h h m m
### SECTION E: GENERAL COMMENTS

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