

**American College of Cardiology, American Heart Association, and
Physician Consortium for Performance Improvement
Chronic Stable Coronary Artery Disease Physician Performance Measurement Set
Prospective Data Collection Flowsheet**

Provider No. _____ Patient Name or Code _____ Birth Date ____ / ____ / ____ Gender M ___ F ___ Height _____
(mm/dd/yyyy)

Medical History (Select all that apply): <input type="checkbox"/> CABG <input type="checkbox"/> PTCA <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Diabetes <input type="checkbox"/> Left ventricular systolic dysfunction (LVEF < 40% or moderately or severely depressed LV systolic dysfunction) <input type="checkbox"/> Stable angina	Allergies _____ _____ _____
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MONITORING	DATE (mm/dd/yyyy)				
	Weight (lb/kg)	<input type="checkbox"/> Unable to weigh	<input type="checkbox"/> Unable to weigh	<input type="checkbox"/> Unable to weigh	<input type="checkbox"/> Unable to weigh
	Pulse				
	Blood Pressure (circle arm site and position)	L R Sitting supine standing	L R sitting supine standing	L R sitting supine standing	L R sitting supine standing
LABORATORY	Lipid Profile (mg/dl): Total Cholesterol				
	HDL				
	LDL				
	Triglycerides				
	Screening for Diabetes ^a	___ Screened ^b ___ Not applicable	___ Screened ^b ___ Not applicable	___ Screened ^b ___ Not applicable	___ Screened ^b ___ Not applicable
SYMPTOM & ACTIVITY ASSESSMENT	Level of Activity				
	Anginal Symptoms AND/OR				
	Grading of Angina by the CCSC System ^c AND/OR	I / II / III / IV	I / II / III / IV	I / II / III / IV	I / II / III / IV
	Patient Completed Symptom and/or Activity Questionnaire ^d	Y or N	Y or N	Y or N	Y or N

- ^a **Test measure.**
- ^b Screening for diabetes is usually done by fasting blood glucose or 2-hour glucose tolerance testing. Clinical recommendations indicate screening should be considered at 3-year intervals.
- ^c **Grading of Angina Pectoris by the Canadian Cardiovascular Society Classification (CCSC) System⁷**
Class I: Ordinary physical activity does not cause angina, such as walking, climbing stairs. Angina (occurs) with strenuous, rapid or prolonged exertion at work or recreation.

Class II: Slight limitation of ordinary activity. Angina occurs on walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, or in cold, or in wind, or under emotional stress, or only during the few hours after awakening. Angina occurs on walking more than 2 blocks on the level and climbing more than one flight of ordinary stairs at a normal pace and in normal conditions.

Class III: Marked limitations of ordinary physical activity. Angina occurs on walking one to two blocks on the level and climbing one flight of stairs in normal conditions and at a normal pace.

Class IV: Inability to carry on any physical activity without discomfort – anginal symptoms may be present at rest.

^d Questionnaire may include Seattle Angina Questionnaire (SAQ)¹²

Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement™ (the Consortium), are intended to facilitate quality improvement activities by physicians.

These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its Measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures.

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Provider No. _____ Patient Name or Code _____

SMOKING	Smoker	Y or N	Y or N	Y or N	Y or N
	Intervention: Counseling	Y or N	Y or N	Y or N	Y or N
	Pharmacologic	Y or N	Y or N	Y or N	Y or N

Adverse Drug Reactions:

MEDICATION MANAGEMENT	DATE (mm/dd/yyyy)				
	Antiplatelet Therapy	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)
	LDL-Lowering Therapy	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)
	Beta-Blocker Therapy	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)
	ACE Inhibitor or ARB Therapy	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)	<input type="checkbox"/> Not indicated <input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (medical reasons*) <input type="checkbox"/> Not prescribed (patient reasons*)

*Specify medical (eg, allergy, contraindication) or patient reasons (eg, economic, social, religious) for not prescribing therapy:

OTHER MEDICATIONS				

