

Supplementary file 1: Case Report Form

Section A. Participants' Demographic data

1. Study ID _____
2. Hospital Number _____
3. Participant's Date of Birth. _____
(DD/MMM/YY)
4. Participant's gender:
 - i) Male
 - ii) Female
5. Participant's Ethnicity: Black.
Asian
Caucasian.
Other
6. Residence: i) Rural
ii) Urban

Section B. Clinical Data.

7. Primary cause of heart failure:
 - i. Ischemic CMP
 - ii. non-ischemic CMP
 - iii. Not known/information cannot be ascertained from the medical file.
8. Left Ventricle ejection fraction.
 - i. Baseline EF _____
Date. _____
 - ii. Reassessment EF _____
Date. _____
9. New York Heart Association class.
 - i). I
 - ii). II
 - iii). III
 - iv). IV
10. History of Syncope. Yes. No.
11. Documented Ventricular arrhythmia. Yes. No.
12. Other comorbid conditions present:
 - i. Diabetes mellitus.
 - ii. Hypertension.
 - iii. Cancer (please specify type)
 - iv. Previous stroke
 - v. CKD
 - vi. Dementia.
 - vii. Psychiatric illness.

13. Baseline ECG diagnosis

- i. sinus rhythm
- ii. Atrial fibrillation (any)
- iii. Paced rhythm
- iv. LBBB, if yes QRS duration
- v. RBBB, if yes QRS duration
- vi. Ventricular Premature Beats

Section C. ICD.

14. Documented ICD counselling/prescription. Yes No

15. ICD in Situ: Yes No

16. Date of ICD

Implantation.

(DD/MMM/YY)

17. Any complications related to ICD procedure. Yes No

If yes, Tick appropriate.

- i). Bleeding from the incision site or a hematoma (Requiring intervention)
- ii). Pneumothorax
- iii). Mechanical
- vi). Infection
- v). Others specify_____

Section D. System Data.

18. Primary Physician.

- i. General Cardiologist. Yes No
- ii. Non-cardiology physician. Yes No

19. Mode of ICD

payment.i). Cash paying.

ii). Insurance.

- a. Government (NHIF)
- b. Private

iii). Combined Cash and Insurance.

Section E. Reasons for refusal.

20. Documented reason for refusal. Yes No

If yes, what was the reason? Tick applicable.

- i. Unable to pay for the device
- ii. Concerned of risks associated with the device
- iii. Fear of device procedure
- iv. Doesn't believe in benefit of ICD
- v. Cultural/Religious belief
- vi. Conflicting opinions from medical staff
- vii. Unknown
- viii. Others