

Pat. ID:

Site Code:

Date:

Only register Patient ID. if consent is given and case has been created in SecuTrial.

Patient identification and pre-screening in-hospital

1. Sex
 - male
 - female
 - diverse

2. Date of birth __ (mm) ____ (yyyy) **!stop in case of age <18y. or >85y.**

3. Confirmed CHD, documented by at least one of the following criteria:
 - Coronary angiography > 50% Stenosis in ≥ 1 main coronary vessel
 - Confirmed acute coronary syndrome
 - History of coronary revascularization, i.e. percutaneous intervention (PCI) or coronary bypass surgery; PCI or bypass surgery may have been performed during the current hospitalization.

4. Sufficient knowledge of German and reading skills (impression by visiting, if necessary in case of uncertainty ask the patient)
 - no, then stop!** yes

5. Severe comorbidities with an estimated survival of <1 year
 - no **yes, which?** _____ **then stop!**

6. Severe mental illness according to the patient record (e.g. acute psychosis, addictions other than tobacco)
 - no **yes, which?** _____ **then stop!**

7. Severe cognitive impairment / dementia
 - no **yes, then stop!**

8. Patient consent #1 (screening procedure) yes **no, then stop!**

9. HADS Score: _____; PSS-4 Score: _____

10. Patient possibly eligible yes no

11. Type of contact agreed upon by phone by E-mail

Pat. ID: _____

Site Code: _____

Date: _____

Screening (t-14) \geq 3 months after Prescreening

(Reassessment using the HADS and PSS4. Continue only if HADS $>$ 12 and/or PSS-4 $>$ 5):

Exclusion criteria

1. „Have you had new serious physical illnesses since your last hospital stay?“

unknown no **yes, which one?** _____

In case of estimated survival $<$ 1y., then stop!

2. "Have you had any new serious mental or psychosomatic illnesses since your last hospital stay?" (Note: „serious“ = e.g. acute psychosis, addictions other than tobacco)

unknown no **yes, then stop!, which one?** _____

3. „Have you had a heart attack since your last hospital stay or did you require heart surgery?“

unknown no **yes, then stop!**

4. „Are you already taking part or do you intend to take part in another treatment trial?“

unknown no **yes, which ohne?** _____

Then, where appropriate, stop!

Risk factors

1. „Do you smoke?“

not specified no yes, number of cigarettes/day _____

2. „How much time **per week** do you usually spend with **moderate** physical activity? (Moderate activities refer to moderate physical exertion in which you breathe a little more than normal, such as carrying light loads, cycling at normal speed or swimming at normal speed. This does not include walking at normal speed.)

_____ minutes per week

Pat. ID:

Site Code:

Date:

9. „Do you know your current (measurement within the past month) long-term blood sugar value (HbA1c)?“

- no, then end of interview
- yes, value: _____(%), Date of measurement: __.__.____ (dd.mm.yyyy)


10. HbA1c elevated?

- no, if HbA1c<7% or no diabetes known so far
- yes, if HbA1c>=7%
- unknown, if value is missing or too old

Notes (other, e.g. if the patient indicates that he/she is no longer interested in participating in the study)

Evaluation:

- No risk factor present („no“ to Items 1, 4, 6, 8 and 10)
- Min. 1 risk factor present („yes“ to Items 1, 4, 6, 8 or 10)
- Unknown (no risk factor present, but values are missing/not current or unclear)

	TEACH – Team-based treatment of coronary heart disease BASELINE Assessment	Patient ID: _____
	HISTORY and CLINICAL DATA	Date: _____

1. BASIC DATA AND PHYSICAL EXAMINATION

1.1. Gender male female diverse

1.2. Date of birth ____ . ____ mm.yyyy

1.3. Height _____ cm

1.4. Weight _____ kg

1.5. Waist circumference _____ cm

1.6. Blood pressure (after 5 minutes of rest, 3 measurements in 2-minute intervals)

1. Value systolic _____ mmHg diastolic _____ mmHg

2. Value systolic _____ mmHg diastolic _____ mmHg

3. Value systolic _____ mmHg diastolic _____ mmHg

1.7. Heart rate (after 5 minutes of rest in sitting position) _____ bpm

rhythmic arrhythmic

1.8. Menopause yes no unknown

1.9. Other physical findings (e.g. orthopedic/neurologic limitations)

yes, specify: _____ no

2. CARDIOVASCULAR RISK FACTORS (history and external findings)

2.1. Diabetes mellitus yes no unknown

2.2. Arteriel hypertension yes no unknown

2.3. Dyslipidemia yes no unknown

2.4. Smoking yes, no. of cigarettes/day (current) _____ Pack years _____


no e-cigarettes only unknown

Ex-smoker, since ____ . ____ mm.yyyy

2.5. Alcoholic drinks per weeks _____

(dpw=drinks per week; 1 drink = 0.25 l beer oder 0.1 l wine oder 2 cl liquor)

low (< 1dpw) moderate (1-10 dpw) high (> 10dpw)

	TEACH – Team-based treatment of coronary heart disease BASELINE Assessment	Patient ID: _____ Date: _____
	HISTORY and CLINICAL DATA	

2.6. Family history of CVD yes no unknown

(myocardial infarction or stroke in biological parents, siblings or children below 65 years of age in women and below 55 years of age in men)

If yes, who? _____ when? (Age____; Year _____)

Additional information: _____

3. CARDIAC DIAGNOSES (history and external findings)

3.1. Coronary heart disease 1-vessel CHD 2-vessel CHD 3- vessel CHD

Last coronary angiogram, date ____ . ____ mm.jjjj

Additional information (e.g. stenoses): _____

CCS class I II III IV

3.2. Hx of myocardial infarction yes no unknown

If yes, when (last)? _____

3.3. Heart failure yes no unknown

EF ____ % echokardiogram ventriculogram

NYHA class I II III IV


3.4. Atrial fibrillation / flutter yes, current yes, history of no unknown

3.5. Other cardiac diseases (cardiomyopathy, Hx of myocarditis, Hx of endocarditis, Valvular heart defects, Cardiac arrhythmias)

Please specify; _____

Please specify; _____

Please specify; _____


	TEACH – Team-based treatment of coronary heart disease BASELINE Assessment	Patient ID: _____ Date: _____
	HISTORY and CLINICAL DATA	

4. PREVIOUS CARDIOVASCULAR INTERVENTIONS (history and external findings)

- 4.1. Percutaneous coronary revascularization yes no unknown
 If yes, when (last)? _____
- 4.2. Coronary bypass surgery yes no unknown
 If yes, when (last)? _____
- 4.3. Implanted cardiac pacemaker or defibrillator? no Pacemaker Defibrillator
 If yes, since when? _____
- 4.3.1 If implanted defibrillator in place: DC shock delivery? yes no unknown
 If yes, adequate? yes no unknown
 If yes, when (last)? _____
 If yes, no. of shocks? _____
- 4.4. Other cardiovascular interventions/surgery yes no unknown
 If yes, specify _____
 If yes, when (last)? _____
 If yes, specify _____
 If yes, when (last)? _____

5. COMORBIDITIES (history and external findings)

- 5.1. Peripheral vascular occlusive disease yes no unknown
- 5.2. Stroke/TIA yes no unknown
- 5.3. Chronic lung disease yes no unknown
- 5.4. Renal insufficiency yes no unknown
- 5.5. Current dialysis treatment yes no unknown
- 5.6. Malignant disease <5 years ago yes no unknown
 If yes, specify _____

	TEACH – Team-based treatment of coronary heart disease BASELINE Assessment	Patient ID:
	HISTORY and CLINICAL DATA	Date:

5.7. Malignant disease >5 years ago yes no unknown
 If yes, specify _____

5.8. Thyroid disease yes no unknown
 If yes, specify _____

5.9. Inflammatory rheumatic disease yes no unknown

5.10. Hx. of Covid-19 infection yes no unknown
 If yes, requiring intensive care? yes no

5.11. Other somatic comorbidities yes no unknown
 If yes, specify _____

6. MENTAL/PSYCHOSOMATIC COMORBIDITY (history and external findings)


6.1. Depression yes no unknown
 If yes, diagnosed by physician self-report unknown
 If yes, >1 episodes? yes no
 If yes, when (last)? _____ (year)

6.2. Anxiety disorder yes no unknown
 If yes, diagnosed by physician self-report unknown

6.3. Somatoform disorder yes no unknown
 If yes, diagnosed by physician self-report unknown

6.4. Substance abuse / addiction yes no unknown
 If yes, which substance(s)? _____
 If yes, diagnosed by physician self-report unknown

6.5. Other diagnoses from ICD-10, chapter F yes no unknown
 If yes, specify _____
 If yes, specify _____

	TEACH – Team-based treatment of coronary heart disease BASELINE Assessment	Patient ID: _____
	UTILIZATION OF HEALTH CARE or PSYCHOTHERAPY	Date: _____

7. UTILIZATION OF HEALTH CARE or PSYCHOTHERAPY

7.1. Previous psychiatric treatment or psychotherapy yes no

If yes, when? currently previously

If yes, modality? out-patient in-patient both

If yes, type? psychotherapy drug treatment both

7.2. No. of psychotherapy sessions during last 12 months: _____ sessions

7.3. No. of psychiatric consultations during last 12 months: _____ consultations

7.4. No. of physician consultations during last 4 weeks:

Family physician, _____ consultations

Specialists, _____ consultations

7.5. Hospitalizations for heart disease during last 12 months:

No. _____, total no. of days _____

7.6. Cardiac rehabilitation during last 12 months:

in-patient out-patient both

No. _____, total no. of days _____

**7.7. Hospitalizations for mental illness during last 12 months
(including in-patient psychosomatic rehabilitation):**


No. _____, total no. of days _____

7.8. Hospitalizations for other reasons during last 12 months:

No. _____, total no. of days _____

7.9. Inability to work during last 12 months:

No. _____, total no. of days _____

	TEACH – Team-based treatment of coronary heart disease BASELINE Assessment	Patient ID:
	MEDICATION	Date:


8. DRUGS

8.1. Cardiovascular drugs (classification of current drugs)

ACE inhibitors (e.g. Ramipril)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Angiotensin receptor blockers (e.g. Valsartan)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Aldosterone antagonists (e.g. Spironolactone)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Sacubitril/Valsartan (Entresto®)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Amiodarone (e.g. Cordarex®)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Other antiarrhythmics	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Beta blockers (e.g. Bisoprolol)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Calcium antagonists (e.g. Amlodipine)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Thiazides (e.g. HCT)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Loop diuretics (e.g. Torasemide)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Cardiac glykosides (e.g. Digoxin)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Nitrates	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Ranolazine (e.g. Ranexa®)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Ivabradine (e.g. Procoralan®)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Statin (e.g. Atorvastatin)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Other lipid lowering drugs	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown

8.2. Anticoagulants (classification of current drugs)

ASS	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Thienopyridines (e.g.. Clopidogrel, Prasugrel, Ticagrelor)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Vitamin K antagonists (e.g. Phenprocoumon)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown
Direct oral antikoagulants e.g. Apixaban, Edoxaban, Dabigatran)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> unknown

	TEACH – Team-based treatment of coronary heart disease BASELINE Assessment	Patient ID:
	MEDICATION	Date:

8.3. Antidiabetics (classification of current drugs)

- Insulin** yes no unknown
Oral antidiabetics (e.g. Metformin) yes no unknown

8.4. Analgesics (classification of current drugs)

- NSAR** (e.g. Ibuprofen) yes no unknown
Opioids (e.g. Tramadol, Oxycodone) yes no unknown

8.5. Hormones (classification of current drugs)

- Thyroid medications** yes no unknown
Oral contraceptives yes no unknown
Other hormones yes no unknown


8.6. Psychotropics (classification of current drugs)

Antidepressants/anxiolytics

- SSRIs** (e.g. Sertraline) yes no unknown
SSNRIs (e.g. Venlafaxine) yes no unknown
Tricyclics (e.g. Amitriptyline) yes no unknown
Tetracyclics (e.g. Mirtazapine) yes no unknown
MAO inhibitors (e.g. Tranylcypromine) yes no unknown
Agomelatin (e.g. Valdoxan®) yes no unknown
Others, Specify _____ yes no unknown

Hypnotics/Tranquilizers

- Benzodiazepines** ja no unknown
Zolpidem/Zopiclon ja no unknown
Others, Specify _____

	TEACH – Team-based treatment of coronary heart disease BASELINE Assessment	Patient ID:
	MEDICATION	Date:

Antipsychotics/neuroleptics

Phenothiazines (e.g. Promethazine, Levomepromazine) yes no unknown

Butyrophenones (e.g. Pipamperone, Melperone, Haloperidol) yes no unknown

Atypical antipsychotics (e.g. Quetiapine, Risperidone) yes no unknown

Others, Specify _____

8.7. Other drugs (not to be classified above)

Please specify _____

Please specify _____


Please specify _____

Please specify _____

Please specify _____


Please specify _____

Please specify _____

	TEACH – Team-based treatment of coronary heart disease BASELINE Assessment	Patient ID:
	Dietary habits / Psychometric assessment	Date:

(Dietary habits will be assessed by the German version of the Mediterranean Diet Adherence Screener [MEDAS]: Hebestreit K, Yahiaoui-Doktor M, Engel C, Vetter W, Siniatchkin M, Erickson N, Halle M, Kiechle M, Bischoff SC. Validation of the German version of the Mediterranean Diet Adherence Screener (MEDAS) questionnaire. BMC Cancer. 2017;17:341.)


(Psychometric scales will include the HeartQoL, HADS, and PSS-4 as well as additional instruments listed in Table 4 of the main manuscript)

	TEACH – Team-based treatment of coronary heart disease	Patient-ID:
	BASELINE-ASSESSMENT SOCIO-DEMOGRAPHIC INFORMATION Self-evaluation questionnaire	Date:

1. What is your marital status? Please check one that applies to you.

- Married/registered civil partnership
 - and living with my partner in one household
 - and not living with my partner in one household
 - and being separated without current partnership

- Not-married,
no registered civil partnership
- Divorced
- Widowed

- 
- and living with my partner in one household
 - and having a partnership, but not a common household
 - and without current partnership

2. What is your highest graduation certificate?


(Please check only the highest degree)

- No graduation
- Secondary school qualification or equivalent qualification
- Secondary modern school qualification (medium maturity) or equivalent qualification
- Advanced college certificate
- High school graduation
- Other kind of graduation: _____

3. What professional qualifications do you have?

(Please check only the highest degree)

- No professional qualification
- Apprenticeship / vocational school / technical school completed
- Master's school, technical school, administrative and business academy or university of applied sciences completed
- Bachelor
- University diploma, master, magister, state examination, doctorate
- Other kind of qualification: _____

	TEACH – Team-based treatment of coronary heart disease BASELINE-ASSESSMENT	Patient-ID:
	SOCIO-DEMOGRAPHIC INFORMATION Self-evaluation questionnaire	Date:

4. What is your current employment?

(Please note that employment means any paid or income-related activity)


- Full-time employment
- Part-time employment
- Partial retirement
- Mini job (up to 450 Euro/months)
- "One euro job" (and receiving unemployment benefit)
- Irregularly employed
- On educational leave (and receiving salary)
- Maternity/parental leave or other leave or absence
- Not employed (unemployed, early retirees, retirees without additional salary)

5. What professional position do you have or did you have in your main job?

- Self-employed business owner (farmer, in trade, the hospitality industry, handicraft, industry, service)
- Self-employed academic (physician, lawyer, tax consultant, etc.)
- Civil servant, judge or professional soldier
- White collar employee
- Blue collar worker
- Helping family members

6. If you are not working full-time or part-time: Please tell us which group you belong to on this list.

- Pensioners, retirees, in early retirement
- Unemployed
- Permanently disabled
- Housewives/Housemen
- Other: _____

	TEACH – Team-based treatment of coronary heart disease BASELINE-ASSESSMENT	Patient-ID:
	SOCIO-DEMOGRAPHIC INFORMATION Self-evaluation questionnaire	Date:

7. What is the total average monthly net income of your household?

The average monthly net income of your household is comprised as follows: Combine all monthly wages, salaries, income from self-employment or pensions from your household (this may also include your spouse). Please also add the income from public subsidies, income from renting and leasing, assets, housing benefit, child benefit and other income on a monthly basis. Then deduct taxes and social security contributions. The result is your household net income.

- Less than 850 Euros
- 851 to less than 1 500 Euros
- 1 500 to less than 2 500 Euros
- 2 500 to less than 3 500 Euros
- 3 500 to less than 4 500 Euros
- 4500 Euros or more
- Not specified

8. Did you apply for a pension or social security?

no yes

If yes, has it already been approved?

no yes, since? ____ . ____ mm.yyyy

9. What health insurance do you belong to?

statutory private social welfare office

T6 – Telephone assesment 6 months after V0

Pat. ID: _____

Site Code: _____

Date: _____

Part A. SOCIO-DEMOGRAPHIC INFORMATION

1. „Has anything changed in your marital status in the **past 6 months?**“

no

yes

↳ „What has changed?“

Partner died

Seperated or divorced from partner

New registered civil partnership or newly married

↳ and live with my partner in one household

but not a common household

Part B. CARDIOVASCULAR RISK FACTORS

2. Only if „no/unknown“ was answered in V0, Item 2.1: "Have you been diagnosed with diabetes mellitus in the meantime?"

yes

no

unknown

3. Only if „no/unknown“ was answered in V0, Item 2.2: " Have you been diagnosed with arterial hypertension (high blood pressure) in the meantime?"

yes

no

unknown

4. "Have you consumed nicotine in the past 6 months?"

no

unknown

Ex-smoker, since ____ . ____ mm.yyyy

yes

↳ only E-cigarettes

↳ "How many cigarettes do you smoke currently per day (incl. E-cigarettes)?" _____

5. "How many glasses of alcohol do you drink per week?"

(1 glass= 0,25l beer or 0,1l wine or 2cl liquor) _____(number)

low (<1 glass/week)

moderate (approx. 1-10 glasses/week)

high (>10 glasses/week)

T6 – Telephone assesment 6 months after V0

Pat. ID: _____

Site Code: _____

Date: _____

Part C. DIAGNOSES

6. "Have you had any new heart disease (myocardial infarction, heart failure, cardiac arrhythmias, fainting spells, other heart disease) in the past 6 months?"

yes

no

Myocardial infarction

Heart failure

Cardiac arrhythmias

Fainting spells

Other heart disease, which one? _____

7. "Have you had any new mental/psychosomatic illnesses in the past 6 months?"

yes, which one? _____

no

8. "Have you had any new physical illnesses in the past 6 months?"

yes, which one? _____

no

Part D. CARDIOVASCULAR INTERVENTIONS

9. "Have you had any heart surgery/interventions in the past 6 months?"

yes

no

Percutaneous coronary revascularization

Coronary bypass surgery

Implanted cardiac pacemaker

Other cardiovascular interventions/surgery, which one? _____

Implanted defibrillator

„DC shock delivery?“

yes

no

unknown

If yes, adequate? yes no unknown

 Number of shocks? _____

T6 – Telephone assesment 6 months after V0

Pat. ID:

Site Code:

Date:

Part E. UTILIZATION OF HEALTH CARE or PSYCHOTHERAPY

10. "How many physician consultations have you had in the past 6 months?"

Family physician, ____ consultations

Specialist, ____ consultations

11. "Have you been hospitalized in the past 6 months?"

yes

no

→ "Due to which disease, how often and for how long?"

Heart disease, Number _____, total number of days _____

Mental illness (including in-patient psychosomatic rehabilitation),
Number _____, total number of days _____

Other reasons, Number _____, total number of days _____

Part F. SAE

12. „Have you attempted to commit suicide in the past 6 months?"

yes

no

Part G. DRUGS

13. "Has anything changed in your medication in the past 6 months?"

yes

nein

→ "What medication are you currently taking?"
(List of current medications same as baseline)

Part H. PSYCHOMETRIC ASSESSMENT

(Psychometric scales include HeartQoL, HADS, and PSS-4)

V12 – In-person visit 12 months after V0

Pat. ID:

Site Code:

Date:

Part A. SOCIO-DEMOGRAPHIC INFORMATION

1. „Has anything changed in your marital status in the **past 6 months?**“

no

yes



„What has changed?“

Partner died

Separated or divorced from partner

New registered civil partnership or newly married

and live with my partner in one household

but not a common household

2. "Has anything changed in you employment situation in the **past year?**"

no

yes



(employment status same items as baseline)

3. Only if „no/unknown“ was answered in V0, Item 8: "Did you apply for a pension or social security during the last year?"

no

yes



"Has it already been approved and since when?"

no

yes, since ___ . ___ mm.yyyy

Part B. PHYSICAL EXAMINATION

4. Weight _____ kg

5. Waist circumference _____ cm

6. Blood pressure (*same as baseline*)

7. Heart rate (*same as baseline*)

8. Only for women if „no/unknown“ was answered in V0 Item 1.9: **Menopause**

yes

no

unknown

9. Other physical findings (*same as baseline*)

V12 – In-person visit 12 months after V0

Pat. ID:

Site Code:

Date:

Part C. CARDIOVASCULAR RISK FACTORS

10. Only if „no/unknown“ was answered in T6, Item 2. "Have you been diagnosed with diabetes mellitus in the meantime?"
yes no unknown
11. Only if „no/unknown“ was answered in T6, Item 3: " Have you been diagnosed with arterial hypertension (high blood pressure) in the meantime?"
yes no unknown
12. Only if „no/unknown“ was answered in T6, Item 4: " Have you been diagnosed with dyslipidemia in the meantime?"
yes no unknown
13. "Have you consumed nicotine in the past 6 months?" (*same as T6*)
14. Alcoholic drinks per weeks (*same as baseline*)

Part D. DIAGNOSES (*same as T6*)

Part E. CARDIOVASCULAR INTERVENTIONS (*same as T6*)

Part F. UTILIZATION OF HEALTH CARE or PSYCHOTHERAPY

19. "Have you received psychiatric or psychotherapeutic treatment in the **past year**?"
yes no
 → (*same options as baseline*)
20. "How many physician consultations have you had in the **past 6 months**?"
Family physician, ___ consultations Specialist, ___ consultations
21. "Have you been hospitalized in the past 6 months?"
yes no
 → (*same options as T6*)
22. "Have you participated in cardiac rehabilitation during the **past year**?"
yes no
 → „What kind of modality, how often and for how long?"

V12 – In-person visit 12 months after V0

Pat. ID:	Site Code:	Date:
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out-patient
 in-patient
 both

Number _____, total number of days _____

23. "Have you been unable to work during the past year?"

yes
 no

→ „How often and for how long?"

Number _____, total number of days _____

Part G. SAE

24. "Have how attempted suicide during the **past 6 months?**"

yes
 no

Part H. DRUGS

25. "Has anything changed in your medication in the past 6 months?"

yes
 nein

→ "What medication are you currently taking?"
(List of current medications same as baseline)

Part I. DIET *(same as baseline)*

Part J. PSYCHOMETRIC ASSESSMENT *(same as baseline)*

V18– In-person visit 18 months after V0

Pat. ID:

Site Code:

Date:

Part A. SOCIO-DEMOGRAPHIC INFORMATION

1. „Has anything changed in your marital status in the **past 6 months?**“ (*same as V12*)
2. "Has anything changed in you employment situation in the **past 6 months?**"
 - no yes
 - ↳ (*employment status same items as baseline*)
3. Only if „no/unknown“ was answered in V12, Item 3: "Did you apply for a pension or social security during the last six months?" (*same options as V12*)

Part B. PHYSICAL EXAMINATION (*same as V12*)

Part C. CARDIOVASCULAR RISK FACTORS

10. Only if „no/unknown“ was answered in V12, Item 10: "Have you been diagnosed with diabetes mellitus in the meantime?"
 - yes no unknown
11. Only if „no/unknown“ was answered in V12, Item 11: " Have you been diagnosed with arterial hypertension (high blood pressure) in the meantime?"
 - yes no unknown
12. Only if „no/unknown“ was answered in V12, Item 12: "Have you been diagnosed with dyslipidemia in the meantime?"
 - yes no unknown
13. "Have you consumed nicotine in the past 6 months?" (*same as V12*)
14. Alcoholic drinks per weeks (*same as V12*)

Part D. DIAGNOSES (*same as T6*)

Part E. CARDIOVASCULAR INTERVENTIONS (*same as T6*)

Part F. UTILIZATION OF HEALTH CARE or PSYCHOTHERAPY

19. "Have you received psychiatric or psychotherapeutic treatment in the **past 6 months?**"
 - yes no
 - ↳ (*same options as baseline*)

V18– In-person visit 18 months after V0

Pat. ID: _____

Site Code: _____

Date: _____

20. "How many physician consultations have you had in the **past 6 months**?"
 Family physician, _____ consultations Specialist, _____ consultations

21. "Have you been hospitalized in the past 6 months?"

yes no

→ *(same options as V12)*

22. "Have you participated in cardiac rehabilitation during the **past 6 months**?"

yes no

→ *(same options as T6)*

23. "Have you been unable to work during the past 6 months?"

yes no

→ *(same options as T6)*

Part G. SAE

24. "Have you attempted suicide during the **past 6 months**?"

yes no

Part H. DRUGS

25. "Has anything changed in your medication in the past 6 months?"

yes no

→ "What medication are you currently taking?"
(List of current medications same as baseline)

Part I. DIET *(same as baseline)*

Part J. PSYCHOMETRIC ASSESSMENT *(same as baseline)*

Pat. ID:

Site Code:

Date:

Part A. DIAGNOSES (same as T6)

Part B. CARDIOVASCULAR INTERVENTIONS (*same as T6*)

Part C. SAE (*same as T6*)

Part D. DRUGS (*same as T6*)

Part E. PSYCHOMETRIC ASSESSMENT (*same as T6*)

(If this is the last assessment, additional information will be obtained according to V12 on

- SOCIODEMOGRAPHICS
- CARDIOVASCULAR RISK FACTORS
- UTILIZATION)