Additional file 1. Standardized form for gathering data on patient characteristics, cardiovascular risk factors, medical history and clinical presentation

**« Medical regulation of emergency calls for chest pain: construction of a probability score for acute coronary syndrome. »**

**PATIENT INCLUSION**

Patients with **Non-traumatic chest pain** (anterior or posterior, inferior or superior, which may be tight, oppressive, embarrassing, tip or burning); **major** (age ≥ 18 years) and calling the **EMCC first** (patient call) or **second** (third party call before the patient) will be included in the study.

Inclusion the **\_\_ \_\_/\_\_ \_\_/** 2 0 **\_\_ \_\_** at **\_\_ \_\_** h **\_\_ \_\_** min

**PATIENT IDENTIFICATION**

EMCC case number : **\_\_ \_\_.\_\_ \_\_**

Initials :  Age : **\_\_ \_\_** years Gender ❑ Male

❑ Female

**PAIN DESCRIPTION**

Beginning of the pain motivating the call the**\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ at \_\_ \_\_**h**\_\_ \_\_** min

Inaugural painful episode ❑ Yes Painful episode within 48 hours of the call ❑ Yes

 ❑ No ❑ No

Permanent pain ❑ Yes Pain onset ❑ Abruptly

 ❑ No ❑ Crescendo

**COEXISTING CONDITIONS**

Personal coronary artery disease ❑ Yes

 ❑ No

If yes, Myocardial infarction ❑Yes Angina ❑Yes

 ❑ No ❑ No

If yes, post myocardial infarction angina ❑ Yes

 ❑ No

**CARDIOVASCULAR RISK FACTOR**

Tobacco Use ❑ Yes

 ❑ No ❑ *If no, smoking cessation > 30days*

Diabetes ❑ Yes Dyslipidaemia❑ Yes Hypertension ❑ Yes

 ❑ No ❑ No ❑ No

Familial coronary artery disease ❑ Yes

 ❑ No

**MEDICATION THERAPY**

None ❑ Yes

 ❑ No

Aspirin ❑ Yes Clopidogrel ❑ Yes Statin ❑ Yes Thyroid hormone ❑ Yes

 ❑ No ❑ No ❑ No ❑ No

 ❑ *Cessation < 8j* ❑ *Cessation < 8j* ❑ *Cessation < 8j*

**CHEST PAIN TYPOGRAPHY**

***Circumstances***

At rest ❑ Yes Sport or stress related ❑ Yes

 ❑ No ❑ No

***Topography***

Retrosternal ❑ Yes

 ❑ No *If no, left* hemithorax ❑ under the left breast ❑

 right hemithorax ❑ under the right breast ❑

***Characteristics***

Trans pectoral ❑ Yes Constrictive ❑ Yes Oppression ❑ Yes

 ❑ No ❑ No ❑ No

Peak type ❑ Yes Burning ❑ Yes Pinching ❑ Yes

 ❑ No ❑ No ❑ No

Increasing at position change ❑ Yes Breathing related ❑ Yes

 ❑ No ❑ No

Relieved by the intake of nitrates ❑ Yes

 ❑ No

Radiating ❑ No

 ❑ Yes *If Yes,* ❑ left arm ❑ right arm

 ❑ jaw ❑ dorsal

 ❑ other :

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Estimated intensity (Numeric rating scale) : | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

**ADDITIONAL SYMPTOMS**

Sweeting ❑ Yes Nausea ❑ Yes Vomiting ❑ Yes Syncope ❑ Yes

 ❑ No ❑ No ❑ No ❑ No

Anxiety ❑ Yes Dizziness ❑ Yes “Imminent death” sensation ❑ Yes

 ❑ No ❑ No ❑ No