



1. Date of follow-up:

/ /
 Month Day Year

Days05

Affix Patient ID # Here

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2. Follow-up visit:

Visit05

- | | | | |
|---------------------------------------|---------------------------------------|--|--|
| <input type="radio"/> 1 2 month | <input type="radio"/> 6 1 yr. + 8 mo. | <input type="radio"/> 11 3 yr. + 4 mo. | <input type="radio"/> 16 5 year |
| <input type="radio"/> 2 4 month | <input type="radio"/> 7 2 year | <input type="radio"/> 12 3 yr. + 8 mo. | <input type="radio"/> 17 5 yr. + 4 mo. |
| <input type="radio"/> 3 8 month | <input type="radio"/> 8 2 yr. + 4 mo. | <input type="radio"/> 13 4 year | <input type="radio"/> 18 5 yr. + 8 mo. |
| <input type="radio"/> 4 1 year | <input type="radio"/> 9 2 yr. + 8 mo. | <input type="radio"/> 14 4 yr. + 4 mo. | <input type="radio"/> 19 6 year |
| <input type="radio"/> 5 1 yr. + 4 mo. | <input type="radio"/> 10 3 year | <input type="radio"/> 15 4 yr. + 8 mo. | <input type="radio"/> 20 6 yr. + 4 mo. |

3. Type of contact: (Mark one only.)

Type05

- 1 In clinic
 2 In hospital
 3 Telephone
 4 Non-study M.D.

4. Antiplatelet/anticoagulant drugs taken since last follow-up:

No 0 Yes 1

- Warf05 Warfarin
 Asprn05 Aspirin
 AntiPO05 Other ⇒ Specify:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. Current anticoagulation with warfarin?

OnWarf05

- 0 No
 1 Yes ⇒ Most recent INR: .

INR05

⇒ Go to Question 7.

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6. If the patient is not currently taking warfarin, what contraindications have developed since randomization?

- | | No | Yes | | | | | | | | | | | | | | | | | | |
|-----------------|-----------------------|-----------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | 0 | 1 | | | | | | | | | | | | | | | | | | |
| <i>Bleed05</i> | <input type="radio"/> | <input type="radio"/> | Bleeding ⇒ Specify: <table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| <i>Frail05</i> | <input type="radio"/> | <input type="radio"/> | Frailty/risk of falls | | | | | | | | | | | | | | | | | |
| <i>PhyRef05</i> | <input type="radio"/> | <input type="radio"/> | Physician refusal | | | | | | | | | | | | | | | | | |
| <i>PatRef05</i> | <input type="radio"/> | <input type="radio"/> | Patient refusal | | | | | | | | | | | | | | | | | |
| <i>Surg05</i> | <input type="radio"/> | <input type="radio"/> | Surgery | | | | | | | | | | | | | | | | | |
| <i>NoCont05</i> | <input type="radio"/> | <input type="radio"/> | None; warfarin discontinued per guidelines; patient is in normal sinus rhythm in the rhythm control arm | | | | | | | | | | | | | | | | | |
| <i>Cont005</i> | <input type="radio"/> | <input type="radio"/> | Other ⇒ Specify: <table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | |
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7. Antiarrhythmic drugs taken since last follow-up (including current medications):

- | | No | Yes | | No | Yes | | | | | | | | | | | | | | | |
|-----------------|-----------------------|-----------------------|--|-----------------------|-----------------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | 0 | 1 | | 0 | 1 | | | | | | | | | | | | | | | |
| <i>Amiod05</i> | <input type="radio"/> | <input type="radio"/> | Amiodarone | <input type="radio"/> | <input type="radio"/> | Moricizine | | | | | | | | | | | | | | |
| <i>BetaBl05</i> | <input type="radio"/> | <input type="radio"/> | Beta blocker | <input type="radio"/> | <input type="radio"/> | Procainamide | | | | | | | | | | | | | | |
| <i>Digox05</i> | <input type="radio"/> | <input type="radio"/> | Digoxin | <input type="radio"/> | <input type="radio"/> | Propafenone | | | | | | | | | | | | | | |
| <i>Dilt05</i> | <input type="radio"/> | <input type="radio"/> | Diltiazem | <input type="radio"/> | <input type="radio"/> | Quinidine | | | | | | | | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | Disopyramide | <i>Soltal05</i> | <input type="radio"/> | Sotalol | | | | | | | | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | Flecainide | <i>Verap05</i> | <input type="radio"/> | Verapamil | | | | | | | | | | | | | | |
| <i>AntiAD05</i> | <input type="radio"/> | <input type="radio"/> | Other antiarrhythmics ⇒ Specify: <table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | |
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Class I - Class I drug (Disopyramide or Flecainide or Moricizine or Procainamide or Propafenone or Quinidine)

0 = No, 1 = Yes

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8. Were any rate or rhythm control drugs permanently discontinued since last follow-up?

No

Yes \Rightarrow Complete a Drug Discontinuation form for each drug that was stopped.

0
1

Discon05

9. Medications not listed in Item 7 taken since last follow-up:

No 0 Yes 1

ACCE05 Angiotensin/ACE inhibitor

BetaAd05 Beta adrenergic stimulants

CalcBl05 Calcium channel blockers (other than diltiazem or verapamil)

Diuret05 Diuretic

Estrog05 Estrogen/progesterone therapy

CMed05 Other cardiac medications \Rightarrow Specify

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

No 0 Yes 1

Lipid-lowering

Nitrate

Other antihypertensive

Theophylline

Thyroid replacement therapy

Lipid05

Nitrat05

AntHyp05

Theoph05

ThyroR05

10. Has the patient reported taking rate control and/or antiarrhythmic medications as prescribed since last follow-up (i.e., at least 80% of expected)?

No 0

Yes 1

Unknown 9

Meds05

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11. Has atrial fibrillation or flutter been documented by ECG since last follow-up?

AF05 No ⇒ Go to Question 12.

Yes ⇒ Specify whether continuous or intermittent since last follow-up:

Continuous ⇒ Specify: (Mark one only.)

Atrial fibrillation/flutter continuous since last follow-up

Atrial fibrillation/flutter continuous from last follow-up until conversion to normal sinus rhythm; patient has remained in normal sinus rhythm since conversion.

Interm05

⇒ Go to Question 12.

Intermittent ⇒ Specify frequency of symptomatic episodes:

Very frequent episodes, more than once a day (> 120 in 4 months)

Frequent, daily to more than once a week (17-120 in 4 months)

Occasional, weekly to more than once a month (5-16 in 4 months)

Infrequent, monthly to two in 4 months (2-4 in 4 months)

Very infrequent, one in 4 months (1 in 4 months)

Unknown

Asymptomatic

Freq05

⇒ Estimate duration of longest episode:

< 1 hour

>7 days - 1 month

1 - 12 hours

> 1 month

>12 - 24 hours

Unknown

>24 hours - 7 days

Durat05

⇒ Date of first ECG-documented recurrence since last follow-up:

/ /
 Month Day Year

DocDy05

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12. Is the patient currently in atrial fibrillation or flutter?

No ⇒ Go to question 13.

CurAF05

0

Yes ⇒ Atrial fibrillation

1

1

FibFlu05

Atrial flutter

2

⇒ Is patient currently in the rate control arm?

CurArm05

No

2

Yes ⇒ Was rate control assessed at this visit?

1

Assess05 No ⇒ Specify reason: (Mark one only.)

0

- Inadequate rate control at rest (>80 beats/min.); medication will be adjusted.
- Successful AV node ablation and pacing, maximum pacer rate with activity set ≤ 110 beats/min.
- Rate control assessment not required at this visit.
- Patient physically unable to complete Six Minute Walk and Holter not done.

Rate control assessments are required as follows:

- a. initially until adequate rate control is established,
- b. at each annual visit, and
- c. whenever the patient's clinical status changes or medication is adjusted.

Yes ⇒ Specify type of rate control assessment: (Mark one only.)

1

Six Minute Walk ⇒ Specify standing heart rate:

Immediately before exercise:

beats/min

HRPre05

Immediately after exercise:

beats/min

HRPost05

RCType05

Holter Monitor ⇒ Complete the following:

2

Minimum recorded heart rate:

beats/min

Average heart rate over 24 hours:

beats/min

Maximum recorded heart rate:

beats/min

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13. Current congestive heart failure status: (Mark the NYHA classification for current functional capacity.)

- NYHC05* No CHF Class I Class II Class III Class IV
- 0* *1* *2* *3* *3*

14. Current angina status: (Mark the Canadian Cardiovascular Society classification for current angina status.)

- CHC05* No angina Class I Class II Class III Class IV
- 0* *1* *2* *2* *2*

15. Current ventricular heart rate (apical rate for one minute):

--	--	--

CurVR05

16. Current blood pressure (systolic/diastolic):

			/			
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BPSys05

BPDias05

17. Innovative therapy since last follow-up?

- No
- Yes ⇒ Complete Innovative Therapy form.

18. Electrical or pharmacologic cardioversion for atrial fibrillation or flutter since last follow-up?

- Cardio05* No
- 0* Yes ⇒ Enter the total number of episodes and the number of successful episodes of cardioversion:
- 1*

Electrical	Pharmacologic	Used both
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Total number of episodes:

--	--

ElecT05

--	--

PharT05

--	--

BothT05

Number of successful episodes:

--	--

ElecS05

--	--

PharS05

--	--

BothS05

If any episodes were electrical or used both, was internal electrical cardioversion administered?

- No Yes
- 0* *1*

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19. Events since last follow-up: (If yes, also complete Event Notification form.)

No ₀ Yes ₁

- Torsades de pointes VT ⇒ Submit required materials.
- Sustained ventricular tachycardia ⇒ Submit required materials.
- Resuscitated cardiac arrest: VF, VT ⇒ Submit required materials.
- Resuscitated cardiac arrest: EMD, brady, other ⇒ Submit required materials.
- Disabling anoxic encephalopathy ⇒ Also complete CNS Disability form.
- Ischemic stroke ⇒ Also complete CNS Disability form.
- Intracranial bleeding ⇒ Also complete CNS Disability form.
- Non-CNS hemorrhage (requiring transfusion, surgery, D/C warfarin)
- Systemic embolism
- Pulmonary embolism
- Myocardial infarction
- Minor bleeding ⇒ Event Notification form not needed, but specify type:

Enceph05

Minor05

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- Unexplained syncope ⇒ Event Notification form not needed

20. Was patient hospitalized since last follow-up?

Hosp05 No ₀ Yes ₁ ⇒ Complete all of the following:

a. Mark number of inpatient days for each:

Total days:

--	--	--

DaysT05

Critical care:

--	--	--

DaysC05

Non-critical care:

--	--	--

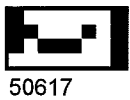
DaysNC05

b. Reason for hospitalization: Cardiovascular ₁ Non-cardiovascular ₂

Reason05

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21. Emergency room or short stay (<24 hours) visits since last follow-up?

Emerg05

No

0

Yes ⇒ Specify total number of visits:

Visits05

2

22. Major cardiac procedures since last follow-up: Proc05

No Yes

0 1

=1 if any of the following = 1

CABG

=0 otherwise

Interventional procedures (PTCA, atherectomy, stent)

If yes, number of lesions treated:

Pacemaker implantation ⇒ Specify type: (Mark one only.)

Atrial Ventricular Dual chamber

Thrombolytic therapy

Valve surgery

ICD implantation ⇒ Specify type: (Mark one only.)

Atrial only

Ventricular only

Both atrial and ventricular

⇒ Complete ICD Implantation form.

Other ⇒ Specify:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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23. Was treatment strategy changed since last follow-up?

Changes05

No

0

Yes ⇒ Complete Change of Treatment Strategy form.

1

Name of person completing this form _____

Date _____

Please print

mm/dd/yy

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