



25466



Baseline

Fax to: (206) 685-7569
or (800) 253-6404

1 Date of patient interview:

Month / Day / Year

Affix Patient ID # Here

days02

seqnum02

2 Date of birth:

Month / Day / Year

3 Arrhythmia history (prior to, but not including, index arrhythmia):

Yes No
1 0

- Primary cardiac arrest due to VF, not associated with new MI
Documented sustained primary VT with syncope
Documented sustained primary VT, systolic BP < 80 mmHg or chest pain or near syncope
Documented sustained primary VT, hemodynamically stable
Out-of-hospital documented sustained VT or cardiac arrest due to VF associated with transient or reversible cause
Supraventricular arrhythmia. If yes, specify:
Chronic atrial fibrillation or flutter
Paroxysmal atrial fibrillation or flutter
Other, specify:
Other significant arrhythmia, specify:

4 Family history of MI or sudden death prior to age 55?

Yes No Unknown
1 0 2

5 Other clinical history (prior to index arrhythmia):

- Angina
Peripheral vascular disease
Cerebrovascular disease
Depression or other mental disorder
Renal disease
Arthritis
Menopause
Chronic pulmonary disease
Seizure disorder
Hepatic disease
Thyroid disease
Prostate disease
Treatment for alcohol or drug dependence
Other significant disease:



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Date: / /

Month Day Year

- -

Affix Patient ID # Here

hypert02 6 Is patient currently being medically treated for hypertension?

Yes No

1 **0**

7 Demographics:

Education level:

- Less than high school graduate
- High school graduate (or GED)
- College (with or without degree)
- Graduate school (with or without degree)

Household living situation (check the one box which best describes the patient's living situation)

- Lives with spouse (or partner in spouse-like arrangement)
- Lives with another adult(s)
- Lives alone
- Other, specify:

Work status at time of the index arrhythmia:

- Full-time Part-time
- Disabled Retired
- Unemployed

If full or part-time employed during the past three months, how many days of work were missed due to the patient's heart condition?

days missed



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8 Clinical assessment:

ischem02 Is there clinical evidence of active ischemia within the last 6 months?

- Yes No Uncertain
- 1** **0** **2**

If Yes, how was this determined? (Check all applicable)

- iscang02** Typical anginal pain
- iscchg02** Resting ECG changes with corresponding symptoms
- iscex02** Exercise test by ECG criteria
- iscrad02** Rest/stress radionuclide perfusion scan
- iscecg02** Rest/stress echocardiogram
- othisc02** Other, specify:

ccc02 Anginal Status:

What is the out-of-hospital Canadian Cardiovascular Society classification for angina at baseline?

- No angina Class I Class II Class III Class IV
- 0** **1** **2** **3** **4**

nyha02 Congestive Heart Failure Status:

What is the out-of-hospital NYHA classification for congestive heart failure at baseline?

- No CHF Class I Class II Class III Class IV
- 0** **1** **2** **3** **4**

Signature of person filling out this form

code number

For Clinical Trial Center Use Only: **rtnum02**

<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>	2	0	2	0	4	0	0
CTC Code			BASELINE page 3 of 3 1/31/95						