



51772



Concurrent Drugs

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

Complete this form at:

- Baseline hospital discharge.
- Each scheduled follow-up visit.
- The onset of symptoms leading to a patient's death.

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Affix Patient ID # Here

seqnum03

days03

1 Date:

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 /

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 /

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Month Day Year

2 Reason for completion:

1 Hospital discharge, baseline hospitalization

follow03 Scheduled follow-up:

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

4 Death

Note: Reason = 2 when a follow-up bubble checked

3 Current antiarrhythmic therapy:

- txnone03** No Therapy **txicd03** ICD **txanti03** Antiarrhythmic drug

If antiarrhythmic drug, specify:

dramio03 Amiodarone dose:

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amiomg03 mg/day

drsot03 Sotalol dose:

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 mg/day **sotmg03**

droth03 Other:

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 dose:

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 mg/day

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 dose:

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

 mg/day



51772

DRUGS

Date: / /

Month Day Year

- -

Affix Patient ID # Here

4 Check all concurrent medications:

- | | Yes | No | |
|-----------------|----------------------------------|-----------------------|---|
| betabk03 | <input checked="" type="radio"/> | <input type="radio"/> | Beta blocker other than sotalol |
| cabic03 | <input type="radio"/> | <input type="radio"/> | Calcium blocker |
| dig03 | <input type="radio"/> | <input type="radio"/> | Digitalis preparation |
| inotro03 | <input type="radio"/> | <input type="radio"/> | Inotropic agent other than digitalis |
| diuret03 | <input type="radio"/> | <input type="radio"/> | Diuretic |
| ace03 | <input type="radio"/> | <input type="radio"/> | ACE inhibitor |
| nitrat03 | <input type="radio"/> | <input type="radio"/> | Nitrate |
| othvas03 | <input type="radio"/> | <input type="radio"/> | OTHER vasodilator or after load reducing agent |
| hypert03 | <input type="radio"/> | <input type="radio"/> | Other antihypertensive not listed above |
| liplow03 | <input type="radio"/> | <input type="radio"/> | Lipid lowering agent |
| potass03 | <input type="radio"/> | <input type="radio"/> | Potassium supplement |
| hypogl03 | <input type="radio"/> | <input type="radio"/> | Hypoglycemic (includes insulin) |
| ancoag03 | <input type="radio"/> | <input type="radio"/> | Anticoagulant |
| aninfl03 | <input type="radio"/> | <input type="radio"/> | Anti-inflammatory agent, analgesic
<input type="radio"/> ASA <input type="radio"/> NSAID <input type="radio"/> Steroids
infasa03 infnsa03 othinf03 |
| anplat03 | <input type="radio"/> | <input type="radio"/> | Antiplatelet
<input type="radio"/> ASA <input type="radio"/> Other
plaasa03 othpla03 |
| bronch03 | <input type="radio"/> | <input type="radio"/> | Bronchodilator (includes inhalers) |
| antdep03 | <input type="radio"/> | <input type="radio"/> | Antidepressant |
| phenyt03 | <input type="radio"/> | <input type="radio"/> | Phenytoin |
| histam03 | <input type="radio"/> | <input type="radio"/> | Histamine antagonist |
| thyrd03 | <input type="radio"/> | <input type="radio"/> | Thyroid replacement |
| othmed03 | <input type="radio"/> | <input type="radio"/> | Other <u>cardiac</u> medications, specify: |

Do NOT include antibiotics, stool softeners, vitamins, pain meds, or other non-cardiac drugs.

Signature of person filling out this form

code number

For Clinical Trial Center Use Only: **rtnum03**

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