



Follow-up

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

1 Date of follow-up:

days12

Month	Day	Year	Affix Patient ID # Here				seqnum12
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2 Which follow-up?

follow12

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|-------------------------------|------------------------------|
| 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 | |

3 Type of contact (check all applicable):

- Clinic clinic12
 Hospital hospfu12
 Home visit home12
 Non-study MD nonamd12
 Telephone telfu12

4 Was the originally scheduled follow-up date changed because of an event or adverse symptom?

reschd12

- Yes No
 1 0

5 Current antiarrhythmic therapy:

- No Therapy txnone12
 ICD txicd12
 Antiarrhythmic drug txanti12

If antiarrhythmic drug, specify:

dramio12 Amiodarone

dose:

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amiomg12
mg/day

drsot12 Sotalol

dose:

--	--	--

mg/day
sotmg12

droth12 Other

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dose:

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

mg/day

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dose:

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

mg/day

6 Did the patient report taking the study medication as instructed?

take12

- 1 Yes 0 No 2 No medication prescribed

If no, why not?

whynot12

- 1 Decreased due to perceived adverse symptoms
 2 Decreased due to forgetfulness
 3 Increased due to forgetfulness
 4 Increased due to perceived arrhythmia symptoms
 5 Other:

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52068

/ /
 Month Day Year

- -
 Affix Patient ID # Here

7 Events since last follow-up:

Yes No

- recarr12** Recurrent ventricular arrhythmia that required hospitalization
(Complete Recurrent Arrhythmia form)
- syncop12** Syncope
- mi12** Myocardial infarction
- angina12** New or worsened angina
- chf12** New or worsened CHF
- hosp12** Hospitalization (Complete Hospitalization form)
- cardp12** Invasive cardiac procedure (Complete Hospitalization form)
- chgtx12** Change of study therapy (Complete Change of Study Therapy form)
- othadv12** Clinical or ECG adverse symptom requiring medication change

8 Physical exam:

Sitting Heart Rate: **hr12** bpm **sysbp12** **diasbp12** **hrbnpa12**
 Sitting Blood Pressure (systolic/diastolic): / mmHg

Note: checked when hr or bp is not available or not done.

nyha12 9 Congestive heart failure:

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

- None Class I Class II Class III Class IV

0 **1** **2** **3** **4**

ccc12 10 Angina:

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

- None Class I Class II Class III Class IV

0 **1** **2** **3** **4**

drive12 11 In the coordinator's opinion, has the patient been driving since the last follow-up?

- Yes No Never drove

1 **0** **2**

12 Is the patient currently employed?

- No Yes, less than 20 hrs/week Yes, 20 hrs/week or more

If employed, how many days of work were missed due to medical problems in the last month?

Signature of person filling out this form

code number

For Clinical Trial Center Use Only: **rtnum12**

<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>	2	1	2	0	6	0	0
CTC Code			FOLLOWUP page 2 of 2 09/01/96						