



5102

Registry ID **seqnum01**

1 Date of index arrhythmia:

/ /

Month Day Year

- -

inhosp01 2 Location of index arrhythmia:

Out-of-hospital ER In-Hospital

If In-hospital or ER →

Reason for Admission:	Monitored prior to event:	Post invasive procedure (within 5 days after):
ihreas01	ihmon01	ihinv01
<input checked="" type="radio"/> Cardiac <input type="radio"/> Non-cardiac	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

3 Demographics:

Gender: sex01

Male Female
0 1

Race: race01

White Black Asian
 Native American Other

1 Non White
Hispanic origin: Yes No

Birth date:

age01

/ /

Month Day Year

Health insurance: (check all applicable)

Private Insurance HMO VA/military
 Medicare/Medicaid None

4 Antiarrhythmic therapy:

anti01 Was patient taking antiarrhythmic drug(s) at the time of the Index arrhythmia?
 Yes No
1 0

pramio01 Did patient receive amiodarone in the six months prior to screening (before or after event)?
 Yes No
1 0

5 Clinical history (prior to index arrhythmia):

	Yes	No		Yes	No		Yes	No	
hxvf01	<input checked="" type="radio"/>	<input type="radio"/>	Prior VF	<input checked="" type="radio"/>	<input type="radio"/>	Prior VT hxvt01	<input checked="" type="radio"/>	<input type="radio"/>	AF/flutter hxaf01
hxmi01	<input type="radio"/>	<input type="radio"/>	MI	<input type="radio"/>	<input type="radio"/>	CHF hxchf01	<input type="radio"/>	<input type="radio"/>	Bradycardia or AV block requiring treatment hxav01
hxhypr01	<input type="radio"/>	<input type="radio"/>	Hypertension	<input type="radio"/>	<input type="radio"/>	Diabetes hxdiab01	<input type="radio"/>	<input type="radio"/>	Present smoker hxcig01
hxneop01	<input type="radio"/>	<input type="radio"/>	Neoplasm	<input type="radio"/>	<input type="radio"/>	Unexplained syncope hxsync01			
hxhlip01	<input type="radio"/>	<input type="radio"/>	Hyperlipidemia	<input type="radio"/>	<input type="radio"/>	Use of class I or III antiarrhythmic drugs hx1or301			

6 Organic cardiac disease: (Check all applicable)

cad01 CAD

hypcm01 Hypertrophic cardiomyopathy

nonisc01 Non-Ischemic dilated cardiomyopathy

valve01 Valvular

othorg01 Other:

noidnt01 No identifiable heart disease



REGISTRY

Registry ID
[] [] - [] [] [] [] - []

7 Cardiac procedures prior to index arrhythmia: (Check all applicable)

- noproc01** None
- hxaneu01** Aneurysm/endocardial resection
- Pacemaker Implant **hxpace01**
- hxcabg01** CABG
- hxvalv01** Valve repair/replacement
- Ablation **hxabla01**
- hxptca01** PTCA/atherectomy
- Thrombolytic therapy **hxllys01**
- othpri01** Other: []

8 Main trial exclusion checklist: (Check all applicable)

Screen patient for all readily available information. Exclusions are not prioritized.

Cardiac:

- xef4001** Yes No (1) CABG or PTCA planned or performed since index event and EF > 0.40
- xaneu01** Yes No (2) Arrhythmia surgery or procedure planned or successfully completed
- xamio01** Yes No (3) Index event occurred on amiodarone
- xexp01** Yes No (4) Exposure to amiodarone in last 6 mo., unless total dose < 10 g or exposure < 2 weeks or serum level is < 0.2 mcg/ml
- xcon01** Yes No (5) Other contraindication to amiodarone
- xqt01** Yes No (6) Long QT syndrome (e.g., QTc of > 500 msec, recurrent syncope, and/or ventricular arrhythmias)
- xaf01** Yes No (7) AF or other supraventricular arrhythmia requiring class I or III antiarrhythmics
- xblock01** Yes No (8) Symptomatic sinus bradycardia, 2° or 3° AV block in the absence of a pacemaker
- xphys01** Yes No (9) Arrhythmia treatment already determined by private physician
- xxover01** Yes No (10) Excessive arrhythmia making crossover likely

Non-Cardiac:

- xncard01** Yes No (11) Condition likely to limit cooperation
- (12) Geographically inaccessible
- (13) Current conflicting study
- (14) Prisoner or ward of the state

9 Trial eligibility: Is this patient eligible for trial inclusion?

Yes No -> Go to Item 10

1 **0** -> was patient randomized?

random01 **1** Yes -> Affix ID label here: [] [] - [] [] [] [] [] [] [] **seqnum01**

0 No Why Not? (check all applicable)

- died01** Died before randomization
- ptref01** Patient/family refusal
- phyref01** Physician refusal
- othran01** Other: []

10 LVEF: (Quantification of EF is required for randomized patients)

ef01 **0.** [] [] or (Registry only): **1** Normal **3** Moderately abnormal **efcat01**
 2 Mildly abnormal **4** Severely abnormal

Date obtained:

dayef01 [] [] / [] [] / [] [] [] []
Month Day Year

Method: **1** Radionuclide ventriculogram **4** MRI/CT
 2 Contrast angiography **0** EF not obtainable
 3 Echo

efmeth01



5102

REGISTRY

Registry ID

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

Complete items 11 - 15 after evaluation and initial treatment for index arrhythmia.

11 Cardiac procedures since index arrhythmia:

pace01	<input type="checkbox"/> Pacemaker Implant
nopost01	<input type="checkbox"/> None
posanu01	<input type="checkbox"/> Aneurysm/endocardial resection
cabg01	<input type="checkbox"/> CABG
valsur01	<input type="checkbox"/> Valve repair/replacement
ntlcd01	<input type="checkbox"/> NTL ICD Implant
ptca01	<input type="checkbox"/> PTCA/atherectomy
poslys01	<input type="checkbox"/> Thrombolytic therapy
epiicd01	<input type="checkbox"/> Epicardial ICD Implant
abltn01	<input type="checkbox"/> Ablation
icd01	<input checked="" type="checkbox"/> ICD Implant
othpro01	<input type="checkbox"/> Other:

Include AVID Tx

12 Discharge medications or current medications (if not currently hospitalized):

Yes	No	Yes	No
amio01	<input type="checkbox"/> Amlodarone	<input type="checkbox"/>	<input type="checkbox"/> ACE Inhibitor ace01
sotal01	<input type="checkbox"/> Sotalol	<input type="checkbox"/>	<input type="checkbox"/> Other vasodilator or afterload reducing agent othvas01
othant01	<input type="checkbox"/> Other antiarrhythmic	<input type="checkbox"/>	<input type="checkbox"/> Nitrate nitrat01
betabk01	<input type="checkbox"/> Beta blocker (not sotalol)	<input type="checkbox"/>	<input type="checkbox"/> Diuretic diuret01
cabk01	<input type="checkbox"/> Calcium channel blocker	<input type="checkbox"/>	<input type="checkbox"/> Warfarin warf01
dig01	<input type="checkbox"/> Digitals	<input type="checkbox"/>	<input type="checkbox"/> Aspirin or antiplatelet asa01

13 Physical exam (current or last exam prior to hospital discharge):

Sitting Heart Rate: **hr01** bpm

Sitting Blood Pressure (systolic/diastolic): **sysbp01** / **diasbp01** mmHg

14 Were enzymes collected? ->

Yes No

NO CPK01
1=not available
0, blank=available

If yes, record peak measurements obtained within 3 days after index arrhythmia

cpkval01 Peak CPK IU/L

cpkhr01 Hours post index arrhythmia (CPK) 0-6 >6-12 >12-24 >24-48 >48-72 Unknown

Peak MB **mbpct01** % or **mbval01** ng/ml Unknown Not Done Available

15 Screening hospitalization (i.e., admission when screened for AVID):

Date of hospital admission (this visit): **dayadm01** / /

Date of hospital discharge or death: **daydis01** / /

Vital status at discharge: Alive Dead

NDI vital status: vsndi01 0=Alive, 1=Dead
NDI death/censor date: dayndi01

Signature of person filling out this form

code number

For Clinical Trial Center Use Only:

		Yes	No	1	0	2	0	7	0	0
CTC Code		<input type="radio"/>	<input type="radio"/>	Registry page 3 of 4 1/31/96						

rtnum01 =01

REGISTRY

Registry ID

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------	----------------------	---	----------------------

16 Name and social security number:

Last Name

<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"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

First Name

MI

<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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Social Security Number:

<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"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Birth date: (from page 1)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

Do not fax this page. Complete and store for future reference.