



Affix Patient I.D. Here

1 Date: / /
mo dy yr

REASON FOR COMPLETION

- 2
- REASON# 1 Baseline
- 2 Open label titration
- 3 Randomization to blinded therapy
- 4 Scheduled followup (specify):
- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> 1 4 mo | <input type="checkbox"/> 2 8 mo | <input type="checkbox"/> 3 1 YR |
| <input type="checkbox"/> 4 1 YR + 4 mo | <input type="checkbox"/> 5 1 YR + 8 mo | <input type="checkbox"/> 6 2 YR |
| <input type="checkbox"/> 7 2 YR + 4 mo | <input type="checkbox"/> 8 2 YR + 8 mo | <input type="checkbox"/> 9 3 YR |
| <input type="checkbox"/> 10 3 YR + 4 mo | <input type="checkbox"/> 11 3 YR + 8 mo | <input type="checkbox"/> 12 4 YR |
| <input type="checkbox"/> 13 4 YR + 4 mo | <input type="checkbox"/> 14 4 YR + 8 mo | <input type="checkbox"/> 15 5 YR |
- 5 Interim visit.
- 6 Unscheduled event.

STUDY DRUG AT TIME OF EVALUATION

- 3
- THERAPY# 1 No drug (before open label titration)
- 2 CAST Therapy
- | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 CAST-ENC | <input type="checkbox"/> 2 CAST-FLEC | <input type="checkbox"/> 3 CAST-MOR |
|-------------------------------------|--------------------------------------|-------------------------------------|
- 1 Dose 1 2 Dose 2 3 Other: mg/day
- 3 Washout
- 4 Individualized Therapy
- IT# 1 No antiarrhythmic therapy
- 2 Non-CAST antiarrhythmic therapy

specify: _____

MEDICATIONS

4 Was patient taking any medication other than CAST drug (including Individualized Antiarrhythmic Therapy)?

₁ yes ₂ no MEDSØØ

If yes, complete lines 5 through 25.

- | | | | | |
|----|---------------------------------------|---------------------------------------|---|-------------------------------|
| 5 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Beta blocker | BETABKØØ |
| 6 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Calcium channel blocker | CABKØØ |
| | | | If yes: | |
| | | <input type="checkbox"/> ₃ | Verapamil | |
| | | <input type="checkbox"/> ₄ | Diltiazam | CABKTYØØ |
| | | <input type="checkbox"/> ₅ | Nifedipine | |
| 7 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Digitalis preparation | DIGØØ |
| 8 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Diuretic | DIURETØØ |
| 9 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Vasodilator or afterload reducing agent | VASOØØ |
| 10 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Nitrate | NITRATØØ |
| 11 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Inotropic agent | INOTROØØ |
| 12 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Other antihypertensive not listed above | HYPERTØØ |
| 13 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Lipid lowering agent | LIPLOWØØ |
| 14 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Potassium supplement | POTASSØØ |
| 15 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Hypoglycemic | HYPØGLØØ |
| 16 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Anticoagulant | ANCOAGØØ |
| 17 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Aspirin | ASAØØ |
| 18 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Anti-inflammatory agent | ANINFLØØ |
| 19 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Antiplatelet | ANPLATØØ |
| 20 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Bronchodilator | BRONCHØØ |
| 21 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Tricyclic antidepressant | TRICYCØØ |
| 22 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Phenytoin | |
| 23 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Cimetidine | CIMETØØ |
| 24 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Thyroid replacement | THYRDØØ |
| 25 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | Other, specify: | OTHMEDØØ (Phenytoin or other) |

ACEØØ (ACE Inhibitor)
 ACETYØØ (ACE Inhibitor type)
 OTHVASØØ (Other Vasodilator)