



Affix Patient I.D. Here

1 Date of followup: DATE 16  
/ /   
mo dy yr

REASON FOR FOLLOWUP

- 2 FOLLOWUP 16
- |   |   |                                  |
|---|---|----------------------------------|
| <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 |

STUDY DRUG AT TIME OF FOLLOWUP

- 3 THERAPY 16
- 1 CAST Therapy DRUG 16
- 1 CAST-ENC  2 CAST-FLEC  3 CAST-MOR
- 1 Dose 1 DOSE 16  2 Dose 2  3 Other:  mg/day
- 2 Washout
- 3 Individualized Therapy
- IT 16
- 1 No antiarrhythmic therapy
- 2 Non-CAST antiarrhythmic therapy

specify: \_\_\_\_\_  
\_\_\_\_\_

MYOCARDIAL ISCHEMIA

4 Since the last scheduled followup visit, has patient experienced angina? ANGINA 16

- 1 yes  2 suspected  3 no  9 unknown

If YES or SUSPECTED, is angina:

- ANG CHG 16  1 better  2 stable  3 new  4 worse

For patients with ANGINA, enter current Canadian Cardiovascular Class:

- 1 I  2 II  3 III  4 IV

CCC 16

Canadian Cardiovascular Class Definitions

- I. Ordinary physical activity, such as walking and climbing stairs, does not cause angina. Angina with strenuous or rapid or prolonged exertion at work or recreation.
- II. Slight limitations of ordinary activity. Walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, or in cold, or in wind, or under emotional stress, or only during the few hours after awakening. Walking more than two blocks on the level and climbing more than one flight of ordinary stairs at a normal pace and in normal conditions.
- III. Marked limitation of ordinary physical activity. Walking one or two blocks on the level and climbing more than one flight of stairs in normal conditions and at normal pace.
- IV. Inability to carry on any physical activity without discomfort - anginal syndrome may be present at rest.

EVENTS

5 Since the last scheduled visit, has patient experienced syncope? SYNCOPI6

<sub>1</sub> yes    <sub>2</sub> no    <sub>9</sub> unknown

If YES, was it due to:

- <sub>1</sub> Documented VT WHYSYN16
- <sub>2</sub> Arrhythmia other than VT
- <sub>3</sub> Unknown cause
- <sub>4</sub> Non-cardiac cause

6 Since the last scheduled visit, have any of the following events occurred?

yes    no

- |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |   |
|---|---|--------------------------|--------------------------|---|---|--------------------------|--------------------------|---|---|--------------------------|--------------------------|---|---|--------------------------|--------------------------|---|---|--------------------------|--------------------------|---|---|---|
| <p>VT16<br/>MI16<br/>CHF16<br/>HOSP16<br/>CARDP16</p> | <table border="0"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1</td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1</td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1</td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1</td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1</td><td>2</td></tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 2 | <p>Disqualifying VT<br/>Recurrent MI<br/>Development of new or worsened CHF<br/>Hospitalization<br/>Cardiac angiography, PTCA, pacemaker implant or cardiac surgery</p> |
| <input type="checkbox"/>                              | <input type="checkbox"/>  | 1                        | 2                        |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |   |
| <input type="checkbox"/>                              | <input type="checkbox"/>  | 1                        | 2                        |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |   |
| <input type="checkbox"/>                              | <input type="checkbox"/>  | 1                        | 2                        |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |   |
| <input type="checkbox"/>                              | <input type="checkbox"/>  | 1                        | 2                        |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |   |
| <input type="checkbox"/>                              | <input type="checkbox"/>  | 1                        | 2                        |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |                          |                          |   |   |   |

Complete the appropriate event form.

CHOLESTEROL EVALUATION (4 mo followup ONLY)

7 Was a fasting cholesterol obtained? CHLOBT16

If YES, date of blood draw: ± 2 wks date of follow-up.

DTCHOL16
/ /   
mo    dy    yr

total cholesterol: CHOL16  
 mg/dl



SMOKING STATUS (4 mo followup and yearly ONLY)

- 8 Tobacco smoking during the past followup period
- <sub>1</sub> Presently smoking
    - If present cigarette smoker, CIG16  
number of cigarettes per day ?
    - Pipe or cigar smoker only?  
<sub>1</sub> yes <sub>2</sub> no
  - <sub>2</sub> Stopped smoking
    - If not smoking now, stopped after MI?  
<sub>1</sub> yes <sub>2</sub> no STOP16
  - <sub>3</sub> Never smoked

TOBAC16

AT ALL FOLLOWUP VISITS, COMPLETE THE FOLLOWING FORMS:

- Adverse Symptoms, CAST 08
- Concurrent Drugs, CAST 09
- CAST Drug Dispensing, CAST 14
- CAST Drug Use, CAST 15

AT FIRST 4 MONTH AND ANNUAL FOLLOWUPS, COMPLETE:

- Quality of Life, CAST 07
- ECG/Rhythm Strip, CAST 03

Name of person filling out form

Code Number