

Affix Patient I.D. Here

COMPLETE THIS FORM EACH TIME THE PATIENT IS HOSPITALIZED AFTER ENROLLED IN CAST

1 Hospitalization admission date:

___/___/___ DATE 17
mo dy yr

STUDY DRUG AT ADMISSION THERAPY

2 1 No drug (before open label titration)

2 CAST Therapy

DRUG 17 1 CAST-ENC 2 CAST-FLEC 3 CAST-MOR

DOSE 17 1 Dose 1 2 Dose 2 3 Other: ___ mg/day

3 Washout

4 Individualized Therapy

IT 17 1 No antiarrhythmic therapy

2 Non-CAST antiarrhythmic therapy

specify: _____

PRIMARY REASON FOR HOSPITALIZATION

3 1 Non-cardiac

REASON 17

2 Cardiac (check only ONE)

4 1 VT (Complete VT form if disqualifying, CAST 21)

2 Recurrent MI (Complete Recurrent MI form, CAST 20)

3 New or worsened CHF (Complete New or Worsened CHF, CAST 19)

CARDI 7

4 Syncope (Complete Adverse Symptoms form, CAST 08)

5 Angina

6 Cardiac procedure or surgery

7 Initiation of CAST study drug

8 Other (specify)

EVENTS DURING HOSPITALIZATION

5 Check ANY events that occurred DURING hospitalization:

- DEATH17 1 Death (Complete Death or Cardiac Arrest form, CAST 23)
- 1 Resuscitated cardiac arrest (Complete Death or Cardiac Arrest form, CAST 23)
- CAVTS17 1 VT (Complete VT form if disqualifying, CAST 21)
- MI17 1 Recurrent MI (Complete Recurrent MI form, CAST 20)
- CHF17 1 New or worsened CHF (Complete New or Worsened CHF, CAST 19)
- 1 Syncope (Complete Adverse Symptoms form, CAST 08)
- ANGINA17 1 Angina
- CARDP17 1 Cardiac procedure or surgery

If YES, check any procedures that were done:

- 6 ~~CABG17~~ 1 CABG or Valve replacement
- ~~AICD17~~ 1 AICD implant or pacemaker insertion
- ~~ESECT17~~ 1 Aneurysm resection, thrombolytic therapy or other cardiac procedure

OTHCAR17 1 Other cardiac event (specify)

7 Hospital discharge date: _____/_____/_____ DTDIS17
mo dy yr

STUDY DRUG AT DISCHARGE

- 8 1 CAST Therapy DISDRG17
- 1 CAST-ENC 2 CAST-FLEC 3 CAST-MOR
- 1 Dose 1 2 Dose 2 3 Other: _____ mg/day

2 Washout DISDOS17

3 Individualized Therapy

- 1 No antiarrhythmic therapy
- 2 Non-CAST antiarrhythmic therapy

specify: _____

TXDIS17

DISIT17

Name of person filling out form

Code Number