

DIGITALIS INVESTIGATION GROUP
AV-BLOCK QUESTIONNAIRE

NHLBI-VA Study #995
Revised SEPT 1993

Local Center Name _____

PRINT Patient Name _____
Last First M.I.

Randomization Number ____ / _____

Date of Event MO __ Day __ Yr __ __

A. Information on the patient **PRIOR** to randomization:

1. Did the patient have a history of AV-Block prior to randomization? (1=Yes, 0=No) **Q1**

a) If Yes, what type of AV-Block did the patient have? (use codes below) **Q1A**

- 1=First Degree AV-Block
- 2=Second Degree AV-Block, Mobitz Type I (Wenckebach)
- 3=Second Degree AV-Block, Mobitz Type II
- 4=Third Degree or Complete AV-Block

2. If the patient had second or third degree AV-Block, did the patient have a permanent pacemaker inserted? (1=Yes, 0=No) **Q2**

B. Information on the patient **AFTER** randomization and at the time of the suspected digoxin toxicity:

3. Was the patient hospitalized for this episode of suspected digoxin toxicity? (1=Yes, 0=No) **Q3**

4. Did the patient have any significant presyncopal symptoms or syncope in conjunction with the AV-Block? (1=Yes, 0=No) **Q4**

5. What type of AV-Block did the patient have? (use codes below) **Q5**

- 1=First Degree AV-Block
(If 1st degree, send copy of diagnostic ECG)
- 2=Second Degree AV-Block, Mobitz Type I (Wenckebach)
- 3=Second Degree AV-Block, Mobitz Type II
- 4=Third Degree or Complete AV-Block
(If 2nd or 3rd degree, send copy of the diagnostic ECG and, if hospitalized, the hospital discharge summary or a narrative explaining the situation for the diagnosis)

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6. Was there a preceding event such as myocardial infarction that led to development of AV-Block? (1=Yes, 0=No) Q6

a) If yes, specify Q6A

7. Was the patient treated with drugs such as atropine or isoproterenol? (1=Yes, 0=No) Q7

8. Was a pacemaker inserted? (1=Yes, 0=No) Q8

9. If yes, what type of pacemaker? (use codes below) Q9

- 1=Temporary
- 2=Permanent

10. Were serum electrolytes drawn? (1=Yes, 0=No) Q10
If Yes, please provide the following levels:

- a) Sodium Q10A mEq/L
- b) Potassium Q10B mEq/L
- c) Calcium Q10C mg/100 ml

11. Last name and first initial of individual completing this form (IN CAPITALS) _____

Last First Initial

Signature

PLEASE RETURN FORM TO DATA COORDINATING CENTER AT PERRY POINT

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