

INITIAL ATRIAL FIBRILLATION / FLUTTER

Data Entry 1st _____ 2nd _____

NAME _____ ID_ **IDTYPE** - **ID** EXAM _____ REVIEW DATE mm - dd - yyyy **REVDATE**
 SOE 60 ATRIAL FIBRILLATION / FLUTTER (Please CIRCLE your choice below)

Rhythm RHYTHM	1= atrial fibrillation,	2= atrial flutter,	3=fib / flutter
Documented by:	1= ECG tracing,	2= history	
Ascertainment ECGLOC	1= hospital/ER, 5= FHS Holter,	2= outside MD, 7=pacemaker interrogation	3= FHS exam ECG, 4= outside Holter,
Date ECGDATE	_____ - _____ - _____ mm - dd - yyyy	ECG_HR - ECG_MIN Time _____ - _____ (military time) hr min	
Cardioversion Attempted CARVER	0=no, 1=spontaneous, 2=chemical(spec), 3=electrical, 4=chemical(spec) & electrical, 9=unk.		
<i>Date of cardioversion:</i>	<i>If chemical, please circle one:</i> CARVERRX		
CARVDATE mm dd yyyy	1=Quinidine 2=Procainamide 3=Disopyramide 5=Flecainide	7=Amiodarone 9=Propafenone 11=Sotalol 12=Other or Comb., specify ____ CAROTHSPE	13=Dofetilide 14=Dronedaronone 99=Unknown
Cardioversion successful? CARV_SUC 0=no, 1=yes, 9=unknown. Code cardioversion as unsuccessful only when clearly defined as such, otherwise code as successful			
Sinus rhythm documented after initial AF?	0=no, 1=yes, 2=yes, tracing not available 9=unk, or not done		
<i>Date of sinus rhythm (after AF):</i>	Time (military time) mm - dd - yyyy hr min		
Paroxysmal AF during initial AF hospitalization? (≥ 2 episodes)	0=no, 1=yes, 9=unknown		
Documented rhythm of last ECG of hospitalization:	0=sinus, 1=atrial fibrillation, 2=atrial flutter, 3=fib/flutter, 7=other or combination, specify:		
<i>Date of documented rhythm:</i>	8=outpatient ECG, not applicable, 9=unknown. Time (military time) mm - dd - yyyy hr min		
DISCHARGE / OUTPATIENT MEDICATION			
Antithrombotic Treatment: ATHROMRX	0= none 3=Warfarin & Aspirin, 6=Dabigatran 9=unknown 1=Warfarin 4=other, specify: ATHRSPEC 7=LMWH 2=Aspirin 5=Clopidogrel 8=Rivaroxaban		
Antiarrhythmics: AARRHYTH	0=none 1=yes, specify below 9=unknown 1=Quinidine 5=Flecainide 11=Sotalol 13=Dofetilide AARRHRX 2=Procainamide 7=Amiodarone 12=Other or Comb., specify 14=Dronedaronone 3=Disopyramide 9=Propafenone AAOTHSPE 99=Unknown		



Physicians PHYS_1, PHYS_2, PHYS_3, PHYS_4										Review Staff STAFF_1, STAFF_2						
BK	72	<input type="checkbox"/>	CE	130	<input type="checkbox"/>	CF	199	<input type="checkbox"/>	other	_____	_____	<input type="checkbox"/>	LA	703	<input type="checkbox"/>	
DL	85	<input type="checkbox"/>	VR	153	<input type="checkbox"/>	TW	200	<input type="checkbox"/>	other	_____	_____	<input type="checkbox"/>	MAC	727	<input type="checkbox"/>	
EB	86	<input type="checkbox"/>	COD	169	<input type="checkbox"/>	CNC	203	<input type="checkbox"/>	other	_____	_____	<input type="checkbox"/>	other	_____	_____	<input type="checkbox"/>
JM	113	<input type="checkbox"/>	SK	197	<input type="checkbox"/>	SEK	204	<input type="checkbox"/>	other	_____	_____	<input type="checkbox"/>	other	_____	_____	<input type="checkbox"/>

ATRIAL FIBRILATION / FLUTTER FOLLOW-UP ECGs

NAME _____

ID IDTYPE- ID

EXAM

REVIEW DATE REVDATE

Data Entry 1st _____ 2nd _____

Rhythm Date	Rhythm RHYTHM	Ascertainment ECGLOC	Discharge Antithrombotics ATHROMRX	Discharge Antiarrhythmics			Cardioversion Attempted?			Cardioversion Date/ Successful?
1 ECGDATE - - mm dd yyyy ECG_HR: ECG_MIN hour min order# _____* ECG_ORDER	0=NSR 1=afib 2=aflutter 3=fib/flutter 7=other, specify RHYTHSPE 9=unknow n	1=hospital/ER 2=outside MD 3=FHS exam ECG 4=outside Holter 5=FHS Holter 6=by history, ECG report only 7=pacemaker/AICD interrogation	0=none 1=Warfarin 2=Aspirin 3=Warfarin & Aspirin 4=Other.comb.spec. ATHRSPEC 5=Clopidogrel 6=Dabigatran 7=LMWH 8=Rivaroxaban 9=unknown	AARRHYTH 0=none 1=yes, spec. → AARRHRX 9=unk	1=Quinidine 2=Procainamide 3=Disopyramide 4=Tocainide 5=Flecainide 6=Mexiletine 7=Amiodarone 8=Encainide 9=Propafenone	11=Sotalol 12=Other or Comb.Specify AAOTHSPE 13=Dofetilide 14=Dronedaron 99=Unknown	CARVER 0=no 1=spontaneous 2=chemical, specify → CARVERRX 3=electrical 4=chem.&elec. specify → 9=unknown	1=Quinidine 2=Procainamide 3=Disopyramide 4=Tocainide 5=Flecainide 6=Mexiletine 7=Amiodarone 8=Encainide 9=Propafenone	11=Sotalol 12=Other or Comb.Specify CAROTHSPE 13=Dofetilide 14=Dronedaron 99=Unknown	CARVDATE - - - mm dd yyyy CARV_SUC Cardioversion successful? 0=no 1=yes 9=unknown
2 ECGDATE - - mm dd yyyy ECG_HR: ECG_MIN hour min order# _____* ECG_ORDER	0=NSR 1=afib 2=aflutter 3=fib/flutter 7=other, specify RHYTHSPE 9=unknow n	1=hospital/ER 2=outside MD 3=FHS exam ECG 4=outside Holter 5=FHS Holter 6=by history, ECG report only 7=pacemaker/AICD interrogation	0=none 1=Warfarin 2=Aspirin 3=Warfarin & Aspirin 4=Other.comb.spec. ATHRSPEC 5=Clopidogrel 6=Dabigatran 7=LMWH 8=Rivaroxaban 9=unknown	AARRHYTH 0=none 1=yes, spec. → AARRHRX 9=unk	1=Quinidine 2=Procainamide 3=Disopyramide 4=Tocainide 5=Flecainide 6=Mexiletine 7=Amiodarone 8=Encainide 9=Propafenone	11=Sotalol 12=Other or Comb.Specify AAOTHSPE 13=Dofetilide 14=Dronedaron 99=Unknown	CARVER 0=no 1=spontaneous 2=chemical, specify → CARVERRX 3=electrical 4=chem.&elec. specify → 9=unknown	1=Quinidine 2=Procainamide 3=Disopyramide 4=Tocainide 5=Flecainide 6=Mexiletine 7=Amiodarone 8=Encainide 9=Propafenone	11=Sotalol 12=Other or Comb.Specify CAROTHSPE 13=Dofetilide 14=Dronedaron 99=Unknown	CARVDATE - - - mm dd yyyy CARV_SUC Cardioversion successful? 0=no 1=yes 9=unknown

VERSION SOE REVIEW FHS 05-01-2012

NOTE: In general, code date of first & last ECG of sinus rhythm & first & last ECG of AF. For hospitalized paroxysmal AFIB, code first episode AFIB, first sinus rhythm, and final ECG rhythm. If persistently in sinus or AF, code 1 ECG per hospitalization, and exam ECG.

Code cardioversion as unsuccessful only when clearly described as such, otherwise code as successful.

*Time and order to be filled in when more than 1 ECG per date.

Record time in military format

Integrated version for the 2013 dataset release

Physicians and (Initials, ID#) <i>Please check ALL that apply</i>								FHS Review Staff
BK 72 <input type="checkbox"/> PHYS_1	EB 86 <input type="checkbox"/> PHYS_2	CE 130 <input type="checkbox"/> PHYS_3	COD 169 <input type="checkbox"/> PHYS_4	CF 199 <input type="checkbox"/>	CNC 203 <input type="checkbox"/>	Other <input type="checkbox"/>	LA 703 <input type="checkbox"/> STAFF_1	
DL 85 <input type="checkbox"/>	JM 113 <input type="checkbox"/>	VR 153 <input type="checkbox"/>	SK 197 <input type="checkbox"/>	TW 200 <input type="checkbox"/>	SEK 204 <input type="checkbox"/>	Other <input type="checkbox"/>	MAC 727 <input type="checkbox"/> STAFF_2	
							Other <input type="checkbox"/> STAFF_3	

*Time and order to be filled in when more than 1 ECG per date.

Record time in military format

Integrated version for the 2013 dataset release