25466

AVID Baseline

Fax to: (206) 685-7569
or (800) 253-6404

1 Date of patient interview:

Month / Day / Year

days02

Affix Patient ID # Here

seqnum02

2 Date of birth:

Month / Day / Year

3 Arrhythmia history (prior to, but not including, index arrhythmia):

	Yes (1)	No (0)	
vf02	○	○	Primary cardiac arrest due to VF, not associated with new MI
vtsync02	○	○	Documented sustained primary VT with syncope
vtnear02	○	○	Documented sustained primary VT, systolic BP < 80 mmHg or chest pain or near syncope
vtstab02	○	○	Documented sustained primary VT, hemodynamically stable
vtvf02	○	○	Out-of-hospital documented sustained VT or cardiac arrest due to VF associated with transient or reversible cause
svtach02	○	○	Supraventricular arrhythmia. If yes, specify:

svtype02
- 1 ○ Chronic atrial fibrillation or flutter
- 2 ○ Paroxysmal atrial fibrillation or flutter
- 3 ○ Other, specify:

otharr02	○	○	Other significant arrhythmia, specify:

famhis02 4 Family history of MI or sudden death prior to age 55?

○ Yes (1) ○ No (0) ○ Unknown (2)

5 Other clinical history (prior to index arrhythmia):

	Yes (1)	No (0)		Yes (1)	No (0)	
angina02	○	○	Angina	○	○	Chronic pulmonary disease pulmon02
periph02	○	○	Peripheral vascular disease	○	○	Seizure disorder seizur02
cercbv02	○	○	Cerebrovascular disease	○	○	Hepatic disease hepat02
depres02	○	○	Depression or other mental disorder	○	○	Thyroid disease thyrd02
renal02	○	○	Renal disease	○	○	Prostate disease prost02
arth02	○	○	Arthritis	○	○	Treatment for alcohol or drug dependence
menop02	○	○	Menopause			
othill02	○	○	Other significant disease:			

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

☐☐-☐☐☐-☐ ☐☐☐☐
Affix Patient ID # Here

hypert02 **6 Is patient currently being medically treated for hypertension?**

O Yes O No
1 0

7 Demographics:

Education level:

- O Less than high school graduate
- O High school graduate (or GED)
- O College (with or without degree)
- O Graduate school (with or without degree)

Household living situation (check the one box which best describes the patient's living situation)

- O Lives with spouse (or partner in spouse-like arrangement)
- O Lives with another adult(s)
- O Lives alone
- O Other, specify: ☐☐☐☐☐☐☐☐☐☐☐☐

Work status at time of the index arrhythmia:

- O Full-time
- O Part-time
- O Disabled
- O Retired
- O Unemployed

If full or part-time employed during the past three months, how many days of work were missed due to the patient's heart condition?

☐☐ days missed

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

☐☐-☐☐☐-☐ ☐☐☐☐
Affix Patient ID # Here

8 Clinical assessment:

ischem02 **Is there clinical evidence of active ischemia within the last 6 months?**

○ Yes	○ No	○ Uncertain
1	0	2

If Yes, how was this determined? (Check all applicable)

iscang02 ○ Typical anginal pain

iscchg02 ○ Resting ECG changes with corresponding symptoms

iscex02 ○ Exercise test by ECG criteria

iscrad02 ○ Rest/stress radionuclide perfusion scan

iscecg02 ○ Rest/stress echocardiogram

othisc02 ○ Other, specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ccc02 **Anginal Status:**

What is the out-of-hospital Canadian Cardiovascular Society classification for angina at baseline?

○ No angina	○ Class I	○ Class II	○ Class III	○ Class IV
0	1	2	3	4

nyha02 **Congestive Heart Failure Status:**

What is the out-of-hospital NYHA classification for congestive heart failure at baseline?

○ No CHF	○ Class I	○ Class II	○ Class III	○ Class IV
0	1	2	3	4

Signature of person filling out this form

☐☐☐☐
code number

For Clinical Trial Center Use Only: **rtnum02**

☐☐	Yes ○	No ○	2	0	2	0	4	0	0
CTC Code			BASELINE page 3 of 3 1/31/95						