52068

AVID

Follow-up

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

1 Date of follow-up: days12 ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year) ☐☐-☐☐☐-☐ Affix Patient ID # Here seqnum12 ☐☐☐☐

2 Which follow-up? follow12

1 ○ 1 mo
2 ○ 3 mo
3 ○ 6 mo
4 ○ 9 mo
5 ○ 1 yr
6 ○ 1 yr 3 mo
7 ○ 1 yr 6 mo
8 ○ 1 yr 9 mo
9 ○ 2 yr
10 ○ 2 yr 3 mo
11 ○ 2 yr 6 mo
12 ○ 2 yr 9 mo
13 ○ 3 yr
14 ○ 3 yr 3 mo
15 ○ 3 yr 6 mo
16 ○ 3 yr 9 mo
17 ○ 4 yr

3 Type of contact (check all applicable):

○ Clinic clinic12 ○ Hospital hospfu12 ○ Home visit home12 ○ Non-study MD nonamd12 ○ Telephone telfu12

4 Was the originally scheduled follow-up date changed because of an event or adverse symptom?

reschd12 ○ Yes 1 ○ No 0

5 Current antiarrhythmic therapy:

○ No Therapy txnone12 ○ ICD txicd12 ○ Antiarrhythmic drug txanti12

If antiarrhythmic drug, specify:

dramio12 ○ Amiodarone dose: ☐☐☐☐ amiomg12 mg/day

drsot12 ○ Sotalol dose: ☐☐☐ mg/day sotmg12

droth12 ○ Other

☐☐☐☐☐☐☐☐☐☐ dose: ☐☐☐☐☐☐ mg/day

☐☐☐☐☐☐☐☐☐☐ dose: ☐☐☐☐☐☐ mg/day

6 Did the patient report taking the study medication as instructed?

take12 1 ○ Yes 0 ○ No 2 ○ No medication prescribed

If no, why not? whynot12

1 ○ Decreased due to perceived adverse symptoms
2 ○ Decreased due to forgetfulness
3 ○ Increased due to forgetfulness
4 ○ Increased due to perceived arrhythmia symptoms
5 ○ Other: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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FOLLOWUP

Month / Day / Year

Affix Patient ID # Here

7 Events since last follow-up:

	Yes	No	
recarr12	O	O	Recurrent ventricular arrhythmia that required hospitalization *(Complete Recurrent Arrhythmia form)*
syncop12	O	O	Syncope
mi12	O	O	Myocardial infarction
angina12	O	O	New or worsened angina
chf12	O	O	New or worsened CHF
hosp12	O	O	Hospitalization *(Complete Hospitalization form)*
cardp12	O	O	Invasive cardiac procedure *(Complete Hospitalization form)*
chgtx12	O	O	Change of study therapy *(Complete Change of Study Therapy form)*
othadv12	O	O	Clinical or ECG adverse symptom requiring medication change

8 Physical exam:

Sitting Heart Rate: hr12 bpm

Sitting Blood Pressure (systolic/diastolic): sysbp12 / diasbp12 mmHg

hrbpna12 Note: checked when hr or bp is not available or not done.

nyha12 9 Congestive heart failure:

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

O None (0) O Class I (1) O Class II (2) O Class III (3) O Class IV (4)

ccc12 10 Angina:

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

O None (0) O Class I (1) O Class II (2) O Class III (3) O Class IV (4)

drive12 11 In the coordinator's opinion, has the patient been driving since the last follow-up?

O Yes (1) O No (0) O Never drove (2)

12 Is the patient currently employed?

O No O Yes, less than 20 hrs/week O Yes, 20 hrs/week or more

If employed, how many days of work were missed due to medical problems in the last month?

Signature of person filling out this form

code number

For Clinical Trial Center Use Only: rtnum12

CTC Code | Yes O | No O | 2 1 2 0 6 0 0