Affix Patient I.D. Here

1 Date of followup: DATE16 ___/___/___ (mo dy yr)

REASON FOR FOLLOWUP

2 FOLLOW16

☐1 4 mo	☐2 8 mo	☐3 1 yr
☐4 1 yr + 4 mo	☐5 1 yr + 8 mo	☐6 2 yr
☐7 2 yr + 4 mo	☐8 2 yr + 8 mo	☐9 3 yr
☐10 3 yr + 4 mo	☐11 3 yr + 8 mo	☐12 4 yr
☐13 4 yr + 4 mo	☐14 4 yr + 8 mo	☐15 5 yr

STUDY DRUG AT TIME OF FOLLOWUP

3 THERAP16

☐1 CAST Therapy

DRUG16

☐1 CAST-ENC ☐2 CAST-FLEC ☐3 CAST-MOR

DOSE16

☐1 Dose 1 ☐2 Dose 2 ☐3 Other: ___ mg/day

☐2 Washout

☐3 Individualized Therapy

IT16

☐1 No antiarrhythmic therapy

☐2 Non-CAST antiarrhythmic therapy

specify: _____

MYOCARDIAL ISCHEMIA

4 Since the last scheduled followup visit, has patient experienced angina?

ANGINA16

☐1 yes ☐2 suspected ☐3 no ☐9 unknown

If YES or SUSPECTED, is angina:

ANGCHG16 ☐1 better ☐2 stable ☐3 new ☐4 worse

For patients with ANGINA, enter current Canadian Cardiovascular Class:

☐1 I ☐2 II ☐3 III ☐4 IV

CCC16

Canadian Cardiovascular Class Definitions

I. Ordinary physical activity, such as walking and climbing stairs, does not cause angina. Angina with strenuous or rapid or prolonged exertion at work or recreation.

II. Slight limitations of ordinary activity. Walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, or in cold, or in wind, or under emotional stress, or only during the few hours after awakening. Walking more than two blocks on the level and climbing more than one flight of ordinary stairs at a normal pace and in normal conditions.

III. Marked limitation of ordinary physical activity. Walking one or two blocks on the level and climbing more than one flight of stairs in normal conditions and at normal pace.

IV. Inability to carry on any physical activity without discomfort - anginal syndrome may be present at rest.

EVENTS

5 Since the last scheduled visit, has patient experienced syncope?

☐1 yes ☐2 no ☐9 unknown SYNCOP16

If YES, was it due to: WHYSYN16

☐1 Documented VT
☐2 Arrhythmia other than VT
☐3 Unknown cause
☐4 Non-cardiac cause

6 Since the last scheduled visit, have any of the following events occurred?

	yes	no	
VT16	☐1	☐2	Disqualifying VT
MI16	☐1	☐2	Recurrent MI
CHF16	☐1	☐2	Development of new or worsened CHF
HOSP16	☐1	☐2	Hospitalization
CARDP16	☐1	☐2	Cardiac angiography, PTCA, pacemaker implant or cardiac surgery

Complete the appropriate event form.

CHOLESTEROL EVALUATION (4 mo followup ONLY)

7 Was a fasting cholesterol obtained? CHLOBT16 ☐1 yes ☐2 no

If YES, date of blood draw: DTCHOL16 ___/___/___ (mo dy yr) ± 2 wks date of follow-up.

total cholesterol: CHOL16 ___ mg/dl

SMOKING STATUS (4 mo followup and yearly ONLY)

8 Tobacco smoking during the past followup period

☐1 Presently smoking

If present cigarette smoker, number of cigarettes per day ? CIG16 ☐☐

TOBAC16

Pipe or cigar smoker only?

☐1 yes ☐2 no

☐2 Stopped smoking

If not smoking now, stopped after MI?

☐1 yes ☐2 no STOP16

☐3 Never smoked

AT ALL FOLLOWUP VISITS, COMPLETE THE FOLLOWING FORMS:

Adverse Symptoms, CAST 08
Concurrent Drugs, CAST 09
CAST Drug Dispensing, CAST 14
CAST Drug Use, CAST 15

AT FIRST 4 MONTH AND ANNUAL FOLLOWUPS, COMPLETE:

Quality of Life, CAST 07
ECG/Rhythm Strip, CAST 03

Name of person filling out form ☐☐☐☐ Code Number