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# AVID Registry

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

Registry ID seqnum01 [ ] - [ ] - [ ]

## 1 Date of index arrhythmia:

[ ][ ] / [ ][ ] / [ ][ ][ ][ ]
Month / Day / Year

## 2 Location of index arrhythmia:

inhosp01 0 O Out-of-hospital 2 O ER 1 O In-Hospital

If In-hospital or ER →

Reason for Admission: ihreas01
1 O Cardiac
0 O Non-cardiac

Monitored prior to event: ihmon01
1 O Yes
0 O No

Post invasive procedure (within 5 days after): ihinv01
1 O Yes
0 O No

## 3 Demographics:

**Gender:** sex01
O Male O Female
0 1

**Race:** race01
O White O Black O Asian
0
O Native American O Other
1 Non White

**Hispanic origin:** O Yes O No

**Birth date:** age01
[ ][ ] / [ ][ ] / [ ][ ][ ][ ]
Month / Day / Year

**Health insurance:** *(check all applicable)*

O Private Insurance O HMO O VA/military
O Medicare/Medicaid O None

## 4 Antiarrhythmic therapy:

anti01 Was patient taking antiarrhythmic drug(s) at the time of the index arrhythmia?
O Yes O No
1 0

pramio01 Did patient receive amiodarone in the six months prior to screening (before or after event)?
O Yes O No
1 0

## 5 Clinical history (prior to index arrhythmia):

| | Yes | No | | Yes | No | | Yes | No | |
|---|---|---|---|---|---|---|---|---|---|
| hxvf01 | O | O | Prior VF | O | O | Prior VT hxvt01 | O | O | AF/flutter hxaf01 |
| hxmi01 | O | O | MI | O | O | CHF hxchf01 | O | O | Bradycardia or AV block requiring treatment hxav01 |
| hxhypr01 | O | O | Hypertension | O | O | Diabetes hxdiab01 | O | O | Present smoker hxcig01 |
| hxneop01 | O | O | Neoplasm | O | O | Unexplained syncope hxsync01 | | | |
| hxhlip01 | O | O | Hyperlipidemia | O | O | Use of class I or III antiarrhythmic drugs hx1or301 | | | |

(Yes 1, No 0)

## 6 Organic cardiac disease: *(Check all applicable)*

cad01 O CAD
hypcm01 O Hypertrophic cardiomyopathy
nonisc01 O Non-ischemic dilated cardiomyopathy
valve01 O Valvular
othorg01 O Other: [ ]
noidnt01 O No identifiable heart disease

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# REGISTRY

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## 7 Cardiac procedures prior to index arrhythmia: *(Check all applicable)*

noproc01 O None
hxaneu01 O Aneurysm/endocardial resection
O Pacemaker implant hxpace01
hxcabg01 O CABG
hxvalv01 O Valve repair/replacement
O Ablation hxabla01
hxptca01 O PTCA/atherectomy
O Thrombolytic therapy hxlys01
othpri01 O Other:

## 8 Main trial exclusion checklist: *(Check all applicable)*

Screen patient for all readily available information. Exclusions are not prioritized.

**Cardiac:**

| | Yes | No | | |
|---|---|---|---|---|
| xef4001 | 1 | 0 | (1) | CABG or PTCA planned or performed since index event and EF > 0.40 |
| xaneu01 | O | O | (2) | Arrhythmia surgery or procedure planned or successfully completed |
| xamio01 | O | O | (3) | Index event occurred on amiodarone |
| xexp01 | O | O | (4) | Exposure to amiodarone in last 6 mo., unless total dose < 10 g or exposure < 2 weeks or serum level is < 0.2 mcg/ml |
| xocon01 | O | O | (5) | Other contraindication to amiodarone |
| xqt01 | O | O | (6) | Long QT syndrome (e.g., QTc of > 500 msec, recurrent syncope, and/or ventricular arrhythmias) |
| xaf01 | O | O | (7) | AF or other supraventricular arrhythmia requiring class I or III antiarrhythmics |
| xblock01 | O | O | (8) | Symptomatic sinus bradycardia, 2 ° or 3 ° AV block in the absence of a pacemaker |
| xphys01 | O | O | (9) | Arrhythmia treatment already determined by private physician |
| xxover01 | O | O | (10) | Excessive arrhythmia making crossover likely |

**Non-Cardiac:**

| Yes | No | | |
|---|---|---|---|
| O | O | (11) | Condition likely to limit cooperation |
| O | O | (12) | Geographically inaccessible |
| O | O | (13) | Current conflicting study |
| O | O | (14) | Prisoner or ward of the state |

xncard01

## elig01 9 Trial eligibility: Is this patient eligible for trial inclusion?

O Yes O No -> Go to item 10
1 0
-> Was patient randomized?

random01
1 O Yes -> Affix ID label here: - - seqnum01
0 O No Why Not? *(check all applicable)*

died01 O Died before randomization
ptref01 O Patient/family refusal
phyref01 O Physician refusal
othran01 O Other:

## 10 LVEF: (Quantification of EF is required for randomized patients)

ef01 0.

or **(Registry only):**
1 O Normal
2 O Mildly abnormal
3 O Moderately abnormal
4 O Severely abnormal
efcat01

**Date obtained:**
dayef01 Month / Day / Year

**Method:**
1 O Radionuclide ventriculogram
2 O Contrast angiography
3 O Echo
4 O MRI/CT
0 O EF not obtainable
efmeth01

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**REGISTRY**

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***Complete items 11 - 15 after evaluation and initial treatment for index arrhythmia.***

## 11 Cardiac procedures since index arrhythmia:

nopost01 ○ None
posanu01 ○ Aneurysm/endocardial resection
pace01 ○ Pacemaker implant
cabg01 ○ CABG
valsur01 ○ Valve repair/replacement
ntlicd01 ○ NTL ICD implant
epiicd01 ○ Epicardial ICD implant
Include AVID Tx
ptca01 ○ PTCA/atherectomy
○ Thrombolytic therapy
poslys01
icd01 ☐ ICD Implant
ablatn01 ○ Ablation
othpro01 ○ Other: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

## 12 Discharge medications or current medications (if not currently hospitalized):

| | Yes | No | | Yes | No | |
|---|---|---|---|---|---|---|
| amio01 | ○ | ○ | Amiodarone | ○ | ○ | ACE inhibitor ace01 |
| sotal01 | ○ | ○ | Sotalol | ○ | ○ | Other vasodilator or afterload reducing agent othvas01 |
| othant01 | ○ | ○ | Other antiarrhythmic | ○ | ○ | Nitrate nitrat01 |
| betabk01 | ○ | ○ | Beta blocker (not sotalol) | ○ | ○ | Diuretic diuret01 |
| cabk01 | ○ | ○ | Calcium channel blocker | ○ | ○ | Warfarin warf01 |
| dig01 | ○ | ○ | Digitalis | ○ | ○ | Aspirin or antiplatelet asa01 |

## 13 Physical exam (current or last exam prior to hospital discharge):

Sitting Heart Rate: hr01 ☐☐☐ bpm

Sitting Blood Pressure (systolic/diastolic): sysbp01 ☐☐☐ / diasbp01 ☐☐☐ mmHg

## 14 Were enzymes collected? -> 1 ○ Yes 0 ○ No

enzyme01

NO CPK01
1=not available
0, blank=available

*If yes, record peak measurements obtained within 3 days after index arrhythmia*

cpkval01 Peak CPK ☐☐☐☐☐ IU/L

cpkhr01 Hours post index arrhythmia (CPK) 1 ○ 0-6 2 ○ >6-12 3 ○ >12-24 4 ○ >24-48 5 ○ >48-72 9 ○ Unknown

Peak MB mbpct01 ☐☐.☐ % or mbval01 ☐☐☐ ng/ml nomb01 1 ○ Unknown 2 ○ Not Done 0 ☐ Available

## 15 Screening hospitalization (i.e., admission when screened for AVID):

Date of hospital admission (this visit): dayadm01 ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

Date of hospital discharge or death: daydis01 ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

Vital status at discharge: 1 ○ Alive 0 ○ Dead — alive01

NDI vital status: vsndi01 0=Alive, 1=Dead
NDI death/censor date: dayndi01

Signature of person filling out this form

☐☐☐☐ code number

**For Clinical Trial Center Use Only:**

☐☐ CTC Code | Yes ○ No ○ | 1 0 2 0 7 0 0 Registry page 3 of 4 1/31/96

rtnum01 =01

Registry ID

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | - | | | | | - | | | | |

**16 Name and social security number:**

Last Name

First Name MI

Social Security Number:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | - | | | - | | | | | |

Birth date: (from page 1)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | / | | | / | | | | | | |

Month Day Year

**Do not fax this page. Complete and store for future reference.**