

**DEMOGRAPHICS**

<b>Last Name</b> <sup>2000</sup> :		<b>First Name</b> <sup>2010</sup> :		<b>Middle Name</b> <sup>2020</sup> :	
<b>Birth Date</b> <sup>2050</sup> : mm / dd / yyyy		<b>SSN</b> <sup>2030</sup> : - - <input type="checkbox"/> SSN N/A <sup>2031</sup>		<b>Sex</b> <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	
<b>Patient ID</b> <sup>2040</sup> : (auto)		<b>Other ID</b> <sup>2045</sup> :		<b>Patient Zip Code</b> <sup>2065</sup> : <input type="checkbox"/> Zip Code N/A <sup>2066</sup>	
<b>Race</b> : (Select all that apply) <input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> Black/African American <sup>2071</sup> <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup>		<input type="checkbox"/> Asian <sup>2072</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup>		<b>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes	

**EPISODE OF CARE**

<b>Arrival Date/Time</b> <sup>3001</sup> : mm / dd / yyyy / hh:mm	
<b>Health Insurance</b> <sup>3005</sup> : <input type="radio"/> No <input type="radio"/> Yes	
<b>→ If Yes, Payment Source</b> <sup>3010</sup> : <input type="checkbox"/> Private health insurance <input type="checkbox"/> State-specific plan (non-Medicaid) (Select all that apply) <input type="checkbox"/> Medicare (Part A or B) <input type="checkbox"/> Medicare Advantage (Part C) <input type="checkbox"/> Medicaid <input type="checkbox"/> Military health care <input type="checkbox"/> Indian health service <input type="checkbox"/> Non-US insurance <b>→ If any Medicare, Medicare Beneficiary Identifier (MBI)</b> <sup>12846</sup> : _____	
<b>Research Study</b> <sup>3020</sup> : <input type="radio"/> No <input type="radio"/> Yes <b>→ If Yes, Study Name</b> <sup>3025</sup> , <b>Patient ID</b> <sup>3030</sup> _____, _____	

**QUALITY OF LIFE**

<b>AFEQT Performed</b> <sup>4700</sup> : <input type="radio"/> No <input type="radio"/> Yes
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**PHYSICAL EXAM AND LABS**

<b>Height</b> <sup>6000</sup> : _____ cm	<b>Weight</b> <sup>6005</sup> : _____ kg	<b>Pulse</b> <sup>6010</sup> : _____ bpm	<b>Blood Pressure</b> <sup>6015/6020</sup> : ____/____ mmHg
<b>INR</b> <sup>6045</sup> : _____ <input type="checkbox"/> Not Drawn <sup>6046</sup>	<b>BNP</b> <sup>14280</sup> : _____ pg/mL <input type="checkbox"/> Not Drawn <sup>13205</sup>	<b>Creatinine</b> <sup>6050</sup> : _____ mg/dL <input type="checkbox"/> Not Drawn <sup>6051</sup>	<b>NT proBNP</b> <sup>14279</sup> : _____ pg/mL <input type="checkbox"/> Not Drawn <sup>13206</sup>
<b>Hemoglobin</b> <sup>6030</sup> : _____ g/dL <input type="checkbox"/> Not Drawn <sup>6031</sup>			

**HISTORY AND RISK FACTORS (PRIOR TO FIRST PROCEDURE)**

<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC RISK SCORES</b> <sup>1</sup> <small>CHA<sub>2</sub>DS<sub>2</sub>-VASC RISK SCORE USED WITH THE PERMISSION OF GREGORY YH LIP MD, FRCP DFM, FACC, FESC</small>			
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Congestive Heart Failure</b> <sup>4005</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Vascular Disease</b> <sup>4045</sup> : <input type="radio"/> No <input type="radio"/> Yes		
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC LV Dysfunction</b> <sup>4015</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Stroke</b> <sup>4030</sup> : <input type="radio"/> No <input type="radio"/> Yes		
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Hypertension</b> <sup>4020</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC TIA</b> <sup>4035</sup> : <input type="radio"/> No <input type="radio"/> Yes		
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Diabetes Mellitus</b> <sup>4025</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Thromboembolic Event</b> <sup>4040</sup> : <input type="radio"/> No <input type="radio"/> Yes		

CONDITION HISTORY <sup>12903</sup>	OCCURRENCE <sup>15510</sup>		→ If Yes
	No	Yes	
Symptoms During Afib/Aflutter	<input type="radio"/>	<input type="radio"/>	<b>Symptoms Experienced</b> <sup>15723</sup> : <u>Select all that apply from Dynamic list</u>
Cardiomyopathy	<input type="radio"/>	<input type="radio"/>	<b>Cardiomyopathy Type</b> <sup>4570</sup> : <input type="checkbox"/> Hypertrophic <input type="checkbox"/> Ischemic (Select all that apply) <input type="checkbox"/> Non-ischemic <input type="checkbox"/> Restrictive <input type="checkbox"/> Other
Chronic Lung Disease	<input type="radio"/>	<input type="radio"/>	
Coronary Artery Disease	<input type="radio"/>	<input type="radio"/>	
Sleep Apnea	<input type="radio"/>	<input type="radio"/>	
Valvular Atrial Fibrillation	<input type="radio"/>	<input type="radio"/>	<b>Mechanical Valve in Mitral Position</b> <sup>4390</sup> : <input type="radio"/> No <input type="radio"/> Yes

**HISTORY AND RISK FACTORS (PRIOR TO FIRST PROCEDURE)**

**Atrial Fibrillation Classification (prompting ablation)** <sup>4400</sup>:  Paroxysmal  Persistent  LS - Persistent

**Atrial Flutter** <sup>4455</sup>:  No  Yes – Typical/CTI Dependent  Yes – Atypical

PROCEDURE HISTORY <sup>12905</sup>	OCCURRENCE <sup>14268</sup>		→ If Yes
	NO	YES	
<b>AV Node Ablation with PM Implantation</b>	<input type="radio"/>	<input type="radio"/>	
<b>Left Atrial Appendage Occlusion</b>	<input type="radio"/>	<input type="radio"/>	
<b>Atrial Fibrillation Termination Attempt</b>	<input type="radio"/>	<input type="radio"/>	<b>Pharmacologic Cardioversion</b> <sup>4415</sup> : <input type="radio"/> No <input type="radio"/> Yes
			<b>DC Cardioversion</b> <sup>4420</sup> : <input type="radio"/> No <input type="radio"/> Yes
			<b>Prior Catheter Ablation</b> <sup>4425</sup> : <input type="radio"/> No <input type="radio"/> Yes <b>Date of Most Recent</b> <sup>4430</sup> mm / dd / yyyy
			<b>Prior Strategies</b> <sup>4435</sup> : <u>Select all that apply from Dynamic list</u> , _____
			<b>Prior Surgical Ablation</b> <sup>4440</sup> : <input type="radio"/> No <input type="radio"/> Yes <b>Date of Most Recent</b> <sup>4445</sup> mm / dd / yyyy
<b>Atrial Flutter Termination Attempt</b>	<input type="radio"/>	<input type="radio"/>	<b>Pharmacologic Cardioversion</b> <sup>4465</sup> : <input type="radio"/> No <input type="radio"/> Yes
			<b>DC Cardioversion</b> <sup>4470</sup> : <input type="radio"/> No <input type="radio"/> Yes
			<b>Prior Catheter Ablation</b> <sup>4475</sup> : <input type="radio"/> No <input type="radio"/> Yes <b>Date of Most Recent</b> <sup>4480</sup> mm / dd / yyyy

**DIAGNOSTIC STUDIES (MOST RECENT VALUES PRIOR TO THE START OF THE FIRST PROCEDURE)**

**Atrial Rhythm** <sup>5100</sup>: (Select all that apply)  Atrial fibrillation  Atrial flutter  Atrial paced  Atrial tachycardia  Sinus  Sinus arrest

**LVEF Assessed** <sup>5110</sup>:  No  Yes → If Yes, **LVEF** <sup>5115</sup>: \_\_\_\_\_ %

**Transthoracic Echo (TTE) Performed** <sup>5120</sup>:  No  Yes  
→ If Yes, **Date of TTE** <sup>5125</sup>: mm / dd / yyyy → If Yes, **Echo Results** <sup>15707</sup>: Select all results from Dynamic list

**Mitral Stenosis** <sup>5150</sup>:  No  Yes

**Mitral Regurgitation** <sup>5145</sup>: (highest)  None  Trace/Trivial  Mild  Moderate  
 Moderate-Severe  Severe

**Baseline Imaging Performed** <sup>5170</sup>:  No  Yes  
→ If Yes, **CT Performed** <sup>5175</sup>:  No  Yes  
→ If Yes, **MRI Performed** <sup>5185</sup>:  No  Yes  
→ If Yes, **Transesophageal Echo Performed** <sup>5155</sup>:  No  Yes  
→ If Yes, **Atrial Thrombus Detected** <sup>5165</sup>:  No  Yes

**PRE-PROCEDURE MEDICATIONS**

Medication <sup>6985</sup>	PRE-PROCEDURE MEDICATION ADMINISTERED <sup>6990</sup>			
	PAST	CURRENT	HELD	NEVER
Amiodarone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin converting enzyme inhibitor (ACE-I) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin receptor blocker (ARB) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin II receptor blocker neprilysin inhibitor (ARNI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin, Extended-Release Dipyridamole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Betrixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cangrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digoxin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diltiazem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disopyramide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dofetilide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dronedarone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flecainide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GLP-1 agonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heparin Derivative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Molecular Weight Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procainamide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Propafenone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quinidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SGLT inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sotalol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verapamil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vorapaxar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PROCEDURE INFORMATION**

Procedure Start Date/Time <sup>7000</sup>: mm / dd / yyyy / hh:mm      Procedure Status <sup>7025</sup>:       Inpatient    Outpatient

Procedure End Date/Time <sup>7005</sup>: mm / dd / yyyy / hh:mm

Operator Name, NPI <sup>7100, 7105, 7110, 7115</sup>: \_\_\_\_\_ *Last, First, Middle, NPI*

Fellow Name, NPI, Fellowship Training Program <sup>15433, 15434, 15435, 15436, 15431</sup>: (Optional) \_\_\_\_\_ *Last, First, Middle, NPI, Fellowship Program Name*

**PROCEDURE INFORMATION - ABLATION**

Sedation <sup>7130</sup>:       Minimal/Anxiolysis    Moderate/ Analgesia    Deep/Analgesia    General Anesthesia

Transseptal Catheterization <sup>7175</sup>:       Single    Double

Intracardiac Echocardiography <sup>15726</sup>:       No    Yes – 2D    Yes – 3D    Yes – 4D

Pulmonary Vein Isolation <sup>15714</sup>:       No    Yes      → If Yes, Energy Source <sup>15722</sup>: Select all that apply from Dynamic list

Adjunctive Ablation Lesions <sup>7165</sup>:       No    Yes      If yes, Select all locations and energy sources that apply

Location <sup>15725</sup>	Occurrence <sup>15708</sup>	Energy Source <sup>15709</sup>	Location <sup>15725</sup>	Occurrence <sup>15708</sup>	Energy Source <sup>15709</sup>
SVC isolation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Left auricular appendage	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
Coronary sinus isolation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	LA floor line	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
Cavotricuspid isthmus (CTI)	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Mitral isthmus line	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
Ligament/vein of marshall	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Posterior wall isolation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
LA roof line	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Other	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>

Additional Ablations Attempted <sup>15710</sup>:       No    Yes      If yes, Select all Additional Ablation Approach(es) and energy sources that apply

Approach <sup>15711</sup>	Occurrence <sup>15712</sup>	Energy Source <sup>15713</sup>	Approach <sup>15711</sup>	Occurrence <sup>15712</sup>	Energy Source <sup>15713</sup>
Complex fractionated electrogram	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Rotor-based mapping	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
Focal/trigger ablation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Temporo-spatial dispersion mapping/ablation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
Ganglion plexus ablation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Other	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>

Phrenic Nerve Evaluation <sup>7120</sup>:       No    Yes

Cardioversion Performed During Procedure <sup>15724</sup>:       No    Yes - Pharmacologic    Yes - DC    Both

Atrial Flutter Observed During Procedure <sup>15717</sup>:       No    Yes – Ablated    Yes – Not Ablated

Atrial Tachycardia Observed During Procedure <sup>15718</sup>:       No    Yes – Ablated    Yes – Not Ablated

**DEVICE**

Catheter Manipulation <sup>7205</sup>: (Select all that apply)       Manual    Magnetic/Robotic    Other

Catheter Ablation Device ID <sup>7255</sup>, UDI <sup>7260</sup>: \_\_\_\_\_, \_\_\_\_\_

Electroanatomic Mapping System <sup>15715</sup>:      Select all that apply from Dynamic list, \_\_\_\_\_

**PROCEDURE INFORMATION - RADIATION EXPOSURE**

Cumulative Air Kerma <sup>7210</sup>: \_\_\_\_\_ O mGy    Gy       No Radiation <sup>15719</sup>

Dose Area Product <sup>14278</sup>: \_\_\_\_\_ O Gy·cm<sup>2</sup>   O dGy·cm<sup>2</sup>   O cGy·cm<sup>2</sup>   O mGy·cm<sup>2</sup>   O μGy·M<sup>2</sup>    No Fluoro Used <sup>15720</sup>

Fluoroscopy Time <sup>7214</sup>: \_\_\_\_\_ minutes

**PROCEDURE INFORMATION – INTRAPROCEDURE ANTICOAGULATION STRATEGY**

Intraprocedure Anticoagulation <sup>7225</sup>:       No    Yes      → If Yes, Uninterrupted Anticoagulation Therapy <sup>15775</sup>:  No    Yes

**PROCEDURE INFORMATION - INTRA OR POST-PROCEDURE EVENTS (COMPLETE FOR EACH LAB VISIT)**

EVENT(S) <sup>9001</sup>	EVENT(S) OCCURRED <sup>9002</sup>	IF YES	
Acute kidney injury	<input type="radio"/> No <input type="radio"/> Yes		
A-V fistula requiring intervention	<input type="radio"/> No <input type="radio"/> Yes		
Bleeding - access site (transfusion)	<input type="radio"/> No <input type="radio"/> Yes		
Bradycardia adverse events	<input type="radio"/> No <input type="radio"/> Yes	Bradycardia Req Permanent Pacemaker <sup>9030</sup> <input type="radio"/> No <input type="radio"/> Yes	
Cardiac arrest	<input type="radio"/> No <input type="radio"/> Yes		
Cardiac surgery (unplanned emergent)	<input type="radio"/> No <input type="radio"/> Yes		
Deep vein thrombosis	<input type="radio"/> No <input type="radio"/> Yes		
GU bleeding	<input type="radio"/> No <input type="radio"/> Yes		
Heart failure	<input type="radio"/> No <input type="radio"/> Yes		
Hematoma at access site	<input type="radio"/> No <input type="radio"/> Yes		
Hemolysis	<input type="radio"/> No <input type="radio"/> Yes		
Hemorrhage (non access site)	<input type="radio"/> No <input type="radio"/> Yes		
Hemothorax	<input type="radio"/> No <input type="radio"/> Yes		Requiring Drainage <sup>9210</sup> <input type="radio"/> No <input type="radio"/> Yes
Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes		
Pericardial effusion requiring intervention	<input type="radio"/> No <input type="radio"/> Yes		
Pericardial effusion resulting in cardiac tamponade	<input type="radio"/> No <input type="radio"/> Yes		
Phrenic nerve damage	<input type="radio"/> No <input type="radio"/> Yes		
Pleural effusion	<input type="radio"/> No <input type="radio"/> Yes		
Pneumonia	<input type="radio"/> No <input type="radio"/> Yes		
Pneumothorax	<input type="radio"/> No <input type="radio"/> Yes	Requiring Drainage <sup>9220</sup> <input type="radio"/> No <input type="radio"/> Yes	
Pseudoaneurysm requiring intervention	<input type="radio"/> No <input type="radio"/> Yes		
Pulmonary embolism	<input type="radio"/> No <input type="radio"/> Yes		
Pulmonary vein damage/dissection	<input type="radio"/> No <input type="radio"/> Yes		
Respiratory failure	<input type="radio"/> No <input type="radio"/> Yes		
Sepsis	<input type="radio"/> No <input type="radio"/> Yes		
Stroke	<input type="radio"/> No <input type="radio"/> Yes		
Transient ischemic attack (TIA)	<input type="radio"/> No <input type="radio"/> Yes		
Vascular injury requiring surgical intervention	<input type="radio"/> No <input type="radio"/> Yes		

**DISCHARGE**

**Atrial Rhythm**<sup>10025</sup> : (Select all that apply)  Atrial fibrillation  Atrial flutter  Atrial paced  Atrial tachycardia  Sinus  Sinus arrest

**Post Procedure Hemoglobin**<sup>14871</sup> : \_\_\_\_\_ g/dL  Not Drawn<sup>14872</sup>

**Discharge Date/Time**<sup>10101</sup> : mm / dd / yyyy / hh:mm

**Discharge Status**<sup>10105</sup> :  Alive  Deceased

→ If Deceased, **Death During Procedure**<sup>10120</sup> :  No  Yes

→ If Deceased, **Cause of Death**<sup>10125</sup> :  Cardiac  Non-Cardiac  Undetermined

**DISCHARGE MEDICATIONS** (Not required for patients who are deceased)

MEDICATION <sup>10200</sup>	PRESCRIBED <sup>10205</sup>			
	YES	No - No REASON	No - MEDICAL REASON	No - PATIENT REASON
Amiodarone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin converting enzyme inhibitor (ACE-I) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin receptor blocker (ARB) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin II receptor blocker neprilysin inhibitor (ARNI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin, Extended-Release Dipyridamole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Betrixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cangrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digoxin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diltiazem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disopyramide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dofetilide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dronedarone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flecainide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GLP-1 agonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heparin Derivative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Molecular Weight Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procainamide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Propafenone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quinidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SGLT inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sotalol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verapamil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vorapaxar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FOLLOW-UP (OPTIONAL SECTION FOR PARTICIPANTS COLLECTING FOLLOW-UP DATA)**

**TIMEFRAME: DISCHARGE TO 1 YEAR POST PROCEDURE - COMPLETE FOR EACH FOLLOW-UP VISIT**

**Assessment Date** <sup>11000</sup>: mm / dd / yyyy **Reference Arrival Date/Time** <sup>11002</sup>: mm / dd / yyyy / hh:mm

**Reference Procedure Date/Time** <sup>11001</sup>: mm / dd / yyyy / hh:mm **Reference Discharge Date/Time** <sup>11015</sup>: mm / dd / yyyy / hh:mm

**ANY FOLLOW-UP VISIT**

**Method(s) to Determine Status** <sup>11003</sup>: (Select all that apply)  Office visit  Medical records  Letter from medical provider  Video call  
 Remote Monitoring Tool  Phone call  State Registry / Social Security death master file  Hospitalization  
 CMS Linked Data  Other

**Follow-up Status** <sup>11004</sup>:  Alive  Deceased  Lost to follow-up

→ If Deceased, **Cause of Death** <sup>11007</sup>:  Cardiac  Non-Cardiac  Undetermined

→ If Deceased, **Date of Death** <sup>11006</sup>: mm / dd / yyyy

**Atrial Rhythm** <sup>15749</sup>: (Select all that apply)  Atrial fibrillation  Atrial flutter  Atrial paced  Atrial tachycardia  Sinus  Sinus arrest

**Atrial Arrhythmia Recurrence** <sup>15750</sup>:  No  Yes – Asymptomatic  Yes – Symptomatic

SYMPTOMS <sup>15751</sup>	SYMPTOM STATUS <sup>15752</sup>					
	No	Yes - Improved	Yes - Unchanged	Yes - Worse	Yes – Unknown	Not Documented
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dyspnea at rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dyspnea on exertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irregular heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light-headedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Hospitalization** <sup>15759</sup>:  No  Yes - Cardiac  Yes – Non-cardiac → If Yes, **Hospitalization Date** <sup>15760</sup>: mm / dd / yyyy

**Repeat Ablation** <sup>15761</sup>:  No  Yes → If Yes, **Repeat Ablation Date** <sup>15762</sup>: mm / dd / yyyy

<b>FOLLOW-UP MEDICATIONS</b> <sup>15772</sup> (ANTI-ARRHYTHMIC OR ANTICOAGULANTS)	<b>PRESCRIBED</b> <sup>15773</sup>	<b>→ If Yes, Discontinued</b> <sup>15774</sup>
Select from medication list	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>Event(s)</b> <sup>11011</sup>	<b>Event(s) Occurred</b> <sup>11012</sup>	<b>→If Yes, Event Date(s)</b> <sup>11014</sup>
Pericardial effusion requiring intervention	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Pericardial effusion resulting in cardiac tamponade	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Phrenic nerve damage	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Stroke	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Transient ischemic attack (TIA)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy

**AFEQT Performed** <sup>15758</sup>: (Optional)  No  Yes

**ATRIAL FIBRILLATION EFFECT ON QUALITY OF LIFE (AFEQT) QUESTIONNAIRE <sup>2</sup>**

**SECTION 1: OCCURRENCE OF ATRIAL FIBRILLATION**

→ If Yes, Are you currently in atrial fibrillation?<sup>4705,15727</sup>  No  Yes

→ If No, When was the last time you were aware of having had an episode of atrial fibrillation<sup>4710, 15728</sup>

Earlier today  Within the past month  More than 1 year ago  
 Within the past week  1 month to 1 year ago  I was never aware of having atrial fibrillation

**SECTION 2: OCCURRENCE OF ATRIAL FIBRILLATION**

OVER THE **PAST 4 WEEKS**, AS A RESULT OF YOUR ATRIAL FIBRILLATION, HOW MUCH WERE YOU BOTHERED BY:

	Not at all bothered or I did not have this symptom	Hardly bothered	A little bothered	Moderately bothered	Quite a bit bothered	Very bothered	Extremely bothered
<b>1. Palpitations: Heart fluttering, skipping or racing</b> <sup>4715, 15729</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2. Irregular heart beat</b> <sup>4720, 15730</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3. A pause in heart activity</b> <sup>4725, 15731</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4. Lightheadedness or dizziness</b> <sup>4730, 15732</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVER THE **PAST 4 WEEKS**, HAVE YOU BEEN LIMITED BY YOUR ATRIAL FIBRILLATION IN YOUR:

	Not at all limited	Hardly limited	A little limited	Moderately limited	Quite a bit limited	Very limited	Extremely limited
<b>5. Ability to have recreational pastimes, sports, and hobbies</b> <sup>4735, 15733</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6. Ability to have a relationship and do things with friends and family</b> <sup>4740, 15734</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVER THE **PAST 4 WEEKS**, AS A RESULT OF YOUR ATRIAL FIBRILLATION, HOW MUCH DIFFICULTY HAVE YOU HAD IN:

	No difficulty at all	Hardly any difficulty	A little difficulty	Moderate difficulty	Quite a bit of difficulty	A lot of difficulty	Extreme difficulty
<b>7. Doing any activity because you felt tired, fatigued, or low on energy</b> <sup>4745, 15735</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8. Physical activity because of shortness of breath</b> <sup>4750, 15736</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9. Exercising</b> <sup>4755, 15737</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10. Walking briskly</b> <sup>4760, 15738</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11. Walking briskly uphill or carrying groceries or other items up a flight of stairs without stopping</b> <sup>4765, 15739</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12. Doing vigorous activities such as lifting or moving heavy furniture, running, or participating in strenuous sports like tennis or racquetball</b> <sup>4770, 15740</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**ATRIAL FIBRILLATION EFFECT ON QUALITY OF LIFE (AFEQT) QUESTIONNAIRE <sup>2</sup>**

OVER THE **PAST 4 WEEKS**, AS A RESULT OF YOUR ATRIAL FIBRILLATION, HOW MUCH DID THE FEELINGS BELOW BOTHER YOU:

	Not at all bothered	Hardly bothered	A little bothered	Moderately bothered	Quite a bit bothered	Very bothered	Extremely bothered
<b>13. Feeling worried or anxious that your Afib can start anytime</b> <sup>4775, 15741</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14. Feeling worried that may worsen other medical conditions in the long run</b> <sup>4780, 15742</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVER THE **PAST 4 WEEKS**, AS A RESULT OF YOUR ATRIAL FIBRILLATION, HOW MUCH WERE YOU BOTHERED BY:

	Not at all bothered	Hardly bothered	A little bothered	Moderately bothered	Quite a bit bothered	Very bothered	Extremely bothered
<b>15. Worrying about the treatment side effects from medications</b> <sup>4785, 15743</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>16. Worrying about complications or side effects from procedures like catheter ablation, surgery, or pacemaker therapy</b> <sup>4790, 15744</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>17. Worrying about side effects of blood thinners such as nosebleeds, bleeding gums when brushing teeth, heavy bleeding from cuts, or bruising</b> <sup>4795, 15745</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>18. Worrying or feeling anxious that your treatment interferes with your daily activities</b> <sup>4800, 15746</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVERALL, HOW SATISFIED ARE YOU **AT THE PRESENT TIME** WITH:

	Extremely satisfied	Very satisfied	Somewhat satisfied	Mixed with satisfied and dissatisfied	Somewhat dissatisfied	Very dissatisfied	Extremely dissatisfied
<b>19. How well your current treatment controls your atrial fibrillation</b> <sup>4805, 15747</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20. The extent to which treatment has relieved your symptoms of atrial fibrillation</b> <sup>4810, 15748</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>