



A. DEMOGRAPHICS

Last Name ²⁰⁰⁰ :		First Name ²⁰¹⁰ :		Middle Name ²⁰²⁰ :	
SSN ²⁰³⁰ : - - <input type="checkbox"/> SSN N/A ²⁰³¹		Patient ID ²⁰⁴⁰ : (auto)		Other ID ²⁰⁴⁵ :	
Birth Date ²⁰⁵⁰ : mm / dd / yyyy		Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female		Patient Zip Code ²⁰⁶⁵ : <input type="checkbox"/> Zip Code N/A ²⁰⁶⁶	
Race: (check all that apply) <input type="checkbox"/> White ²⁰⁷⁰ <input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ <input type="checkbox"/> Asian ²⁰⁷² → If Yes, <input type="checkbox"/> Asian Indian ²⁰⁸⁰ <input type="checkbox"/> Chinese ²⁰⁸¹ <input type="checkbox"/> Filipino ²⁰⁸² <input type="checkbox"/> Japanese ²⁰⁸³ <input type="checkbox"/> Korean ²⁰⁸⁴ <input type="checkbox"/> Vietnamese ²⁰⁸⁵ <input type="checkbox"/> Other ²⁰⁸⁶ <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴ → If Yes, <input type="checkbox"/> Native Hawaiian ²⁰⁹⁰ <input type="checkbox"/> Guamanian or Chamorro ²⁰⁹¹ <input type="checkbox"/> Samoan ²⁰⁹² <input type="checkbox"/> Other Island ²⁰⁹³					
Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Ethnicity Type: (check all that apply) <input type="checkbox"/> Mexican, Mexican-American, Chicano ²¹⁰⁰ <input type="checkbox"/> Puerto Rican ²¹⁰¹ <input type="checkbox"/> Cuban ²¹⁰² <input type="checkbox"/> Other Hispanic, Latino or Spanish Origin ²¹⁰³					

B. EPISODE OF CARE (ADMISSION)

Arrival Date ³⁰⁰⁰ : mm / dd / yyyy	
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Payment Source ³⁰¹⁰ : <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Military Health Care (Select all that apply) <input type="checkbox"/> State-Specific Plan (non-Medicaid) <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Non-US Insurance	
HIC # ³⁰¹⁵ :	
Research Study ³⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Study Name ³⁰²⁵ , Patient ID ³⁰³⁰ : _____, _____ <input type="checkbox"/> Patient Restriction ³⁰³⁵	

C. HISTORY AND RISK FACTORS (PRIOR TO FIRST PROCEDURE)

SPECIFIC TO CHA ₂ DS ₂ -VASc RISK SCORES ¹			
CHA ₂ DS ₂ -VASc <u>C</u> ongestive Heart Failure ⁴⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, NYHA Functional Classification ⁴⁰¹⁰ : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV			
CHA ₂ DS ₂ -VASc LV Dysfunction ⁴⁰¹⁵ : <input type="radio"/> No <input type="radio"/> Yes	CHA ₂ DS ₂ -VASc Thromboembolic Event ⁴⁰⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes		
CHA ₂ DS ₂ -VASc <u>H</u> ypertension ⁴⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes	CHA ₂ DS ₂ -VASc <u>V</u> ascular Disease ⁴⁰⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes		
CHA ₂ DS ₂ -VASc <u>D</u> iabetes Mellitus ⁴⁰²⁵ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Vascular Disease Type ⁴⁰⁵⁰ : (Select all that apply) <input type="checkbox"/> Prior MI <input type="checkbox"/> PAD <input type="checkbox"/> Known Aortic Plaque		
CHA ₂ DS ₂ -VASc <u>S</u> troke ⁴⁰³⁰ : <input type="radio"/> No <input type="radio"/> Yes			
CHA ₂ DS ₂ -VASc TIA ⁴⁰³⁵ : <input type="radio"/> No <input type="radio"/> Yes			

SPECIFIC TO HAS-BLED RISK SCORES¹

HAS-BLED <u>H</u> ypertension (Uncontrolled) ⁴⁰⁵⁵ : <input type="radio"/> No <input type="radio"/> Yes	HAS-BLED <u>B</u> leeding ⁴⁰⁹⁵ : <input type="radio"/> No <input type="radio"/> Yes
HAS-BLED <u>A</u> bnormal Renal Function ⁴⁰⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes	HAS-BLED <u>L</u> abile INR ⁴¹⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes
HAS-BLED <u>A</u> bnormal Liver Function ⁴⁰⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes	HAS-BLED <u>A</u> lcohol ⁴¹⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes
HAS-BLED <u>S</u> troke ⁴⁰⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes	HAS-BLED <u>D</u> rugs - Antiplatelet ⁴¹¹⁰ : <input type="radio"/> No <input type="radio"/> Yes
	HAS-BLED <u>D</u> rugs - NSAIDS ⁴¹¹⁵ : <input type="radio"/> No <input type="radio"/> Yes

ATRIAL FIBRILLATION EFFECT ON QUALITY-OF-LIFE (AFEQT) QUESTIONNAIRE²

AFEQT Performed ⁴⁷⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes
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SECTION 1: OCCURRENCE OF ATRIAL FIBRILLATION

→ If Yes, Are you currently in atrial fibrillation? ⁴⁷⁰⁵ <input type="radio"/> No <input type="radio"/> Yes		
→ If No, When was the last time you were aware of having had an episode of atrial fibrillation ⁴⁷¹⁰ :		
<input type="radio"/> Earlier today	<input type="radio"/> Within the past month	<input type="radio"/> More than 1 year ago
<input type="radio"/> Within the past week	<input type="radio"/> 1 month to 1 year ago	<input type="radio"/> I was never aware of having atrial fibrillation

¹CHA₂DS₂-VASc AND HAS-BLED RISK SCORES ARE USED WITH THE PERMISSION OF GREGORY YH LIP MD, FRCP (LONDON, EDINBURGH, GLASGOW), DFM, FACC, FESC

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ATRIAL FIBRILLATION EFFECT ON QUALITY-OF-LIFE (AFEQT) QUESTIONNAIRE² (CONT.)

SECTION 2: THE FOLLOWING QUESTIONS REFER TO HOW ATRIAL FIBRILLATION AFFECTS YOUR QUALITY OF LIFE

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
1. Palpitations: Heart fluttering, skipping or racing ⁴⁷¹⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Irregular heart beat ⁴⁷²⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A Pause in Heart Activity ⁴⁷²⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Lightheadedness or Dizziness ⁴⁷³⁰	<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
5. Ability to have recreational pastimes, sports, and hobbies ⁴⁷³⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Ability to have a relationship and do things with friends and family ⁴⁷⁴⁰	<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
7. Doing any activity because you felt tired, fatigued, or low on energy ⁴⁷⁴⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Doing physical activity because of shortness of breath ⁴⁷⁵⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Exercising ⁴⁷⁵⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Walking briskly ⁴⁷⁶⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Walking briskly uphill or carrying groceries or other items, up a flight of stairs without stopping ⁴⁷⁶⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Doing vigorous activities such as lifting or moving heavy furniture, running, or participating in strenuous sports like tennis or racquetball ⁴⁷⁷⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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ATRIAL FIBRILLATION EFFECT ON QUALITY-OF-LIFE (AFEQT) QUESTIONNAIRE² – SECTION 2 (CONT.)

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

	NO AT ALL BOTHERED	HARDLY BOTHERED	A LITTLE BOTHERED	MODERATELY BOTHERED	QUITE A BIT BOTHERED	VERY BOTHERED	EXTREMELY BOTHERED
13. Feeling worried or anxious that your atrial fibrillation can start anytime ⁴⁷⁷⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Feeling worried that atrial fibrillation may worsen other medical conditions in the long run ⁴⁷⁸⁰	<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 TREATMENT, HOW MUCH WERE YOU BOTHERED BY:

	NO AT ALL BOTHERED	HARDLY BOTHERED	A LITTLE BOTHERED	MODERATELY BOTHERED	QUITE A BIT BOTHERED	VERY BOTHERED	EXTREMELY BOTHERED
15. Worrying about the treatment side effects from medications ⁴⁷⁸⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Worrying about complications or side effects from procedures like catheter ablation, surgery, or pacemakers therapy ⁴⁷⁹⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Worrying about side effects of blood thinners such as nosebleeds, bleeding gums when brushing teeth, heavy bleeding from cuts, or bruising ⁴⁷⁹⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Worrying or feeling anxious that your treatment interferes with your daily activities ⁴⁸⁰⁰	<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
19. How well your current treatment controls your atrial fibrillation? ⁴⁸⁰⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The extent to which treatment has relieved your symptoms of atrial fibrillation ⁴⁸¹⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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HISTORY – RHYTHM HISTORY

Symptoms Experienced During AFib/AFlutter⁴³⁷⁵: Asymptomatic Symptomatic

Atrial Fibrillation Classification (prompting ablation)⁴⁴⁰⁰:
 Paroxysmal (terminating spontaneously w/in 7 days) Long standing persistent (>1 year)
 Persistent (>7 days) Permanent

Valvular Atrial Fibrillation⁴³⁸⁰: No Yes
→ If Yes, Hx of Mitral Valve Replacement⁴³⁸⁵: No Yes
→ If Yes, Mechanical Valve in Mitral Position⁴³⁹⁰: No Yes
→ If Yes, Hx of Mitral Valve Repair⁴³⁹⁵: No Yes

Attempt at Atrial Fibrillation Termination⁴⁴¹⁰: No Yes
→ If Yes, Pharmacologic Cardioversion⁴⁴¹⁵: No Yes
→ If Yes, DC Cardioversion⁴⁴²⁰: No Yes
→ If Yes, Catheter Ablation⁴⁴²⁵: No Yes
→ If Yes, Date of Most Recent⁴⁴³⁰: mm / dd / yyyy
→ If Yes, Prior Ablation Strategy(s)⁴⁴³⁵: _____, _____, _____, _____
→ If Yes, Surgical Ablation⁴⁴⁴⁰: No Yes
→ If Yes, Date of Most Recent⁴⁴⁴⁵: mm / dd / yyyy

Atrial Flutter⁴⁴⁵⁰: No Yes
→ If Yes, Atrial Flutter Classification⁴⁴⁵⁵: Typical/Cavotricuspid Isthmus (CTI) Dependent Atypical
→ If Yes, Attempt at Atrial Flutter Termination⁴⁴⁶⁰: No Yes
→ If Yes, Pharmacologic Cardioversion⁴⁴⁶⁵: No Yes
→ If Yes, DC Cardioversion⁴⁴⁷⁰: No Yes
→ If Yes, Catheter Ablation⁴⁴⁷⁵: No Yes
→ If Yes, Date of Most Recent⁴⁴⁸⁰: mm / dd / yyyy

AV node ablation with pacemaker implantation⁴⁴⁸⁵: No Yes

ADDITIONAL HISTORY & RISK FACTORS

Cardiomyopathy (CM)⁴⁵⁶⁵: No Yes
→ If Yes, CM Type⁴⁵⁷⁰: (Select all that apply) Non-Ischemic Ischemic Restrictive Hypertrophic Other
Chronic Lung Disease⁴⁵⁷⁵: No Yes Sleep Apnea⁴⁵⁸⁰: No Yes
Coronary Artery Disease⁴²⁸⁵: No Yes → If Yes, Rx Followed⁴⁵⁸⁵: No Yes

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

Atrial Rhythm⁵¹⁰⁰: (Select all that apply) Sinus AFib Atrial tach Atrial flutter Sinus arrest Atrial paced Not Documented
LVEF Assessed⁵¹¹⁰: No Yes → If Yes, LVEF⁵¹¹⁵: _____ %
Transthoracic Echo (TTE) Performed⁵¹²⁰: No Yes → If Yes, Date of TTE⁵¹²⁵: mm / dd / yyyy
→ If Yes, LV Hypertrophy⁵¹³⁰: None Mild Moderate Severe
→ If Yes, LA Size⁵¹³⁵: Normal Mild enlargement Moderate enlargement Severe enlargement
→ If Yes, RA Size⁵¹⁴⁰: Normal Mild enlargement Moderate enlargement Severe enlargement
→ If Yes, Mitral Regurgitation⁵¹⁴⁵: (highest) None Trace/Trivial O 1+ (Mild) O 2+ (Moderate) O 3+ (Moderate-Severe) O 4+ (Severe)
→ If Yes, Mitral Stenosis⁵¹⁵⁰: No Yes



D. DIAGNOSTIC STUDIES (CONT.)

Transesophageal Echo (TEE) Performed⁵¹⁵⁵: No Yes → If Yes, Date of TEE⁵¹⁶⁰: mm / dd / yyyy

→ If Yes, Atrial Thrombus Detected⁵¹⁶⁵: No Yes

Baseline Imaging Performed⁵¹⁷⁰: No Yes

→ If Yes, CT Performed⁵¹⁷⁵: No Yes → If Yes, Date of Most Recent⁵¹⁸⁰: mm / dd / yyyy

→ If Yes, MRI Performed⁵¹⁸⁵: No Yes → If Yes, Date of Most Recent⁵¹⁹⁰: mm / dd / yyyy

E. PHYSICAL EXAM AND LABS

Height ⁶⁰⁰⁰ : _____ cm	PT ⁶⁰⁴⁰ : _____ sec <input type="checkbox"/> Not Drawn ⁶⁰⁴¹	Bilirubin ⁶⁰⁵⁵ : _____ mg/dL <input type="checkbox"/> Not Drawn ⁶⁰⁵⁶
Weight ⁶⁰⁰⁵ : _____ kg	INR ⁶⁰⁴⁵ : _____ <input type="checkbox"/> Not Drawn ⁶⁰⁴⁶	AST ⁶⁰⁶⁰ : _____ U/L <input type="checkbox"/> Not Drawn ⁶⁰⁶¹
Pulse ⁶⁰¹⁰ : _____ bpm	Creatinine ⁶⁰⁵⁰ : _____ mg/dL <input type="checkbox"/> Not Drawn ⁶⁰⁵¹	ALT ⁶⁰⁶⁵ : _____ U/L <input type="checkbox"/> Not Drawn ⁶⁰⁶⁶
Blood Pressure ^{6015/6020} : _____ / _____ mmHg		Alk Phos ⁶⁰⁷⁰ : _____ IU/L <input type="checkbox"/> Not Drawn ⁶⁰⁷¹

F. MEDICATIONS

MEDICATION ⁶⁹⁸⁵		PRE-PROC MEDICATION ADMINISTERED ⁶⁹⁹⁰			
		PAST	CURRENT	HELD	NEVER
ANTICOAGULANT	Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANTIPLATELET	Aggrenox	<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"/>
	Vorapaxar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BRIDGING THERAPY	Fondaparinux	<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 Wt Heparin	<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"/>
NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT	Apixaban	<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"/>
	Edoxaban	<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"/>
OTHERS	ACE Inhibitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	ARB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P2Y12 INHIBITOR	Clopidogrel	<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"/>
	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"/>
RATE CONTROL THERAPY	Beta Blockers	<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"/>
	Verapamil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



F. MEDICATIONS (CONT.)

MEDICATION ⁶⁹⁸⁵		PRE-PROC MEDICATION ADMINISTERED ⁶⁹⁹⁰			
		PAST	CURRENT	HELD	NEVER
RHYTHM CONTROL THERAPY	Amiodarone	<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"/>
	Flecainide	<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"/>
	Sotalol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. PROCEDURE INFORMATION

Procedure Start Date/Time⁷⁰⁰⁰: _____ mm/dd/yyyy / hh:mm Procedure Status⁷⁰²⁵: Elective Urgent

Operator Name^{7100,7105,7110}: _____ Operator NPI⁷¹¹⁵: _____

Phrenic Nerve Evaluation⁷¹²⁰: No Yes → If Yes, Pacing Maneuver⁷¹²⁵: No Yes

Sedation⁷¹³⁰: Minimal Sedation/Anxiolysis Moderate Sedation/Analgesia (Conscious Sedation) Deep Sedation/Analgesia General Anesthesia

Current Ablation Strategy(s)⁷¹³⁵: _____, _____, _____, _____

→ If Current Ablation Strategy⁷¹³⁵ is 'Pulmonary Vein Isolation':

Assessed with circumferential vein catheter⁷¹⁴⁰: No Yes

Number of veins present⁷¹⁴⁵: One Two Three Four Five Six

Number of veins targeted⁷¹⁵⁰: One Two Three Four Five Six

Number of veins isolated⁷¹⁵⁵: One Two Three Four Five Six

Isolation Confirmation⁷¹⁶⁰: Entrance Block Exit Block Bidirectional Block

Adjunctive Ablation Lesions⁷¹⁶⁵: No Yes

→ If Yes, Location⁷¹⁷⁰: (Select all that apply) SVC Coronary Sinus Ligament/Vein of Marshall CTI Atypical Atrial Flutter Lines Other

Transseptal Catheterization⁷¹⁷⁵: Singular Double

Cardioversion (CV) Performed during Procedure⁷¹⁸⁰: No Yes

→ If Yes, Pharmacologic Cardioversion⁷¹⁸⁵: No Yes

→ If Yes, DC Cardioversion⁷¹⁹⁰: No Yes

Atrial Flutter/Tachycardia Present⁷¹⁹⁵: No Yes

Guidance Method(s)⁷²⁰⁰: _____, _____, _____, _____

Catheter Manipulation⁷²⁰⁵: (Select all that apply) Manual Magnetic Robotic

RADIATION EXPOSURE

Cumulative Air Kerma⁷²¹⁰: _____ O mGy Gy

Dose Area Product⁷²²⁰: _____ O Gy-cm² dGy-cm² cGy-cm² mGy-cm² μGy-M²



G. PROCEDURE INFORMATION (CONT.)

INTRAPROCEDURE ANTICOAGULATION STRATEGY

Intraprocedure Anticoagulation⁷²²⁵: No Yes

→ If Yes, **Uninterrupted Warfarin Therapy**⁷²³⁰: No Yes

→ If Yes, **Heparin**⁷²³⁵: No Yes

 → If Yes, **Initial Administration**⁷²⁴⁰: Pre-transseptal Puncture Post-transseptal Puncture

→ If Yes, **Bivalirudin**⁷²⁴⁵: No Yes

→ If Yes, **Other**⁷²⁵⁰: No Yes

DEVICE(S) USED

Device ID⁷²⁵⁵, UDI⁷²⁶⁰: _____, _____

H. INTRA OR POST-PROCEDURE EVENTS (COMPLETE FOR EACH LAB VISIT)

CARDIOVASCULAR EVENTS

Cardiac Arrest ⁹⁰⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	Heart Failure ⁹⁰⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes
Myocardial Infarction ⁹⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes	Heart Valve Damage ⁹⁰⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes
Air Embolism ⁹⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes	LA Thrombus ⁹⁰⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes
Bradycardia Adverse Events ⁹⁰²⁵ : <input type="radio"/> No <input type="radio"/> Yes	Pericardial Effusion Resulting in Cardiac Tamponade ⁹⁰⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Req Permanent Pacemaker ⁹⁰³⁰ : <input type="radio"/> No <input type="radio"/> Yes	Pericardial Effusion Req Intervention ⁹⁰⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes
Cardiac Thromboembolic Event ⁹⁰³⁵ : <input type="radio"/> No <input type="radio"/> Yes	Cardiac Surgery ⁹⁰⁷⁰ : (unplanned emergent) <input type="radio"/> No <input type="radio"/> Yes

SYSTEMIC EVENTS

Anaphylaxis⁹⁰⁷⁵: No Yes

Hemorrhage⁹⁰⁸⁰: (non access site) No Yes

Sepsis⁹⁰⁸⁵: No Yes

PERIPHERAL VASCULAR EVENTS

Access Site Bleeding Req Transfusion⁹¹⁶⁰: No Yes

Arterial Thrombosis⁹¹⁶⁵: No Yes

A-V Fistula Requiring Intervention⁹¹⁷⁰: No Yes

Deep Vein Thrombosis⁹¹⁷⁵: No Yes

Hematoma at Access Site⁹¹⁸⁵: No Yes

Pseudoaneurysm Req Intervention⁹¹⁹⁰: No Yes

Vascular Injury Req Surgical Intervention⁹²⁰⁰: No Yes

GENITOURINARY/GASTROINTESTINAL EVENTS

Acute Renal Failure⁹⁰⁹⁰: No Yes

GU Bleeding⁹⁰⁹⁵: No Yes

GI Hypomotility⁹¹⁰⁰: No Yes

PULMONARY EVENTS

Hemothorax⁹²⁰⁵: No Yes

 → If Yes, **Req Drainage**⁹²¹⁰: No Yes

Pneumothorax⁹²¹⁵: No Yes

 → If Yes, **Req Drainage**⁹²²⁰: No Yes

Respiratory Failure⁹²²⁵: No Yes

Pleural Effusion⁹²³⁰: No Yes

Pneumonia⁹²³⁵: No Yes

Pulmonary Embolism⁹²⁴⁰: No Yes

Pulmonary Vein Damage/Dissection⁹²⁴⁵: No Yes

NEUROLOGIC EVENTS

Phrenic Nerve Damage⁹¹⁰⁵: No Yes

 → If Yes, **Confirmed By**⁹¹¹⁰: Chest Imaging Fluoroscopy

Peripheral Nerve Injury⁹¹¹⁵: No Yes

Stroke⁹¹²⁰: No Yes

 → If Yes, **Modified Rankin Scale**⁹¹²⁵: 0: No symptoms at all
 1: No sig disability despite symptoms
 2: Slight disability
 3: Moderate disability
 4: Moderately severe disability
 5: Severe disability
 6: Death

Not Administered⁹¹³⁰

TIA⁹¹⁴⁰: No Yes



I. DISCHARGE

Atrial Rhythm¹⁰⁰²⁵: (Select all that apply) Sinus AFib Atrial tach Atrial flutter Sinus arrest Atrial paced Not Documented

Discharge Date¹⁰¹⁰⁰: mm / dd / yyyy

Discharge Status¹⁰¹⁰⁵: Alive Deceased

→ If Alive, Discharge Location¹⁰¹¹⁰: Home Skilled Nursing facility
 Extended care/TCU/rehab Other
 Other acute care hospital Left against medical advice (AMA)

→ If Alive, Hospice Care¹⁰¹¹⁵: No Yes

→ If Deceased, Death During the Procedure¹⁰¹²⁰: No Yes

→ If Deceased, Cause of Death¹⁰¹²⁵:
 Acute myocardial infarction Pulmonary Hemorrhage
 Sudden cardiac death Renal Non-cardiovascular procedure or surgery
 Heart failure Gastrointestinal Trauma
 Stroke Hepatobiliary Suicide
 Cardiovascular procedure Pancreatic Neurological
 Cardiovascular hemorrhage Infection Malignancy
 Other cardiovascular reason Inflammatory/Immunologic Other non-cardiovascular reason

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE)

Medications prescribed at discharge are not required for patients who expired, discharged to "Other acute care Hospital", "AMA", or are receiving Hospice Care.

Table with columns: MEDICATION¹⁰²⁰⁰, PRESCRIBED¹⁰²⁰⁵ (YES, NO - NO REASON, NO - MEDICAL REASON, NO - PT. REASON). Rows include Anticoagulant (Warfarin), Antiplatelet (Aggrenox, Aspirin, Vorapaxar), Bridging Therapy (Fondaparinux, Heparin Derivative, Low Molecular Wt Heparin, Unfractionated Heparin), Non-vitamin K dependent oral anticoagulant (Apixaban, Dabigatran, Edoxaban, Rivaroxaban), Others (ACE Inhibitors, ARB, Statin), and P2Y12 Inhibitor (Clopidogrel, Prasugrel, Ticlopidine, Ticagrelor).

I. DISCHARGE (CONT.)
DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE)
Medications prescribed at discharge are not required for patients who expired, discharged to "Other acute care Hospital", "AMA", or are receiving Hospice Care.

MEDICATION ¹⁰²⁰⁰		PRESCRIBED ¹⁰²⁰⁵			
		YES	No - NO REASON	No - MEDICAL REASON	No - PT. REASON
RATE CONTROL THERAPY	Beta Blockers	<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"/>
	Verapamil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RHYTHM CONTROL THERAPY	Amiodarone	<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"/>
	Flecainide	<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"/>
Sotalol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	