

A. DEMOGRAPHICS

Last Name ²⁰⁰⁰ : CULLEN	First Name ²⁰¹⁰ : SARAH	Middle Name ²⁰²⁰ : G
SSN ²⁰³⁰ : 111 - 11 - 1234 <input type="checkbox"/> SSN N/A ²⁰³¹	Patient ID ²⁰⁴⁰ : 1234 (auto)	Other ID ²⁰⁴⁵ : 1000
Birth Date ²⁰⁵⁰ : mm / 06 / 01 / 1990	Sex ²⁰⁶⁰ : <input type="radio"/> Male <input checked="" type="radio"/> Female	Patient Zip Code ²⁰⁶⁵ : 20037 <input type="checkbox"/> Zip Code N/A ²⁰⁶⁶
Race: <input checked="" type="checkbox"/> White ²⁰⁷⁰ <input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ (check all that apply) <input checked="" 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 checked="" type="radio"/> Yes → If Yes, Ethnicity Type: (check all that apply) <input type="checkbox"/> Mexican, Mexican-American, Chicano ²¹⁰⁰ <input checked="" 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 : 01 / 01 / 2016
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes → If Yes, Payment Source ³⁰¹⁰ : <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input checked="" 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 checked="" type="radio"/> Yes → If Yes, Study Name ³⁰²⁵ , Patient ID ³⁰³⁰ : RSTUDY001_10001ER <input type="checkbox"/> Patient Restriction ³⁰³⁵

C. HISTORY AND RISK FACTORS (PRIOR TO FIRST PROCEDURE)**SPECIFIC TO CHA₂DS₂-VASC RISK SCORES¹**

CHA₂DS₂-VASC Congestive Heart Failure ⁴⁰⁰⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes → If Yes, NYHA Functional Classification ⁴⁰¹⁰ : <input checked="" type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV	CHA₂DS₂-VASC LV Dysfunction ⁴⁰¹⁵ : <input checked="" type="radio"/> No <input type="radio"/> Yes	CHA₂DS₂-VASC Thromboembolic Event ⁴⁰⁴⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes
CHA₂DS₂-VASC Hypertension ⁴⁰²⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes	CHA₂DS₂-VASC Diabetes Mellitus ⁴⁰²⁵ : <input checked="" type="radio"/> No <input type="radio"/> Yes	CHA₂DS₂-VASC Vascular Disease ⁴⁰⁴⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes
CHA₂DS₂-VASC Stroke ⁴⁰³⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes	CHA₂DS₂-VASC TIA ⁴⁰³⁵ : <input checked="" type="radio"/> No <input type="radio"/> Yes	→ If Yes, Vascular Disease Type ⁴⁰⁵⁰ : (Select all that apply) <input checked="" type="checkbox"/> Prior MI <input type="checkbox"/> PAD <input type="checkbox"/> Known Aortic Plaque

SPECIFIC TO HAS-BLED RISK SCORES¹

HAS-BLED Hypertension (Uncontrolled) ⁴⁰⁵⁵ : <input checked="" type="radio"/> No <input type="radio"/> Yes	HAS-BLED Bleeding ⁴⁰⁹⁵ : <input checked="" type="radio"/> No <input type="radio"/> Yes
HAS-BLED Abnormal Renal Function ⁴⁰⁶⁰ : <input checked="" type="radio"/> No <input type="radio"/> Yes	HAS-BLED Labile INR ⁴¹⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> NA
HAS-BLED Abnormal Liver Function ⁴⁰⁶⁵ : <input checked="" type="radio"/> No <input type="radio"/> Yes	HAS-BLED Alcohol ⁴¹⁰⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes
HAS-BLED Stroke ⁴⁰⁷⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes	HAS-BLED Drugs - Antiplatelet ⁴¹¹⁰ : <input checked="" type="radio"/> No <input type="radio"/> Yes
	HAS-BLED Drugs - NSAIDS ⁴¹¹⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes

ATRIAL FIBRILLATION EFFECT ON QUALITY-OF-LIFE (AFEQT) QUESTIONNAIRE²AFEQT Performed⁴⁷⁰⁰: ☐ No ☒ Yes**SECTION 1: OCCURRENCE OF ATRIAL FIBRILLATION**→ If Yes, **Are you currently in atrial fibrillation?**⁴⁷⁰⁵ ☐ No ☒ Yes→ If No, **When was the last time you were aware of having had an episode of atrial fibrillation**⁴⁷¹⁰:

☐ 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

¹CHA₂DS₂-VASC AND HAS-BLED RISK SCORES ARE USED WITH THE PERMISSION OF GREGORY YH LIP MD, FRCP (LONDON, EDINBURGH, GLASGOW), DFM, FACC, FESC²ATRIAL FIBRILLATION EFFECT ON QUALITY-OF-LIFE (AFEQT) QUESTIONNAIRE - ©2010 ST. JUDE MEDICAL, INC. ALL RIGHTS RESERVED – USED WITH PERMISSION

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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Irregular heart beat ⁴⁷²⁰	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Lightheadedness or Dizziness ⁴⁷³⁰	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>
10. Walking briskly ⁴⁷⁶⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

² ATRIAL FIBRILLATION EFFECT ON QUALITY-OF-LIFE (AFEQT) QUESTIONNAIRE - ©2010 ST. JUDE MEDICAL, INC. ALL RIGHTS RESERVED – USED WITH PERMISSION

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	EXTREME BOTHERED
13. Feeling worried or anxious that your atrial fibrillation can start anytime ⁴⁷⁷⁵	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Feeling worried that may worsen other medical conditions in the long run ⁴⁷⁸⁰	<input type="radio"/>	<input type="radio"/>	<input checked="" 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	EXTREME BOTHERED
15. Worrying about the treatment side effects from medications ⁴⁷⁸⁵	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

² ATRIAL FIBRILLATION EFFECT ON QUALITY-OF-LIFE (AFEQT) QUESTIONNAIRE - ©2010 ST. JUDE MEDICAL, INC. ALL RIGHTS RESERVED – USED WITH PERMISSION

HISTORY – RHYTHM HISTORY**Symptoms Experienced During AFib/AFlutter**⁴³⁷⁵: ☐ Asymptomatic ☒ Symptomatic**Atrial Fibrillation Classification (prompting ablation)**⁴⁴⁰⁰:

- ☒ Paroxysmal (>= 2 episodes, terminating spontaneously w/in 7 days)
☐ Persistent (>7 days or with electrical or pharmacological termination)

- ☐ Long standing persistent (>1 year)
☐ 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 Termination**⁴⁴¹⁰:☐ 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
m11 / 01 / 2014→ If Yes, Prior Ablation Strategy(s)⁴⁴³⁵:

2- Cryoablation, 5-Focal Ablation

→ 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
m12 / 01 / 2014**AV node ablation with pacemaker implantation**⁴⁴⁸⁵:☐ 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 Disease**⁴⁵⁷⁵: ☒ No ☐ Yes**Sleep Apnea**⁴⁵⁸⁰: ☐ No ☒ Yes**Coronary Artery Disease**⁴²⁸⁵: ☒ No ☐ Yes→ If Yes, Rx Followed⁴⁵⁸⁵: ☒ No ☐ Yes**D. DIAGNOSTIC STUDIES (MOST RECENT VALUES PRIOR TO THE START OF THE FIRST PROCEDURE)****Atrial Rhythm**⁵¹⁰⁰: (Select all that apply) ☐ Sinus ☒ Afib ☐ Atrial tach ☐ Aflutter ☐ Sinus arrest ☐ Atrial paced ☐ Not Documented**LVEF Assessed**⁵¹¹⁰: ☐ No ☒ Yes→ If Yes, LVEF⁵¹¹⁵: 50 %**Transthoracic Echo (TTE) Performed**⁵¹²⁰: ☐ No ☒ Yes→ If Yes, Date of TTE⁵¹²⁵: m12 / 31 / 2015→ 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☐ 1+ (Mild) ☐ 3+ (Moderate-Severe)
☐ 2+ (Moderate) ☐ 4+ (Severe)→ If Yes, Mitral Stenosis⁵¹⁵⁰: ☐ No ☐ Yes

D. DIAGNOSTIC STUDIES (CONT.)

Transesophageal Echo Performed (TEE)⁵¹⁵⁵: ☐ No ☒ Yes → If Yes, **Date of Most Recent**⁵¹⁶⁰: m12 / 31 / 2015
 → If Yes, **Atrial Thrombus Detected**⁵¹⁶⁵: ☐ No ☐ Yes

Baseline Imaging Performed⁵¹⁷⁰: ☐ No ☒ Yes
 → If Yes, **CT Performed**⁵¹⁷⁵: ☐ No ☒ Yes → If Yes, **Date of Most Recent**⁵¹⁸⁰: m01 / 01 / 2016
 → If Yes, **MRI Performed**⁵¹⁸⁵: ☐ No ☒ Yes → If Yes, **Date of Most Recent**⁵¹⁹⁰: m01 / 01 / 2016

E. PHYSICAL EXAM AND LABS

Height⁶⁰⁰⁰: _____ cm **PT**⁶⁰⁴⁰: _____ sec ☒ Not Drawn⁶⁰⁴¹ **Bilirubin**⁶⁰⁵⁵: 1.50 mg/dL ☐ Not Drawn⁶⁰⁵⁶
Weight⁶⁰⁰⁵: _____ kg **INR**⁶⁰⁴⁵: _____ ☒ Not Drawn⁶⁰⁴⁶ **AST**⁶⁰⁶⁰: 37.0 U/dL ☐ Not Drawn⁶⁰⁶¹
Pulse⁶⁰¹⁰: 120 bpm **Creatinine**⁶⁰⁵⁰: _____ mg/dL ☒ Not Drawn⁶⁰⁵¹ **ALT**⁶⁰⁶⁵: 25.0 U/dL ☐ Not Drawn⁶⁰⁶⁶
Blood Pressure^{6015/6020}: 108 / 80 mmHg **Alk Phos**⁶⁰⁷⁰: 130.0 IU/dL ☐ Not Drawn⁶⁰⁷¹

F. MEDICATIONS

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

MEDICATION ^{6985,10200}		PRE-PROC MEDICATION ADMINISTERED ⁶⁹⁹⁰				PRESCRIBED AT DISCHARGE ¹⁰²⁰⁵			
		PAST	CURRENT	HELD	NEVER	YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON
RATE CONTROL THERAPY	Beta Blockers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Verapamil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Dofetilide	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Procainamide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANTIPLATELET	Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Prasugrel	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANTICOAGULANT	Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. MEDICATIONS (CONT.)

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

MEDICATION ^{6985,10200}		PRE-PROC MEDICATION ADMINISTERED ⁶⁹⁹⁰				PRESCRIBED AT DISCHARGE ¹⁰²⁰⁵			
		PAST	CURRENT	HELD	NEVER	YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON
BRIDGING THERAPY	Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Fondaparinux	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	ARB	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Statin therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. PROCEDURE INFORMATIONProcedure Start Date/Time⁷⁰⁰⁰: 01 / 02 / 2016 / 10:00 Procedure Status⁷⁰²⁵: ☒ Elective ☐ UrgentOperator Name^{7100,7105,7110}: JOHNSON, MARK, L. Operator NPI⁷¹¹⁵: 0123456789Phrenic Nerve Evaluation⁷¹²⁰: ☒ No ☐ Yes → If Yes, Pacing Maneuver⁷¹²⁵: ☐ No ☐ YesSedation⁷¹³⁰: ☒ Minimal Sedation/Anxiolysis ☐ Deep Sedation/Analgesia
☐ Moderate Sedation/Analgesia (Conscious Sedation) ☐ General AnesthesiaCurrent Ablation Strategy(s)⁷¹³⁵: 7- Pulmonary Vein Isolation, _____,→ If Current Ablation Strategy⁷¹³⁵ is 'Pulmonary Vein Isolation':Assessed with circumferential vein catheter⁷¹⁴⁰: ☐ No ☒ YesNumber of veins present⁷¹⁴⁵: ☒ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ SixNumber of veins targeted⁷¹⁵⁰: ☒ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ SixNumber of veins isolated⁷¹⁵⁵: ☒ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ SixIsolation Confirmation⁷¹⁶⁰: ☒ Entrance Block ☐ Exit Block ☐ Bidirectional BlockAdjunctive Ablation Lesions⁷¹⁶⁵: ☐ No ☒ Yes→ If Yes, Location⁷¹⁷⁰: (Select all that apply) ☐ SVC ☐ Coronary Sinus ☐ Ligament/Vein of Marshall
☐ CTI ☐ Atypical Atrial Flutter Lines ☐ OtherTransseptal Catheterization⁷¹⁷⁵: ☒ Single ☐ DoubleCardioversion (CV) Performed during Procedure⁷¹⁸⁰: ☐ No ☐ Yes→ If Yes, Pharmacologic Cardioversion⁷¹⁸⁵: ☐ No ☐ Yes→ If Yes, DC Cardioversion⁷¹⁹⁰: ☐ No ☐ YesAtrial Flutter/Tachycardia Present⁷¹⁹⁵: ☐ No ☐ YesGuidance Method(s)⁷²⁰⁰: 1- Fluoroscopy, _____, _____,Catheter Manipulation⁷²⁰⁵: (Select all that apply) ☒ Manual ☐ Magnetic ☐ Robotic**RADIATION EXPOSURE**Cumulative Air Kerma⁷²¹⁰: 10000 ☐ mGy ☒ GyDose Area Product⁷²²⁰: _____ ☐ 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 ☒ Post-transseptal

→ If Yes, **Bivalirudin**⁷²⁴⁵: ☐ No ☒ Yes

→ If Yes, **Other**⁷²⁵⁰: ☐ No ☐ Yes

DEVICE(S) USED

Device ID⁷²⁵⁵, **UDI**⁷²⁶⁰: 1- THERMOCOOL SF 3.5mm , 12 - Blazer II HTD, 23-TactiCath

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

Cardiac Arrest ⁹⁰⁰⁰ : <input type="radio"/> No <input checked="" 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

GENITOURINARY/GASTROINTESTINAL EVENTS

Acute Renal Failure⁹⁰⁹⁰: ☐ No ☐ Yes

GU Bleeding⁹⁰⁹⁵: ☐ No ☐ Yes

GI Hypomotility⁹¹⁰⁰: ☐ No ☐ Yes

NEUROLOGIC EVENTS

Phrenic Nerve Damage⁹¹⁰⁵: ☐ No ☒ Yes

→ If Yes, **Confirmed By**⁹¹¹⁰: ☐ Chest X-ray ☐ Fluoroscopy

Peripheral Nerve Injury⁹¹¹⁵: ☐ No ☐ Yes

Stroke⁹¹²⁰: ☐ No ☒ Yes

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

☐ **Not Administered**⁹¹³⁰

TIA⁹¹⁴⁰: ☐ 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

PULMONARY EVENTS

Hemothorax⁹²⁰⁵: ☐ No ☐ Yes

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

Pneumothorax⁹²¹⁵: ☐ No ☐ Yes

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

Respiratory Failure⁹²²⁵: (post-procedure) ☐ No ☐ Yes

Pleural Effusion⁹²³⁰: ☐ No ☐ Yes

Pneumonia⁹²³⁵: ☐ No ☐ Yes

Pulmonary Embolism⁹²⁴⁰: ☐ No ☐ Yes

Pulmonary Vein Damage/Dissection⁹²⁴⁵: ☐ No ☐ Yes

I. DISCHARGE

Atrial Rhythm¹⁰⁰²⁵: (Select all that apply) ☒ Sinus ☐ Afib ☐ Atrial tach ☐ Aflutter ☐ Sinus arrest ☐ Atrial paced ☐ Not Documented

Discharge Date¹⁰¹⁰⁰: m 01 / 05 / y 2016

Discharge Status¹⁰¹⁰⁵: ☒ Alive ☐ Deceased

→ If Alive, **Discharge Location**¹⁰¹¹⁰: ☒ Home ☐ Skilled Nursing facility
☐ Extended care/TCU/rehab ☐ Other
☐ Other acute care hospital ☐ Left against medical advice (AMA)

→ If Alive, **Hospice Care**¹⁰¹¹⁵: ☒ No ☐ Yes

→ If Deceased, **Death During the Procedure**¹⁰¹²⁰: ☐ No ☐ Yes

→ If Deceased, **Cause of Death**¹⁰¹²⁵:

<input type="radio"/> Acute myocardial infarction	<input type="radio"/> Pulmonary	<input type="radio"/> Hemorrhage
<input type="radio"/> Sudden cardiac death	<input type="radio"/> Renal	<input type="radio"/> Non-cardiovascular procedure or surgery
<input type="radio"/> Heart failure	<input type="radio"/> Gastrointestinal	<input type="radio"/> Trauma
<input type="radio"/> Stroke	<input type="radio"/> Hepatobiliary	<input type="radio"/> Suicide
<input type="radio"/> Cardiovascular procedure	<input type="radio"/> Pancreatic	<input type="radio"/> Neurological
<input type="radio"/> Cardiovascular hemorrhage	<input type="radio"/> Infection	<input type="radio"/> Malignancy
<input type="radio"/> Other cardiovascular reason	<input type="radio"/> Inflammatory/Immunologic	<input type="radio"/> Other non-cardiovascular reason