51772

AVID

Concurrent Drugs

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

Affix Patient ID # Here
seqnum03

Complete this form at:

- **Baseline hospital discharge.**
- **Each scheduled follow-up visit.**
- **The onset of symptoms leading to a patient's death.**

days03 **1 Date:** ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

2 Reason for completion:

1 ○ Hospital discharge, baseline hospitalization

follow03 Scheduled follow-up:

1 ○ 1 mo	2 ○ 3 mo	3 ○ 6 mo	4 ○ 9 mo	5 ○ 1 yr
	6 ○ 1 yr 3 mo	7 ○ 1 yr 6 mo	8 ○ 1 yr 9 mo	9 ○ 2 yr
	10 ○ 2 yr 3 mo	11 ○ 2 yr 6 mo	12 ○ 2 yr 9 mo	13 ○ 3 yr
	14 ○ 3 yr 3 mo	15 ○ 3 yr 6 mo	16 ○ 3 yr 9 mo	17 ○ 4 yr

reason03

4 ○ Death

Note: Reason = 2 when a follow-up bubble checked

3 Current antiarrhythmic therapy:

txnone03 ○ No Therapy txicd03 ○ ICD txanti03 ○ Antiarrhythmic drug

If antiarrhythmic drug, specify:

dramio03 ○ Amiodarone dose: ☐☐☐☐ amiomg03 mg/day

drsot03 ○ Sotalol dose: ☐☐☐ mg/day sotmg03

droth03 ○ Other:

☐☐☐☐☐☐☐☐☐☐☐☐ dose: ☐☐☐☐☐☐ mg/day

☐☐☐☐☐☐☐☐☐☐☐☐ dose: ☐☐☐☐☐☐ mg/day

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

☐☐-☐☐☐-☐ ☐☐☐☐
Affix Patient ID # Here

4 Check all concurrent medications:

	Yes	No	
	1	0	
betabk03	O	O	Beta blocker other than sotalol
cabic03	O	O	Calcium blocker
dig03	O	O	Digitalis preparation
inotro03	O	O	Inotropic agent other than digitalis
diuret03	O	O	Diuretic
ace03	O	O	ACE inhibitor
nitrat03	O	O	Nitrate
othvas03	O	O	OTHER vasodilator or after load reducing agent
hypert03	O	O	Other antihypertensive not listed above
liplow03	O	O	Lipid lowering agent
potass03	O	O	Potassium supplement
hypogl03	O	O	Hypoglycemic (includes insulin)
ancoag03	O	O	Anticoagulant
aninfl03	O	O	Anti-inflammatory agent, analgesic
anplat03	O	O	Antiplatelet O ASA infasa03 O NSAID infnsa03 O Steroids othinf03
bronch03	O	O	Bronchodilator (includes inhalers) O ASA plaasa03 O Other othpla03
antdep03	O	O	Antidepressant
phenyt03	O	O	Phenytoin
histam03	O	O	Histamine antagonist
thyrd03	O	O	Thyroid replacement
othmed03	O	O	Other cardiac medications, specify:

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Do NOT include antibiotics, stool softeners, vitamins, pain meds, or other non-cardiac drugs.

Signature of person filling out this form

☐☐☐☐
code number

For Clinical Trial Center Use Only: rtnum03

☐☐	Yes O	No O	2	0	3	0	4	0	0
CTC Code			DRUGS page 2 of 2 1/31/95						