ENRGISE PILOT STUDY: AFIB DIAGNOSIS REPORT

Date Completed ☐☐/☐☐/☐☐

Staff ID ☐☐☐☐

Rev: _____

DE: _____

Date: _____

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1. Please provide the Hospitalization ID# associated with this AFib report. ☐☐☐☐ $_1$☐ This is a Duplicate of HID → ☐☐☐☐

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2. How was this potential case of atrial fibrillation initially reported?

$_1$☐ Participant $_3$☐ Medical records

$_2$☐ Proxy $_4$☐ Other → _____

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3. At what visit was the afib or hospitalization reported?

$_1$☐ SV1 $_2$☐ SV2 $_3$☐ BLR $_4$☐ F03 $_5$☐ F06 $_6$☐ F09 $_7$☐ F12 $_8$☐ Safety $_8$☐ Spontaneous

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4. Is a diagnosis of atrial fibrillation confirmed by review of documentation?

$_1$☐ Yes

$_2$☐ No   →   *Skip to Q8.*

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5. What was the date of diagnosis? ☐☐/☐☐/☐☐

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6. What type of afib was diagnosed? $_1$☐ Persistent $_2$☐ Paroxysmal $_3$☐ Unknown/Undetermined

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7. What type of records were used to confirm afib diagnosis? *(check all that apply)*

$_1$☐ Discharge Summary $_1$☐ ECG $_1$☐ Holter Monitor $_1$☐ Clinical Notes

$_1$☐ Other *(specify)* →

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8. Narrative Description: *Use this area to provide additional comments and details regarding the event.*

9. Please provide the AE# associated with this AFib/hospitalization report. ☐☐☐☐   ₁☐ N/A

10. During the review of records, were previously unreported Afib and/or hospitalizations identified?

₁☐ Yes → How many additional hospitalizations were identified? ☐☐

₂☐ No