# RATE-AF Cardiovascular Event Form

UNIVERSITY OF BIRMINGHAM | BCTU Birmingham Clinical Trials Unit

## IDENTIFYING DETAILS

| | |
|---|---|
| Trial No.: ☐☐☐☐ | Participant initials: ☐☐☐ |
| Date of birth: DD / MMM / YYYY | |
| Which SAE does this Cardiovascular Event Form relate to: ☐☐ / ☐☐☐☐ | |

## DETAILS OF EVENT

Select as many options as required:

Stroke or TIA ☐ Worsening of heart failure ☐ Acute coronary syndrome ☐ Other ☐

*If other, please select from list below:*

| | | | |
|---|---|---|---|
| Torsade de pointes tachycardia | ☐ | AV nodal block | ☐ |
| Drug-induced bradycardia | ☐ | Pulmonary vein stenosis | ☐ |
| Bleeding caused by catheter intervention or antithrombotic therapy | ☐ | Non-fatal cardiac arrest | ☐ |
| Drug toxicity of AF related therapy | ☐ | Percutaneous coronary (e.g. PCI), cerebrovascular or peripheral procedure | ☐ |
| Implantation of a pacemaker, ICD or any other device | ☐ | Pulmonary embolism or deep vein thrombosis | ☐ |
| Major bleeding | ☐ | Ventricular fibrillation | ☐ |
| Ventricular tachycardia | ☐ | Ablation or drug-induced atrial flutter or atrial | ☐ |
| Tachycardia | ☐ | Pericardial tamponade | ☐ |
| Cardiac transplantation | ☐ | Blood pressure related (hypotension, hypertension NOT syncope) | ☐ |
| Syncope | ☐ | Atrio-oesophageal fistula | ☐ |
| Hospitalisation for AF (e.g. cardioversion, initiation of antiarrhythmic therapy, AF ablation) | ☐ | Any type of cardiovascular surgery | ☐ |
| Cardiovascular infection | ☐ | | |

None of the above, please specify ☐ .....

.....

| | |
|---|---|
| **Stroke** | Type of stroke/ TIA:<br>TIA ☐ Ischemic stroke (including transient events with matching lesion on cerebral imaging) ☐ Haemorrhagic stroke ☐ Stroke, unknown cause ☐ Stroke, other cause ☐ |
| | Rankin score of stroke severity: I ☐ II ☐ III ☐ IV ☐ V ☐ |
| | ***Guidance on selecting Rankin score of stroke severity:***<br>**Grade I** *No significant disability (able to carry out all usual duties)*<br>**Grade II** *Slight disability (unable to carry out some of the pervious activities but able to look after own affairs without assistance)*<br>**Grade III** *Moderate disability (requiring some hep but able to walk without assistance*<br>**Grade IV** *Moderate severe disability (unable to walk without assistance and unable to attend to own bodily needs without assistance)*<br>**Grade V** *Severe disability (bedridden, incontinent and requiring constant nursing care and attention)* |
| | Diagnostic procedures: CT ☐ MRI ☐ Other ☐ |
| | Therapy given: Antiplatelet only ☐ Lytic therapy ☐ Local mechanical therapy ☐ No therapy ☐ Other ☐ |
| **Heart Failure** | Acute cardiac decompensation due to AF: No ☐ Yes ☐ Unknown ☐ |
| | Lung oedema (documented in chest radiography): No ☐ Yes ☐ Unknown ☐ |
| | Severe peripheral oedema: No ☐ Yes ☐ Unknown ☐ |
| | BNP: Normal range ☐ Pathological ☐ Unknown ☐ |
| | BNP value: ☐☐☐☐ ng/L NT-proBNP value: ☐☐☐☐ ng/L |
| | Acute therapy: IV diuretics ☐ PO diuretics ☐ Inotropic agents ☐ No therapy ☐ Other ☐ |
| | ICU/ CCU: No ☐ Yes ☐ Duration of ICU/ CCU stay: ☐☐☐ days |
| | NYHA Functional Classification on admission: I ☐ II ☐ III ☐ IV ☐ |
| | ***Guidance on selecting NYHA Functional Classification:***<br>**I** *No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or dyspnoea.*<br>**II** *Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation or dyspnoea.*<br>**III** *Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation or dyspnoea.*<br>**IV** *Unable to carry out any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.* |
| **Acute Coronary Syndrome** | Type of acute coronary syndrome:<br>STEMI, anterior ☐ STEMI, inferior ☐ STEMI, other or not classifiable ☐ NSTEMI ☐ Unstable angina ☐ |
| | Troponin: Normal range ☐ Pathological ☐ Unknown ☐ Maximal troponin value: ☐☐☐ ng/L |

**Cardiovascular Event Form completed by:**
You **must** have signed the trial signature and delegation log

**Name:** ……
**(please print)**

**Date:** D D / M M M / Y Y Y Y

**Signature:** ……