



RATE-AF Echocardiogram CRF

 UNIVERSITY OF
BIRMINGHAM


IDENTIFYING DETAILS

 Patient initials:

 Trial Number:

 Date of visit: / /

TIMEPOINT

Please indicate below, which visit this CRF relates to:

 Baseline

 12 months

Left ventricle (* using the average of 3 index beats)

Tick if unable to measure

Simpson's Biplane left ventricular ejection fraction (%)*	<input type="text"/> <input type="text"/> . <input type="text"/>			<input type="checkbox"/>
Left ventricular ejection fraction range (based on measurement, or visual assessment if unavailable)	<40% <input type="checkbox"/>	40-49% <input type="checkbox"/>	≥50% <input type="checkbox"/>	<input type="checkbox"/>
End diastolic volume (to nearest mL based on Simpson's biplane)*	<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>
End systolic volume (to nearest mL based on Simpson's biplane)*	<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>
Stroke volume (to nearest mL based on 2D measurement of outflow tract and VTI on Doppler)*	<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>
Left ventricular dilatation (based on measurement or visual assessment)	Non-dilated <input type="checkbox"/>	Dilated <input type="checkbox"/>		<input type="checkbox"/>
Global longitudinal strain (%)*	Positive + <input type="checkbox"/>	Negative - <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Left ventricular hypertrophy	Yes <input type="checkbox"/>		No <input type="checkbox"/>	<input type="checkbox"/>
If yes	Mild <input type="checkbox"/> (1.3-1.5 cm)	Moderate <input type="checkbox"/> (1.6-1.9cm)	Severe <input type="checkbox"/> (≥2.0cm)	<input type="checkbox"/>
Mitral valve E Vmax (cm/s)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>			<input type="checkbox"/>
Mitral valve E deceleration time (ms)*	<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>
Lateral E/e'*	<input type="text"/> <input type="text"/> . <input type="text"/>			<input type="checkbox"/>
Septal E/e'*	<input type="text"/> <input type="text"/> . <input type="text"/>			<input type="checkbox"/>
Average e' taken from septal and lateral annulus (cm/s)*	<input type="text"/> <input type="text"/> . <input type="text"/>			<input type="checkbox"/>
Average E/e'*	<input type="text"/> <input type="text"/> . <input type="text"/>			<input type="checkbox"/>
IVRT (ms)	<input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>
Pulmonary vein ratio of systolic to diastolic	<input type="text"/> . <input type="text"/>			<input type="checkbox"/>
Pulmonary vein diastolic deceleration time (ms)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>			<input type="checkbox"/>

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Right ventricle		Unable to measure
TAPSE (mm)	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
Impairment of right ventricular function	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

Left atrium		Unable to measure
Left atrial end-systolic volume indexed to body surface area (to nearest mL/m ²)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Left atrial ejection fraction (%)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>

AORTIC VALVE	None	Mild	Moderate	Severe	Unable to assess
Stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regurgitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MITRAL VALVE	None	Mild	Moderate	Severe	Unable to assess
Stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regurgitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRICUSPID VALVE	None	Mild	Moderate	Severe	Unable to assess
Stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regurgitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PULMONARY VALVE	None	Mild	Moderate	Severe	Unable to assess
Stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regurgitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probability of pulmonary hypertension (based on BSE/ESC guidelines):

Low	Intermediate	High	Indeterminate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>CRF completed by: You must have signed the trial signature and delegation log</p> <p>Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Name: (please print)</p> <p>Signature: </p>
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