OMB#: 0925-0281
Exp. 12/31/2016

ATRIAL FIBRILLATION TRACKING FORM

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE: A F T DATE: 02/24/2014 Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) 0b. Staff ID: ☐☐☐

Instructions: *This form is completed by field center staff to: a) track and document the status of each attempt to recruit, or contact participants, and b) for Holter monitor tracking for the ARIC participants eligible for the Atrial Fibrillation Ancillary Study.* ***It is to be completed for ALL participants who are eligible for this ancillary study.*** *Only one form per participant is allowed. This form is opened prior to scheduling the participant.*

Section A. Tracking for initial contact with pre-visit questionnaire, and scheduling

1. What is the participant's ARIC consent status at the time of initial contact for this study?

☐ Yes, ARIC informed consent provided to continue participation (ICT = 1 or 2)
☐ Yes, but limited status contact only (as advised by AFU coordinator)
☐ No, refused further ARIC participation (ICT = 0)→ **SAVE AND CLOSE FORM**

2. Does the participant require a proxy?

☐ Yes
☐ No

Date of Recruitment Attempt	Participant Result Code*	Proxy Result Code^	Staff Code
3.a.	3.b.	3.c.	3.d.
4.a.	4.b.	4.c.	4.d.
5.a.	5.b.	5.c.	5.d.
6.a.	6.b.	6.c.	6.d.
7.a.	7.b.	7.c.	7.d.
8.a.	8.b.	8.c.	8.d.
9.a.	9.b.	9.c.	9.d.
10.a.	10.b.	10.c.	10.d.
11.a.	11.b.	11.c.	11.d.
12.a.	12.b.	12.c.	12.d.

RESULT CODES:

*^A - Contacted and scheduled
*^B - Contacted and need to schedule
*^C - Contacted, refused to participate
*D - Reported alive, will continue to attempt contact
*E - Reported alive, contact not possible
*^F - Cancelled
*^G - No-show

Section B. Atrial Fibrillation AS Informed Consent and Holter Tracking

13. At the AF ancillary study visit, was informed consent obtained for this AF ancillary study?

☐ Yes
☐ No, refused → **SAVE AND CLOSE FORM**

14. Did participant leave with attached Holter Monitor?

☐ Yes
☐ No → **SAVE AND CLOSE FORM**

14.a. Date left with Holter monitor**:** ☐☐/☐☐/☐☐☐☐

14.b. Number of Holter monitor used? ☐☐

14.c. Staff ID: ☐☐

14.d. Other device offered?

☐ Yes
☐ No → **GO TO QUESTION 15**

14.e. Left with other device?

☐ Yes
☐ No → **GO TO QUESTION 15**

14.f. If left with other device, then what was device? _____

15. Date Holter returned: ☐☐/☐☐/☐☐☐☐

Section C. Repeat visit for 48 hour Holter monitoring

16. Was the participant offered a repeat 48 hours of Holter monitoring?

☐ Yes
☐ No → **GO TO QUESTION 18.a.**

16.a. Did the participant leave with monitor attached for repeat monitoring?

☐ Yes
☐ No → **GO TO QUESTION 18.a.**

16.b. Date left with Holter for repeat visit**:** ☐☐/☐☐/☐☐☐☐
Month Day Year

16.c. Number of Holter monitor used? ☐☐

16.d. Staff ID: ☐☐

17. Date Holter returned from repeat monitoring: ☐☐/☐☐/☐☐☐☐
Month Day Year

Section D. Tracking for Post-visit Questionnaire

Date questionnaire attempted	Participant Result Code*	Proxy Result Code^	Staff Code
18.a.	18.b.	18.c.	18.d.
19.a.	19.b.	19.c.	19.d.
20.a.	20.b.	20.c.	20.d.
21.a.	21.b.	21.c.	21.d.
22.a.	22.b.	22.c.	22.d.
23.a.	23.b.	23.c.	23.d.
24.a.	24.b.	24.c.	24.d.
25.a.	25.b.	25.c.	25.d.
26.a.	26.b.	26.c.	26.d.
27.a.	27.b.	27.c.	27.d.

RESULT CODES

*^A - Contacted and questionnaire completed
*^B - Contacted and scheduled a time for questionnaire
*^C - Contacted, refused to answer questions
*^D - Contacted, and plan to call back at later time