GWTG-AFib Case Record Form (CRF) **June 2023**

Patient ID:	_____
DEMOGRAPHICS	
Was patient admitted as an inpatient?	Yes No
Please select reason patient was not admitted:	o Outpatient planned ablation procedure episode o Discharge from Observation Status o Discharged from ED
Date of Birth:	___/___/_____
Sex:	Male Female Unknown
Patient Gender Identity:	o Male o Female o Female-to-Male (FTM)/Transgender Male/Trans Man o Male-to-Female (MTF)/Transgender Female/Trans Woman o Genderqueer, Neither Exclusively Male nor Female o Additional Gender Category or Other o Did not Disclose
Other Patient Gender Identity	_____
Patient-Identified Sexual Orientation:	o Straight or heterosexual o Lesbian or gay o Bisexual o Queer, pansexual, and/or questioning o Something else; please specify o Don't know o Declined to answer

	Vietnamese Other Asian	
Hispanic Ethnicity:	Yes	No/Unable to Determine (UTD)
If Yes Hispanic Ethnicity:	Mexican, Mexican American, Chicano/a	

	Familial Hypercholesterolemia Family History of AF
History of cigarette smoking in the past 12 months	Yes No
History of vaping or e-cigarette use in the past 12 months	Yes No
Other Risk Factor	Labile INR (Unstable/high INRs or time in therapeutic range <60%)? Yes No Unable to determine from the information available in the medical record
Prior AF Procedures	None Cardioversion Ablation Month/Year of prior ablation ____/____/_____ AF Surgery (Surgical MAZE) LAA Occlusion Device Lariat Surgical closure (clip or oversew) Watchman Other

DIAGNOSIS

Atrial Arrhythmia Type:	Atrial Fibrillation If Atrial Fibrillation: First Detected Atrial Fibrillation Paroxysmal Atrial Fibrillation Persistent Atrial Fibrillation Permanent/long standing Persistent Atrial Fibrillation U(x)(n)23.9 (t)1.3 (/)17.4 (lo)41.7 (ng)12.1 (s)

	o Mild enlargement o Moderate enlargement o Severe enlargement o Unknown
	None
Oral Medications during hospitalization (Select all that apply)	

	o IIB – Moderate symptoms (Normal daily activity not affected but patient troubled by symptoms) o III - Severe symptoms (Normal daily activity affected) o IV – Disabling symptoms (Normal daily activity discontinued) o ND
Baseline Rhythm	Atrial fibrillation Atrial flutter, typical right Atrial flutter, atypical Sinus rhythm Other (specify) _ Unknown/ND
Did the patient have prior ablations for atrial fibrillation (do not count ablations for other arrhythmias):	0 (no prior AF ablation) 1 2 ≥ 3

What was the peri-procedural anticoagulation strategy?

o Bridging anticoagulation strategy

	Preprocedure CT Preprocedure MRI Preprocedure TEE Rotational angiography
Trans-septal approach used for the ablation procedure:	o Brockenbrough/mechanical needle o Radiofrequency needle o SafeSept (wire needle) o Other, such as entry through patent foramen ovale o Trans-septal method not utilized

Was an Atrial Septal Closure Device Present

Indication: Empiric A-Flutter induced and mapped
History of A-Flutter
Outcome: Block achieved or demonstrated Block not achieved
CTI
Indication: Empiric A-Flutter induced and mapped
History of A-Flutter

Inferolateral Mitral Isthmus

	Dosage: Frequency:

Are there any relative or absolute contraindications to oral anticoagulant therapy? (Check all that apply)

Patient and/or caregiver received education and/or resource materials regarding all the following:	Risk factors Stroke Risk Management Medication Adherence Follow-up When to call provider	Yes Yes Yes Yes Yes Yes	No No No No No No	
Anticoagulation Therapy Education Given:	Yes	No		
PT/INR Planned Follow-up	Yes	No		
Who will be following patients PT/INR?	Home INR Monitoring Anticoagulation Warfarin Clinic Managed by Physician associated with hospital Managed by outside physician Not documented			
Date of PT/INR test planned post discharge:	___/___/____	o Not documented		
System Reason for no PT/INR Planned Follow-up?	Yes	No		
Risk Interventions				
TLC (Therapeutic Lifestyle Change) Diet	Yes	No	Not Documented	Not Applicable
Obesity Weight Management	Yes	No	Not Documented	Not Applicable
Activity Level/Recommendation	Yes	No	Not Documented	Not Applicable
Screening for obstructive sleep apnea	Yes	No	Not Documented	Not Applicable
Referral for evaluation of obstructive sleep apnea if positive screen	Yes	No	Not Documented	Not Applicable
Discharge medication instruction provided	Yes	No	Not Documented	Not Applicable
CLINICAL CODES AND RISK SCORES				
ICD-10-CM Principal Diagnosis Code				
ICD-10-CM Other Diagnoses Codes				

ICD