Self-Reported Arrhythmia Questionnaire

ID NUMBER: | | | | | | | |

FORM CODE: | Z | I | O |

DATE: 03-26-2018
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: | | | / | | | / | | | | |
Month Day Year

0b. Staff ID: | | | |

0c. Serial Number of ZioPatch | N | | | | | | | | | |

Instructions: *This survey is completed with all participants who are eligible for the Ziopatch study.*

1. Has a doctor ever said that you have a heart rhythm abnormality?
   - ☐ Y = Yes
   - ☐ N = No → Go to question #7

2. Has a doctor said that you have atrial fibrillation?
   - ☐ Y = Yes
   - ☐ N = No → Go to question #3

   2a. Are you taking any medications called 'blood thinners' like Warfarin (Coumadin), Pradaxa (Dabigatran), Xarelto (Rivaroxaban), Eliquis (Apixaban), Savaysa (Edoxaban)?
   - ☐ Y = Yes. If yes, specify:_____-_
   - ☐ N = No

"Do you have any of the following symptoms with your atrial fibrillation:"

2b. Blackout (losing consciousness)
- ☐ Y = Yes
- ☐ N = No

2c. Palpitations (racing heart at rest)
- ☐ Y = Yes
- ☐ N = No

2d. Dizziness (light headedness)
- ☐ Y = Yes
- ☐ N = No

2e. Chest discomfort

☐Y = Yes

☐N = No

2f. Other

☐Y = Yes _____

☐N = No

3. Has a doctor said that you have extra heart beats from the **upper** chambers of the heart or premature **atrial** beats or premature **atrial** contractions?

☐Y = Yes

☐N = No

4. Has a doctor said that you have a fast rhythm from the **upper** chambers of the heart or supraventricular tachycardia?

☐Y = Yes

☐N = No

5. Has a doctor said that you have extra heart beats from the **lower** chambers of the heart or premature **ventricular** beats or premature **ventricular** contractions?

☐Y = Yes

☐N = No

6. Has a doctor said that you have a fast rhythm from the **lower** chambers of the heart or non-sustained ventricular tachycardia?

☐Y = Yes

☐N = No

7. Was the patch mailed to the participant?

☐Y = Yes

☐N = No→ END FORM

If yes;

7a. Mailing Date: ☐☐/☐☐/☐☐☐☐
Month Day Year

8. Date of phone call to participant: ☐☐/☐☐/☐☐☐☐
Month Day Year