



INSTRUCTIONS FOR THE SELF-REPORTED ARRHYTHMIA QUESTIONNAIRE (ZIO) FORM

I. General Instructions

The Self-Reported Arrhythmia Questionnaire (ZIO) Form is completed during the Zio Patch portion of the participant's visit. It should be completed for all participants who are eligible for the Zio Patch study just before the patch monitor is applied.

For participants who refuse to come in for V7, but do participate in the Zio Patch study, consent will be obtained over the phone and the ZIO questionnaire will be administered over the phone.

Interviewers are certified in general clinic interviewing and familiar with the ARIC data entry system and the "General Instructions for Completing Paper Forms" (in case the computer is down) prior to administering this form.

In introducing the questionnaire the suggested statement follows: "Hello (Ms./Mr. participant's name). My name is _____. In this brief interview, we want to ask some questions related to history of heart rhythm abnormalities. Feel free to ask questions or have me repeat instructions if I am not being clear."

II. Detailed Instructions for Each Item

0a. Enter the date on which the participant was seen in the clinic.

0b. Enter the staff ID for the person who completed this form.

0c. Enter serial number of Zio Patch

1. Self-reported physician-diagnosis of heart rhythm abnormality (yes/no). If no, save and close the form.
2. Self-reported physician-diagnosis of atrial fibrillation (yes/no). If yes, ask 2a to 2f
 - 2a. Current use of oral anticoagulants (yes/no). If yes, record which one.
 - 2b. Symptoms of losing consciousness, passing out, or black out (yes/no)
 - 2c. Symptoms of palpitations, racing heart beat at rest, fluttering sensation in chest at rest (yes/no)
 - 2d. Symptoms of light-headedness or dizziness (yes/no)
 - 2e. Symptom of chest discomfort (yes/no)
 - 2f. Other symptoms. If yes, record.
3. Self-reported physician-diagnosis of premature atrial beats or premature atrial contractions (yes/no). If participant does not recognize these terms, record "no".
4. Self-reported physician-diagnosis of supraventricular tachycardia (yes/no). If participant does not recognize these terms, record "no".
5. Self-reported physician-diagnosis of premature ventricular beats or premature ventricular contractions (yes/no). If participant does not recognize these terms, record "no".
6. Self-reported physician-diagnosis of non-sustained ventricular tachycardia (yes/no). If participant does not recognize these terms, record "no".

- 7-7a. Enter whether the Zio Patch was mailed to the participant and the date mailed, if applicable.
8. Enter the date that phone call was made to instruct participant to apply the Zio Patch, if applicable.