Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number ___ ___ - ___ ___ ___ ___ ___ - ___

Replaced by blinded subject ID

subj_id	Blinded subject ID

Blinded site ID <created var>

site_id	Blinded site ID

A2. Acrostic Identifier ___ ___ ___ ___ ___

Removed to protect privacy

A3. Date of most recent Fontan completion ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Replaced by age

FONTAN_D_AGE	<created var> Age (yrs) of the subject at A3. Date of most recent Fontan completion

A4. Date of form completion ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Replaced by age

COMP_D_AGE	<created var> Age (yrs) of the subject at A4. Date of form completion

A5. Name of person completing form _____ ___ ___ ___
PRINT FULL NAME INITIALS

Removed to protect privacy

Section B: ANATOMY AND PRE-FONTAN PROCEDURES

preop_dx	<created var> Pre-Fontan anatomic diagnosis (Use F01A dx)
preop_dxcat	<created var> Pre-Fontan anatomic diagnosis category

B1. Confirm pre-Fontan anatomic diagnosis providing indication for most recent Fontan procedure
[Note: The diagnosis codes from Code List A that are entered for this question should be those for the primary diagnosis. If a patient had more than one Fontan operation, enter the codes for the diagnosis that preceded the most recent Fontan operation.]

Anatomic Diagnosis Code (**See Code List A**) **[code required for data entry]**	**Anatomic Diagnosis Name Worksheet**
a. Level 1 ___ ___	a.
b. Level 2 ___ ___	b.

c. Level 3 ___ ___ | c.

d. Level 4 ___ ___ | d.

e. Level 5 ___ ___ | e.

f. Ventricular dominance RIGHT.....1 LEFT .....2 NEITHER 3

ANATDX1	B1a. Anatomic diagnosis level 1
ANATDX2	B1b. Anatomic diagnosis level 2
ANATDX3	B1c. Anatomic diagnosis level 3
ANATSPEC	B1c1. Anatomic diagnoses: if other, specify
ANATDX4	B1d. Anatomic diagnosis level 4
ANATDX5	B1e. Anatomic diagnosis level 5
VENTDOM	B1f. Ventricular dominance (see _F12B VENT_TYPE)

B2. Number of significant associated anatomic diagnoses ___ ___ (0-4) (**If 0, skip to B3**) (**See code list below**)

NUMASSOC	B2. Number of significant associated anatomic diagnoses	

a. ___ ___

b. ___ ___

c. ___ ___

d. ___ ___

Associated Anatomic Diagnoses	
Code	**Associated Anatomic Diagnosis Name**
01	Branch pulmonary artery stenosis
02	Atrio-ventricular valve regurgitation
03	Abnormal systemic venous drainage
04	Abnormal pulmonary venous drainage
05	Pulmonary vein obstruction
99	Other

1. If code=99 (Other), specify:_____

all_preop_adx	<created var> All Pre-Fontan significant associated anatomic diagnoses
ASSOCDX_0	B2a. Pre-Fontan associated anatomic diagnosis 1
ASSOCDX_1	B2b. Pre-Fontan associated anatomic diagnosis 2
ASSOCDX_2	B2c. Pre-Fontan associated anatomic diagnosis 3
ASSOCDX_3	B2d. Pre-Fontan associated anatomic diagnosis 4
ASSOCDX_4	B2e. Pre-Fontan associated anatomic diagnosis 5
all_preop_adxsp	<created var> All Pre-Fontan 'specify other' associated anatomic diagnoses
ASSOCOTH_0	B2a.1 Pre-Fontan associated anatomic diagnosis 1 (specify other)
ASSOCOTH_1	B2b.1 Pre-Fontan associated anatomic diagnosis 2 (specify other)
ASSOCOTH_2	B2c.1 Pre-Fontan associated anatomic diagnosis 3 (specify other)
ASSOCOTH_3	B2d.1 Pre-Fontan associated anatomic diagnosis 4 (specify other)
ASSOCOTH_4	B2e.1 Pre-Fontan associated anatomic diagnosis 5 (specify other)

Section B: Anatomy and Pre-Fontan Procedures (continued)

B3. Number of cardiac surgical procedures prior to most recent Fontan procedure ___ ___ (0-10) (**If 0, skip to B4**)

NUMPROC	B3. Num cardiac surgical procedures prior to most recent Fontan	

	Pre-Fontan Surgical Procedure Code (See Code List B) [code required for data entry]				
	1. Level 1	**2. Level 2**	**3. Level 3**	**4. Level 4**	**5. Date of Pre-Fontan Surgical Procedure**
a.	___ ___ - ___ ___ - ___ ___ - ___ ___				___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y) Name of procedure
b.	___ ___ - ___ ___ - ___ ___ - ___ ___				___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y) Name of procedure
c.	___ ___ - ___ ___ - ___ ___ - ___ ___				___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y) Name of procedure
d.	___ ___ - ___ ___ - ___ ___ - ___ ___				___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y) Name of procedure
e.	___ ___ - ___ ___ - ___ ___ - ___ ___				___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y) Name of procedure

If patient had more than 5 pre-Fontan surgical procedures, please use and attach Form F04A, Question B3 Supplement to record information about these additional pre-Fontan surgical procedures.

svpalliation	<created var> Number of Pre-Fontan SV palliation surgeries
svrepair	<created var> Number of Pre-Fontan SV repair surgeries
othersurgery	<created var> Number of Pre-Fontan 'other cardiac' surgeries
all_preop_sg	<created var> All Pre-Fontan surgical codes (code list B)
preop_sg0	<created var> Pre-Fontan surgical code (code list B) (0)
preop_sg1	<created var> Pre-Fontan surgical code (code list B) (1)
preop_sg2	<created var> Pre-Fontan surgical code (code list B) (2)
preop_sg3	<created var> Pre-Fontan surgical code (code list B) (3)
preop_sg4	<created var> Pre-Fontan surgical code (code list B) (4)
preop_sg5	<created var> Pre-Fontan surgical code (code list B) (5)
preop_sg6	<created var> Pre-Fontan surgical code (code list B) (6)
preop_sg7	<created var> Pre-Fontan surgical code (code list B) (7)
preop_sg8	<created var> Pre-Fontan surgical code (code list B) (8)
preop_sg9	<created var> Pre-Fontan surgical code (code list B) (9)
preop_sg10	<created var> Pre-Fontan surgical code (code list B) (10)
preop_sg11	<created var> Pre-Fontan surgical code (code list B) (11)
preop_sg12	<created var> Pre-Fontan surgical code (code list B) (12)
PROC1_0	B3a1. Pre-Fontan surgical procedure, level 1 (0)
PROC1_1	B3a1. Pre-Fontan surgical procedure, level 1 (1)
PROC1_2	B3a1. Pre-Fontan surgical procedure, level 1 (2)
PROC1_3	B3a1. Pre-Fontan surgical procedure, level 1 (3)
PROC1_4	B3a1. Pre-Fontan surgical procedure, level 1 (4)
PROC1_5	B3a1. Pre-Fontan surgical procedure, level 1 (5)
PROC1_6	B3a1. Pre-Fontan surgical procedure, level 1 (6)
PROC1_7	B3a1. Pre-Fontan surgical procedure, level 1 (7)
PROC1_8	B3a1. Pre-Fontan surgical procedure, level 1 (8)
PROC1_9	B3a1. Pre-Fontan surgical procedure, level 1 (9)
PROC1_10	B3a1. Pre-Fontan surgical procedure, level 1 (10)
PROC1_11	B3a1. Pre-Fontan surgical procedure, level 1 (11)
PROC1_12	B3a1. Pre-Fontan surgical procedure, level 1 (12)
PROC2_0	B3a2. Pre-Fontan surgical procedure, level 2 (0)
PROC2_1	B3a2. Pre-Fontan surgical procedure, level 2 (1)
PROC2_2	B3a2. Pre-Fontan surgical procedure, level 2 (2)
PROC2_3	B3a2. Pre-Fontan surgical procedure, level 2 (3)
PROC2_4	B3a2. Pre-Fontan surgical procedure, level 2 (4)
PROC2_5	B3a2. Pre-Fontan surgical procedure, level 2 (5)
PROC2_6	B3a2. Pre-Fontan surgical procedure, level 2 (6)
PROC2_7	B3a2. Pre-Fontan surgical procedure, level 2 (7)
PROC2_8	B3a2. Pre-Fontan surgical procedure, level 2 (8)
PROC2_9	B3a2. Pre-Fontan surgical procedure, level 2 (9)
PROC2_10	B3a2. Pre-Fontan surgical procedure, level 2 (10)
PROC2_11	B3a2. Pre-Fontan surgical procedure, level 2 (11)

PROC2_12	B3a2. Pre-Fontan surgical procedure, level 2 (12)
PROC3_0	B3a3. Pre-Fontan surgical procedure, level 3 (0)
PROC3_1	B3a3. Pre-Fontan surgical procedure, level 3 (1)
PROC3_2	B3a3. Pre-Fontan surgical procedure, level 3 (2)
PROC3_3	B3a3. Pre-Fontan surgical procedure, level 3 (3)
PROC3_4	B3a3. Pre-Fontan surgical procedure, level 3 (4)
PROC3_5	B3a3. Pre-Fontan surgical procedure, level 3 (5)
PROC3_6	B3a3. Pre-Fontan surgical procedure, level 3 (6)
PROC3_7	B3a3. Pre-Fontan surgical procedure, level 3 (7)
PROC3_8	B3a3. Pre-Fontan surgical procedure, level 3 (8)
PROC3_9	B3a3. Pre-Fontan surgical procedure, level 3 (9)
PROC3_10	B3a3. Pre-Fontan surgical procedure, level 3 (10)
PROC3_11	B3a3. Pre-Fontan surgical procedure, level 3 (11)
PROC3_12	B3a3. Pre-Fontan surgical procedure, level 3 (12)
PROC4_0	B3a4. Pre-Fontan surgical procedure, level 4 (0)
PROC4_1	B3a4. Pre-Fontan surgical procedure, level 4 (1)
PROC4_2	B3a4. Pre-Fontan surgical procedure, level 4 (2)
PROC4_3	B3a4. Pre-Fontan surgical procedure, level 4 (3)
PROC4_4	B3a4. Pre-Fontan surgical procedure, level 4 (4)
PROC4_5	B3a4. Pre-Fontan surgical procedure, level 4 (5)
PROC4_6	B3a4. Pre-Fontan surgical procedure, level 4 (6)
PROC4_7	B3a4. Pre-Fontan surgical procedure, level 4 (7)
PROC4_8	B3a4. Pre-Fontan surgical procedure, level 4 (8)
PROC4_9	B3a4. Pre-Fontan surgical procedure, level 4 (9)
PROC4_10	B3a4. Pre-Fontan surgical procedure, level 4 (10)
PROC4_11	B3a4. Pre-Fontan surgical procedure, level 4 (11)
PROC4_12	B3a4. Pre-Fontan surgical procedure, level 4 (12)
PROCINOT_0	B3a6. Pre-Fontan: name of surgical procedure (0)
PROCINOT_1	B3a6. Pre-Fontan: name of surgical procedure (1)
PROCINOT_2	B3a6. Pre-Fontan: name of surgical procedure (2)
PROCINOT_3	B3a6. Pre-Fontan: name of surgical procedure (3)
PROCINOT_4	B3a6. Pre-Fontan: name of surgical procedure (4)
PROCINOT_5	B3a6. Pre-Fontan: name of surgical procedure (5)
PROCINOT_6	B3a6. Pre-Fontan: name of surgical procedure (6)
PROCINOT_7	B3a6. Pre-Fontan: name of surgical procedure (7)
PROCINOT_8	B3a6. Pre-Fontan: name of surgical procedure (8)
PROCINOT_9	B3a6. Pre-Fontan: name of surgical procedure (9)
PROCINOT_10	B3a6. Pre-Fontan: name of surgical procedure (10)
PROCINOT_11	B3a6. Pre-Fontan: name of surgical procedure (11)
PROCINOT_12	B3a6. Pre-Fontan: name of surgical procedure (12)
pre_angio	<created var> Number of Pre-Fontan Balloon Angioplasties
pre_valvulo	<created var> Number of Pre-Fontan Balloon Valvuloplasties

pre_balloon	<created var> Number of Pre-Fontan Balloon Septostomies
pre_blade	<created var> Number of Pre-Fontan Blade Septostomies
pre_ablation	<created var> Number of Pre-Fontan Radiofrequency Ablations
pre_occluder	<created var> Number of Pre-Fontan Septal Occluders
pre_stent	<created var> Number of Pre-Fontan Stents
pre_coil	<created var> Number of Pre-Fontan Coils
pre_other	<created var> Number of Pre-Fontan Other Device Implantations

Replaced by age

PROCD_0_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (0)
PROCD_1_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (1)
PROCD_2_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (2)
PROCD_3_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (3)
PROCD_4_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (4)
PROCD_5_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (5)
PROCD_6_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (6)
PROCD_7_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (7)
PROCD_8_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (8)
PROCD_9_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (9)
PROCD_10_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (10)
PROCD_11_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (11)
PROCD_12_AGE	<created var> Age (yrs) of the subject at B3a5. Date of Pre-Fontan surgical procedure (12)

Section B: Anatomy and Pre-Fontan Procedures (continued)

B4. Number of cardiac catheterization interventions prior to most recent Fontan procedure

___ ___ (0-10) (**If 0, skip to B5**)

[**Do <u>not</u> list <u>diagnostic</u> catheterizations**]

NUMCATH	B4. Num cardiac cath interventions prior to most recent Fontan

	Pre-Fontan Cardiac Catheterization Intervention Code (See Code List F) [code required for data entry]					
	1. Level 1	**2. Level 2**	**3. Level 3**	**4. Level 4**	**5. Level 5**	**6. Date of Catheterization Intervention**

a.	___ ___- ___ ___- ___ ___- ___ ___- ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
b.	___ ___- ___ ___- ___ ___- ___ ___- ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
c.	___ ___- ___ ___- ___ ___- ___ ___- ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
d.	___ ___- ___ ___- ___ ___- ___ ___- ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
e.	___ ___- ___ ___- ___ ___- ___ ___- ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention

If patient had more than 5 pre-Fontan cardiac catheterization interventions, please use and attach Form F04A, Question B4 Supplement to record information about these additional pre-Fontan cardiac catheterization interventions.

CATH1_0	B4a1. Pre-Fontan cardiac cath code, level 1 (0)
CATH1_1	B4a1. Pre-Fontan cardiac cath code, level 1 (1)
CATH1_2	B4a1. Pre-Fontan cardiac cath code, level 1 (2)
CATH1_3	B4a1. Pre-Fontan cardiac cath code, level 1 (3)
CATH1_4	B4a1. Pre-Fontan cardiac cath code, level 1 (4)
CATH1_5	B4a1. Pre-Fontan cardiac cath code, level 1 (5)
CATH1_6	B4a1. Pre-Fontan cardiac cath code, level 1 (6)
CATH1_7	B4a1. Pre-Fontan cardiac cath code, level 1 (7)
CATH1_8	B4a1. Pre-Fontan cardiac cath code, level 1 (8)
CATH2_0	B4a2. Pre-Fontan cardiac cath code, level 2 (0)

CATH2_1	B4a2. Pre-Fontan cardiac cath code, level 2 (1)
CATH2_2	B4a2. Pre-Fontan cardiac cath code, level 2 (2)
CATH2_3	B4a2. Pre-Fontan cardiac cath code, level 2 (3)
CATH2_4	B4a2. Pre-Fontan cardiac cath code, level 2 (4)
CATH2_5	B4a2. Pre-Fontan cardiac cath code, level 2 (5)
CATH2_6	B4a2. Pre-Fontan cardiac cath code, level 2 (6)
CATH2_7	B4a2. Pre-Fontan cardiac cath code, level 2 (7)
CATH2_8	B4a2. Pre-Fontan cardiac cath code, level 2 (8)
CATH3_0	B4a3. Pre-Fontan cardiac cath code, level 3 (0)
CATH3_1	B4a3. Pre-Fontan cardiac cath code, level 3 (1)
CATH3_2	B4a3. Pre-Fontan cardiac cath code, level 3 (2)
CATH3_3	B4a3. Pre-Fontan cardiac cath code, level 3 (3)
CATH3_4	B4a3. Pre-Fontan cardiac cath code, level 3 (4)
CATH3_5	B4a3. Pre-Fontan cardiac cath code, level 3 (5)
CATH3_6	B4a3. Pre-Fontan cardiac cath code, level 3 (6)
CATH3_7	B4a3. Pre-Fontan cardiac cath code, level 3 (7)
CATH3_8	B4a3. Pre-Fontan cardiac cath code, level 3 (8)
CATH4_0	B4a4. Pre-Fontan cardiac cath code, level 4 (0)
CATH4_1	B4a4. Pre-Fontan cardiac cath code, level 4 (1)
CATH4_2	B4a4. Pre-Fontan cardiac cath code, level 4 (2)
CATH4_3	B4a4. Pre-Fontan cardiac cath code, level 4 (3)
CATH4_4	B4a4. Pre-Fontan cardiac cath code, level 4 (4)
CATH4_5	B4a4. Pre-Fontan cardiac cath code, level 4 (5)
CATH4_6	B4a4. Pre-Fontan cardiac cath code, level 4 (6)
CATH4_7	B4a4. Pre-Fontan cardiac cath code, level 4 (7)
CATH4_8	B4a4. Pre-Fontan cardiac cath code, level 4 (8)
CATH5_0	B4a5. Pre-Fontan cardiac cath code, level 5 (0)
CATH5_1	B4a5. Pre-Fontan cardiac cath code, level 5 (1)
CATH5_2	B4a5. Pre-Fontan cardiac cath code, level 5 (2)
CATH5_3	B4a5. Pre-Fontan cardiac cath code, level 5 (3)
CATH5_4	B4a5. Pre-Fontan cardiac cath code, level 5 (4)
CATH5_5	B4a5. Pre-Fontan cardiac cath code, level 5 (5)
CATH5_6	B4a5. Pre-Fontan cardiac cath code, level 5 (6)
CATH5_7	B4a5. Pre-Fontan cardiac cath code, level 5 (7)
CATH5_8	B4a5. Pre-Fontan cardiac cath code, level 5 (8)
CATHNM_0	B4a7. Name of pre-Fontan cardiac cath intervention (0)
CATHNM_1	B4a7. Name of pre-Fontan cardiac cath intervention (1)
CATHNM_2	B4a7. Name of pre-Fontan cardiac cath intervention (2)
CATHNM_3	B4a7. Name of pre-Fontan cardiac cath intervention (3)
CATHNM_4	B4a7. Name of pre-Fontan cardiac cath intervention (4)
CATHNM_5	B4a7. Name of pre-Fontan cardiac cath intervention (5)
CATHNM_6	B4a7. Name of pre-Fontan cardiac cath intervention (6)

CATHNM_7	B4a7. Name of pre-Fontan cardiac cath intervention (7)
CATHNM_8	B4a7. Name of pre-Fontan cardiac cath intervention (8)

all_preop_cath	<created var> All Pre-Fontan catheterization intervention codes (code list F)
preop_cath0	<created var> Pre-Fontan cardiac catheterization code (code list F) (0)
preop_cath1	<created var> Pre-Fontan cardiac catheterization code (code list F) (1)
preop_cath2	<created var> Pre-Fontan cardiac catheterization code (code list F) (2)
preop_cath3	<created var> Pre-Fontan cardiac catheterization code (code list F) (3)
preop_cath4	<created var> Pre-Fontan cardiac catheterization code (code list F) (4)
preop_cath5	<created var> Pre-Fontan cardiac catheterization code (code list F) (5)
preop_cath6	<created var> Pre-Fontan cardiac catheterization code (code list F) (6)
preop_cath7	<created var> Pre-Fontan cardiac catheterization code (code list F) (7)
preop_cath8	<created var> Pre-Fontan cardiac catheterization code (code list F) (8)

Replaced by age

CATHD_0_AGE	<created var> Age (yrs) of the subject at B4a6. Date of pre-Fontan cardiac cath intervention (0)
CATHD_1_AGE	<created var> Age (yrs) of the subject at B4a6. Date of pre-Fontan cardiac cath intervention (1)
CATHD_2_AGE	<created var> Age (yrs) of the subject at B4a6. Date of pre-Fontan cardiac cath intervention (2)
CATHD_3_AGE	<created var> Age (yrs) of the subject at B4a6. Date of pre-Fontan cardiac cath intervention (3)
CATHD_4_AGE	<created var> Age (yrs) of the subject at B4a6. Date of pre-Fontan cardiac cath intervention (4)
CATHD_5_AGE	<created var> Age (yrs) of the subject at B4a6. Date of pre-Fontan cardiac cath intervention (5)
CATHD_6_AGE	<created var> Age (yrs) of the subject at B4a6. Date of pre-Fontan cardiac cath intervention (6)
CATHD_7_AGE	<created var> Age (yrs) of the subject at B4a6. Date of pre-Fontan cardiac cath intervention (7)
CATHD_8_AGE	<created var> Age (yrs) of the subject at B4a6. Date of pre-Fontan cardiac cath intervention (8)

Section B: Anatomy and Pre-Fontan Procedures (continued)

B5. Evidence of significant decreased systolic ventricular function at any time prior to the most recent Fontan procedure

YES.....1 NO 2 (**C1**)

VENTDYSF	B5. Evidence significant decreased systolic ventricular function

a. Basis of diagnosis	YES	NO
1. Clinical history and physical exam	1	2
2. Echocardiography	1	2
3. Magnetic resonance imaging	1	2
4. Cardiac catheterization	1	2

5. Other	1	2
a. If Other=YES, specify: _____		

VDYSHX	B5a1. Basis: Clinical history and physical exam
VDYSECHO	B5a2. Basis: Echocardiography
VDYSMRI	B5a3. Basis: Magnetic resonance imaging
VDYSCATH	B5a4. Basis: Cardiac catheterization
VDYSOTHR	B5a5. Basis: Other
VDYSSPEC	B5a5a. Basis: if other, specify

Section C: PRE-FONTAN ASSESSMENT

Clinical History Prior to Most Recent Fontan

C1. Date of outpatient clinical assessment immediately prior to most recent Fontan ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Replaced by age

ASSESSED_AGE	<created var> Age (yrs) of the subject at C1. Date of outpatient clinical assessment

C2. History of arrhythmia at any time prior to the most recent Fontan

YES..... 1 NO.....2 (**C3**) UNKNOWN ..... -8 (**C3**)

ARRHX	C2. History of arrhythmia	

a. Type of arrhythmia	YES	NO	a. If YES, date first diagnosed
1. Atrial tachyarrhythmia	1	2	___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y)
2. Ventricular tachyarrhythmia	1	2	___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y)
3. Bradycardia	1	2	___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y)
4. 2nd or 3rd degree heart block	1	2	___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y)

ATACHY	C2a1. Type of arrhythmia: Atrial tachyarrhythmia
VTACHY	C2a2. Type of arrhythmia: Ventricular tachyarrhythmia
BRADYC	C2a3. Type of arrhythmia: Bradycardia
HBLOCK	C2a4. Type of arrhythmia: 2nd or 3rd degree heart block

Replaced by age

ATACHY_D_AGE	<created var> Age (yrs) of the subject at C2a1a. Date of arrhythmia: Atrial tachyarrhythmia

VTACHY_D_AGE	<created var> Age (yrs) of the subject at C2a2a. Date of arrhythmia: Ventricular tachyarrhythmia
BRADYC_D_AGE	<created var> Age (yrs) of the subject at C2a3a. Date of arrhythmia: Bradycardia
HBLOCK_D_AGE	<created var> Age (yrs) of the subject at C2a4a. Date of arrhythmia: 2nd or 3rd degree heart block

Section C: Pre-Fontan Assessment (continued)

Clinical History Prior to Most Recent Fontan

C3. History of thrombosis YES..... 1 NO..... 2 (**C4**) UNKNOWN..... -8 (**C4**)

THROMHX	C3. History of thrombosis	

a. Date of initial diagnosis ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Replaced by age

THROMHX_D_AGE	<created var> Age (yrs) of the subject at C3a. Date of initial diagnosis

b. Number of locations ___ (1-5)

NUMTHROM	C3b. Number of locations

c. Location of thrombosis (**See code list below**)

1. ___ ___
2. ___ ___
3. ___ ___
4. ___ ___
5. ___ ___

Code list for thrombosis locations			
01	Inferior vena cava (IVC)	11	Hepatic veins (Vein hep)
02	Lateral Tunnel (Lat Tun)	12	Innominate vein (Vein inn)
03	Right atrium (RA)	13	Right subclavian vein (Vein RSC)
04	Left Atrium (LA)	14	Left subclavian vein (Vein LSC)
05	Extracardiac conduit (ECC)	15	Azygous vein (Vein azy)
06	Pulmonary artery (PA) main	16	Hemiazygous vein (Vein Hemi Azy)
07	Pulmonary artery (PA) right	17	Right ventricle (RV)
08	Pulmonary artery (PA) left	18	Left ventricle (LV)
09	Superior vena cava (SVC) right	19	Aortic valve (AoV)
10	Superior vena cava (SVC) left	20	Aorta (Ao)
		99	Other

a. If code= 99 (Other), specify location: _____

all_preop_loc	<created var> All Pre-Fontan thrombus locations
THRMLOC_0	C3c1. Pre-Fontan hx of thrombosis: location (0)
THRMLOC_1	C3c1. Pre-Fontan hx of thrombosis: location (1)
THRMLOC_2	C3c1. Pre-Fontan hx of thrombosis: location (2)
all_preop_locsp	<created var> All Pre-Fontan 'specify other' thrombus locations
THRMSPEC_0	C3c1a. Pre-Fontan hx of thrombosis: specify other location (0)
THRMSPEC_1	C3c1a. Pre-Fontan hx of thrombosis: specify other location (1)
THRMSPEC_2	C3c1a. Pre-Fontan hx of thrombosis: specify other location (2)

d. Method of diagnosis	YES	NO
1. TEE	1	2
2. TTE	1	2
3. MRI	1	2
4. Cardiac catheterization	1	2
5. Clinical	1	2

TEEDX	C3d1. Method of diagnosis: TEE
TTEDX	C3d2. Method of diagnosis: TTE
MRIDX	C3d3. Method of diagnosis: MRI
CATHDX	C3d4. Method of diagnosis: Cardiac catheterization
CLINDX	C3d5. Method of diagnosis: Clinical

C4. History of stroke YES.....1 NO.....2 (**C5**) UNKNOWN.....-8 (**C5**)

STROKEHX	C4. History of stroke

a. Number of strokes ___ (1-4)

NUMSTROK	C4a. Number of strokes

1. Date of stroke #1 ___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y)
2. Date of stroke #2 ___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y)
3. Date of stroke #3 ___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y)
4. Date of stroke #4 ___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y)

Replaced by age

STROK_D_0_AGE	<created var> Age (yrs) of the subject at C4a. Pre-Fontan stroke hx: date (0)
STROK_D_1_AGE	<created var> Age (yrs) of the subject at C4a. Pre-Fontan stroke hx: date (1)

Section C: Pre-Fontan Assessment (continued)

Pre-Fontan Echocardiography

[Note: Responses to questions C5 through C9 should be based on findings on the last echocardiogram the patient had prior to the most recent Fontan]

C5. Date of last echocardiogram prior to Fontan ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Replaced by age

PRECHO_D_AGE	<created var> Age (yrs) of the subject at C5. Date of last echo prior to Fontan

a. Type of echocardiogram TEE ..... 1 TTE ..... 2 BOTH..... 3

F4ECHOTY	C5a. Type of echocardiogram

C6. Ventricular systolic dysfunction YES ..... 1 NO.....2 (**C7**) UNKNOWN.....-8 (**C7**)

a. Severity

MILD 1
MODERATE.....2
SEVERE 3
UNKNOWN (or not reported) ...-8

VDYSECH	C6. Ventricular systolic dysfunction
VDYS_SEV	C6a. Ventricular systolic dysfunction:severity

C7. AV valve regurgitation YES .....1 NO.....2 (**C8**) UNKNOWN.....-8 (**C8**)

AVVRECHO	C7. AV valve regurgitation	

a. Severity

TRIVIAL 1
MILD 2
MODERATE.....3
SEVERE 4
UNKNOWN (or not reported) ...-8

AVVR_SEV	C7a. AV valve regurgitation:severity

C8. Thrombus on echocardiogram YES..... 1 NO.....2 (**C9**) UNKNOWN ..... -8 (**C9**)

THRMECHO	C8. Thrombus on echocardiogram

a. Number of locations ___ (1-5)

NUMTHRO	C8a. Number of locations

b. Location of thrombus (**See code list below**)

1. ___ ___
2. ___ ___
3. ___ ___
4. ___ ___
5. ___ ___

Code list for thrombus locations			
01	Inferior vena cava (IVC)	11	Hepatic veins (Vein hep)
02	Lateral Tunnel (Lat Tun)	12	Innominate vein (Vein inn)
03	Right atrium (RA)	13	Right subclavian vein (Vein RSC)
04	Left Atrium (LA)	14	Left subclavian vein (Vein LSC)
05	Extracardiac conduit (ECC)	15	Azygous vein (Vein azy)
06	Pulmonary artery (PA) main	16	Hemiazygous vein (Vein Hemi Azy)
07	Pulmonary artery (PA) right	17	Right ventricle (RV)
08	Pulmonary artery (PA) left	18	Left ventricle (LV)
09	Superior vena cava (SVC) right	19	Aortic valve (AoV)
10	Superior vena cava (SVC) left	20	Aorta (Ao)
		99	Other

a. If code=99 (Other), specify location: _____

all_preop_eloc	<created var> All Pre-Fontan thrombus locations by echo
THROMCO_0	C8b1. Pre-Fontan Echo: location of thrombus (0)
all_preop_elocsp	<created var> All Pre-Fontan 'specify other' thrombus locations by echo
THROMSPC_0	C8b1a. Pre-Fontan Echo: location of thrombus (specify other) (0)

Section C: Pre-Fontan Assessment (continued)

Pre-Fontan Echocardiography (continued)

C9. Other important findings on echo YES.....1 NO 2

a. If YES, describe: _____

_____

_____

ECHOFIND	C9. Other important findings on echo
FIND_SPC	C9a. Other important findings on echo: specify

FORMSTAT_ID	Unique form/subject ID
FORM_ID	4 letter code for the form
VER_ID	1 letter code added to form code to make unique form/version
DESTATUS	Form completion

PROCEED TO FORM F04B:
Fontan Medical Record Review Form (Part II)