

OCTRI 6073 Global electrical heterogeneity and clinical outcomes

[Codebook ▾](#)

Data Dictionary Codebook

12/28/2017 10:46am

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)						
Instrument: Identifiers (identifiers)									
1	study_id	Study ID	text, Required						
2	identifiers_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: ECG File (ecg_file)									
3	ecg_fileno	Section Header: <i>Main ECG</i> ECG File number	text Custom alignment: LH						
4	ecg_filepacing	Is the patient paced during this electrocardiogram?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>Unknown</td> </tr> </table> Custom alignment: LH	0	No	1	Yes	2	Unknown
0	No								
1	Yes								
2	Unknown								
5	ecg_filedate	ECG Acquisition Date	text (date_mdy) Custom alignment: LH						
6	ecg_fileno_2	Section Header: <i>Second ECG</i> ECG File number	text Custom alignment: LH						
7	ecg_filepacing_2	Is the patient paced during this electrocardiogram?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>Unknown</td> </tr> </table> Custom alignment: LH	0	No	1	Yes	2	Unknown
0	No								
1	Yes								
2	Unknown								
8	ecg_filedate_2	ECG Acquisition Date	text (date_mdy) Custom alignment: LH						

9	ecg_file_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Blinding Identifiers (blinding_identifiers)									
10	first_name	First Name	text, Required, Identifier						
11	last_name	Last Name	text, Required, Identifier						
12	middle_initial	Middle Initial	text, Required, Identifier						
13	dob	Date of Birth	text (date_mdy), Required, Identifier						
14	blinding_identifiers_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Subject Status (subject_status)									
15	alive	Is the subject alive at time of data entry?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
16	death_date Show the field ONLY if: [alive] = '2'	Date of death?	text (date_mdy)						
17	cause_of_death Show the field ONLY if: [alive] = '2'	Cause of death? <i>brief explanation</i>	notes						
18	subject_status_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Demographics (demographics)									
19	sex	Sex	radio, Required <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table>	1	Male	2	Female		
1	Male								
2	Female								

20	race	Race	radio, Required <table border="1"> <tr><td>1</td><td>White</td></tr> <tr><td>2</td><td>Black</td></tr> <tr><td>3</td><td>Asian</td></tr> <tr><td>4</td><td>Native American</td></tr> <tr><td>5</td><td>Hispanic</td></tr> </table>	1	White	2	Black	3	Asian	4	Native American	5	Hispanic
1	White												
2	Black												
3	Asian												
4	Native American												
5	Hispanic												
21	demographics_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: Inclusion And Exclusion Criteria (inclusion_and_exclusion_criteria)													
22	inclusion	Section Header: <i>Inclusion Criteria -ICD/CRT-D implanted for primary prevention -Collected pre-implant (digitized) 12-Lead ECG</i> Meets Inclusion Criteria?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No						
1	Yes												
2	No												
23	exclusion	Section Header: <i>Exclusion Criteriae -Inherited cardiomyopathies and channelopathies -Congenital heart disease -ICD implanted for secondary prevention</i> Absent Exclusion Criteria?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No						
1	Yes												
2	No												
24	inclusion_and_exclusion_criteria_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: Baseline Clinical Data Pre-Implant (baseline_clinical_data_preimplant)													
25	mi	Section Header: <i>Document clinical data to temporally agree with patient status at time before implant or generator change. E.g. If the patient has their first MI between de novo implant and generator change/upgrade, you would answer "No" for "History of MI" at the baseline clinical data timepoint and "Yes" during concordant timeframe.</i> History of MI	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No						
1	Yes												
2	No												
26	revascularization	History of Revascularization	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No						
1	Yes												
2	No												
27	revasc_type Show the field ONLY if: [revascularization] = '1'	Type of Revascularization	checkbox <table border="1"> <tr><td>1</td><td>revasc_type__1</td><td>CABG</td></tr> <tr><td>2</td><td>revasc_type__2</td><td>PTCA</td></tr> </table>	1	revasc_type__1	CABG	2	revasc_type__2	PTCA				
1	revasc_type__1	CABG											
2	revasc_type__2	PTCA											

28	htn	Hypertension	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
29	diabetes	Diabetes	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
30	af	Atrial Fibrillation	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
31	cva	History of Stroke	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
32	aa_usage	Use Anti-arrhythmic Drugs	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
33	type_of_aad Show the field ONLY if: [aa_usage] = '1'	Type of AAD	checkbox <table border="1"> <tr> <td>1</td> <td>type_of_aad__1</td> <td>Amiodarone</td> </tr> <tr> <td>2</td> <td>type_of_aad__2</td> <td>Dronedarone</td> </tr> <tr> <td>4</td> <td>type_of_aad__4</td> <td>Propafenone</td> </tr> <tr> <td>6</td> <td>type_of_aad__6</td> <td>Sotalol</td> </tr> <tr> <td>5</td> <td>type_of_aad__5</td> <td>Other</td> </tr> </table>	1	type_of_aad__1	Amiodarone	2	type_of_aad__2	Dronedarone	4	type_of_aad__4	Propafenone	6	type_of_aad__6	Sotalol	5	type_of_aad__5	Other
1	type_of_aad__1	Amiodarone																
2	type_of_aad__2	Dronedarone																
4	type_of_aad__4	Propafenone																
6	type_of_aad__6	Sotalol																
5	type_of_aad__5	Other																
34	bb_usage	Use Beta Blockers	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
35	ace_arb	RAAS Modifying Medications	checkbox, Required <table border="1"> <tr> <td>1</td> <td>ace_arb__1</td> <td>No medications</td> </tr> <tr> <td>2</td> <td>ace_arb__2</td> <td>ACE inhibitor use</td> </tr> <tr> <td>3</td> <td>ace_arb__3</td> <td>ARB use</td> </tr> <tr> <td>4</td> <td>ace_arb__4</td> <td>ARNI (Angiotensin II Receptor Blocker Nephilysin Inhibitor) use</td> </tr> <tr> <td>5</td> <td>ace_arb__5</td> <td>Aldosterone Inhibitor Use</td> </tr> </table>	1	ace_arb__1	No medications	2	ace_arb__2	ACE inhibitor use	3	ace_arb__3	ARB use	4	ace_arb__4	ARNI (Angiotensin II Receptor Blocker Nephilysin Inhibitor) use	5	ace_arb__5	Aldosterone Inhibitor Use
1	ace_arb__1	No medications																
2	ace_arb__2	ACE inhibitor use																
3	ace_arb__3	ARB use																
4	ace_arb__4	ARNI (Angiotensin II Receptor Blocker Nephilysin Inhibitor) use																
5	ace_arb__5	Aldosterone Inhibitor Use																
36	ccbs	Use Calcium Channel Blockers	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	

37	bun	BUN (mg/dL)	text (integer, Min: 0, Max: 99), Required																						
38	cr	Creatinine (mg/dL)	text (number_2dp, Min: 0, Max: 10), Required																						
39	nyha	Baseline NYHA (New York Heart Association) Class	radio, Required <table border="1"> <tr><td>1</td><td>I</td></tr> <tr><td>2</td><td>II</td></tr> <tr><td>3</td><td>III</td></tr> <tr><td>4</td><td>IV</td></tr> </table>	1	I	2	II	3	III	4	IV														
1	I																								
2	II																								
3	III																								
4	IV																								
40	lvef	Baseline LVEF	radio, Required <table border="1"> <tr><td>1</td><td>>55%</td></tr> <tr><td>2</td><td>50-55%</td></tr> <tr><td>3</td><td>45-50%</td></tr> <tr><td>4</td><td>40-45%</td></tr> <tr><td>5</td><td>35-40%</td></tr> <tr><td>6</td><td>30-35%</td></tr> <tr><td>7</td><td>25-30%</td></tr> <tr><td>8</td><td>20-25%</td></tr> <tr><td>9</td><td>15-20%</td></tr> <tr><td>10</td><td>10-15%</td></tr> <tr><td>11</td><td>< 10%</td></tr> </table>	1	>55%	2	50-55%	3	45-50%	4	40-45%	5	35-40%	6	30-35%	7	25-30%	8	20-25%	9	15-20%	10	10-15%	11	< 10%
1	>55%																								
2	50-55%																								
3	45-50%																								
4	40-45%																								
5	35-40%																								
6	30-35%																								
7	25-30%																								
8	20-25%																								
9	15-20%																								
10	10-15%																								
11	< 10%																								
41	exact_lvef	Exact LVEF (if known)	text (number, Min: 0, Max: 100) Custom alignment: RH																						
42	echo_date	Date of Echocardiogram	text (date_mdy), Required																						
43	baseline_clinical_data_preimplant_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
0	Incomplete																								
1	Unverified																								
2	Complete																								
Instrument: Implantation Data (implantation_data)																									
44	indication	Section Header: <i>Device Data</i> ICD/CRT-D Indication <i>Subject screen fails if indicated for secondary prevention</i>	radio, Required <table border="1"> <tr><td>1</td><td>Primary Prevention</td></tr> <tr><td>2</td><td>Secondary Prevention</td></tr> </table>	1	Primary Prevention	2	Secondary Prevention																		
1	Primary Prevention																								
2	Secondary Prevention																								
45	pre_ecg_date	Date of Baseline (pre-implant) 12-Lead ECG	text (date_mdy), Required																						
46	implant_date	Date of ICD/CRT-D Implant	text (date_mdy), Required																						

47	icd_type	ICD Type	radio, Required <table border="1"> <tr><td>1</td><td>Single-chamber</td></tr> <tr><td>2</td><td>Dual-chamber</td></tr> <tr><td>3</td><td>CRT-D</td></tr> <tr><td>4</td><td>S-ICD</td></tr> </table>	1	Single-chamber	2	Dual-chamber	3	CRT-D	4	S-ICD
1	Single-chamber										
2	Dual-chamber										
3	CRT-D										
4	S-ICD										
48	lead_positioning Show the field ONLY if: [icd_type] = '3'	LV Lead Positioning	radio <table border="1"> <tr><td>1</td><td>Apical</td></tr> <tr><td>2</td><td>Mid</td></tr> <tr><td>3</td><td>Basal</td></tr> </table>	1	Apical	2	Mid	3	Basal		
1	Apical										
2	Mid										
3	Basal										
49	lead_postioning Show the field ONLY if: [icd_type] = '3'	LV Lead Positioning	radio <table border="1"> <tr><td>1</td><td>Anterior</td></tr> <tr><td>2</td><td>Anterolateral</td></tr> <tr><td>3</td><td>Posterior</td></tr> <tr><td>4</td><td>Posterolateral</td></tr> </table>	1	Anterior	2	Anterolateral	3	Posterior	4	Posterolateral
1	Anterior										
2	Anterolateral										
3	Posterior										
4	Posterolateral										
50	manufacturer	Device Manufacturer	radio, Required <table border="1"> <tr><td>1</td><td>Medtronic</td></tr> <tr><td>2</td><td>Boston Scientific</td></tr> <tr><td>3</td><td>St Jude</td></tr> <tr><td>4</td><td>Biotronik</td></tr> </table>	1	Medtronic	2	Boston Scientific	3	St Jude	4	Biotronik
1	Medtronic										
2	Boston Scientific										
3	St Jude										
4	Biotronik										
51	model	Device Model	text, Required								
52	vt_zone_option	VT Detection Zone Programmed?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No				
1	Yes										
2	No										
53	atp	Device ATP Setting	radio, Required <table border="1"> <tr><td>1</td><td>On</td></tr> <tr><td>2</td><td>Off</td></tr> </table>	1	On	2	Off				
1	On										
2	Off										
54	vt_zone_bpm Show the field ONLY if: [vt_zone_option] = '1'	Device VT Zone (BPM) <i>Please list the lowest integer of the VT zone. E.g. if range is 188-200 bpm enter in 188</i>	text (integer, Min: 100, Max: 600)								
55	vf_zone_bpm	Device VF Zone (BPM) <i>Please list the lowest integer of the VF zone. E.g. if range is 188-200 bpm enter in 188</i>	text (integer, Min: 100, Max: 600), Required								
56	vt_zone_ms	Section Header: <i>If Milliseconds is Reported Instead</i> Device VT Interval (ms)	text (integer, Min: 100, Max: 600)								
57	vf_zone_ms	Device VF Interval (ms)	text (integer, Min: 100, Max: 600)								

58	initial_nid_vt	Section Header: <i>If Programmed for Number of Intervals to Detect (NID)</i> Device NID for VT <i>Optional if listed on report</i>	text (integer, Min: 0, Max: 100)						
59	redect_nid_vt	Device NID for Redetection VT <i>Optional if listed on report</i>	text (integer, Min: 0, Max: 100)						
60	nid_numerator	Device NID VF Numerator <i>Optional if listed on report</i>	text (integer, Min: 0, Max: 100)						
61	nid_denominator	Device NID VF Denominator <i>Optional if listed on report</i>	text (integer, Min: 0, Max: 100)						
62	initial_time_vt	Section Header: <i>If Programmed for Detection Duration</i> Example Initial Duration: 2.5 seconds Redetection Duration: 1.0 seconds Device Initial Detection Duration for VT <i>Optional if listed on report</i>	text (number_1dp, Min: 0, Max: 99)						
63	redetection_time_vt	Device Re-detection Duration for VT <i>Optional if listed on report</i>	text (number_1dp, Min: 0, Max: 99)						
64	initial_time_vf	Device Initial Detection Duration for VF <i>Optional if listed on report</i>	text (number_1dp, Min: 0, Max: 99)						
65	redetection_time_vf	Device Redetection Duration for VF <i>Optional if listed on report</i>	text (number_1dp, Min: 0, Max: 99)						
66	implantation_data_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Events Status-Post Implant** (events_statuspost_implant)

67	therapy	Section Header: <i>Events</i> Therapy During Device Life?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No
1	Yes						
2	No						
68	therapy_date Show the field ONLY if: [therapy] = '1'	Date of Therapy	text (date_mdy)				
69	a_pace Show the field ONLY if: [therapy] = '1'	% Atrial Pacing at Date of Therapy	text (number_1dp, Min: 0, Max: 100)				
70	v_pace Show the field ONLY if: [therapy] = '1'	% Ventricular Pacing at Date of Therapy	text (number_1dp, Min: 0, Max: 100)				

71	lv_pace Show the field ONLY if: [therapy] = '1'	% Left Ventricular Pacing at Date of Therapy	text (number_1dp, Min: 0, Max: 100)						
72	charge_time_therapy Show the field ONLY if: [therapy] = '1'	Charge Time at Date of Therapy (seconds)	text (number_1dp, Min: 0, Max: 100)						
73	therapy_type Show the field ONLY if: [therapy] = '1'	Type of Therapy	checkbox <table border="1"> <tr> <td>1</td> <td>therapy_type__1</td> <td>Shock (Joules)</td> </tr> <tr> <td>2</td> <td>therapy_type__2</td> <td>ATP</td> </tr> </table>	1	therapy_type__1	Shock (Joules)	2	therapy_type__2	ATP
1	therapy_type__1	Shock (Joules)							
2	therapy_type__2	ATP							
74	total_joules Show the field ONLY if: [therapy] = '1'	Total Amount of Joules Delivered <i>Please calculate total amount of joules. E.g. if interrogation lists 41 J x 4, then enter 164 into this box</i>	text (integer, Min: 0, Max: 2000)						
75	shock_freq	Total Frequency of Shocks Delivered During Therapy <i>Do not include ATP in this sum</i>	text (integer, Min: 0, Max: 100)						
76	adjudication Show the field ONLY if: [therapy] = '1'	Adjudication of Therapy	radio <table border="1"> <tr> <td>1</td> <td>Appropriate</td> </tr> <tr> <td>2</td> <td>Inappropriate</td> </tr> </table>	1	Appropriate	2	Inappropriate		
1	Appropriate								
2	Inappropriate								
77	change_after_therapy Show the field ONLY if: [therapy] = '1'	Programming Changes After Therapy	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
78	arrhythmia_type Show the field ONLY if: [adjudication] = '1'	Type of Ventricular Arrhythmia	radio <table border="1"> <tr> <td>1</td> <td>Monomorphic VT</td> </tr> <tr> <td>2</td> <td>Polymorphic VT / Ventricular Fibrillation</td> </tr> </table>	1	Monomorphic VT	2	Polymorphic VT / Ventricular Fibrillation		
1	Monomorphic VT								
2	Polymorphic VT / Ventricular Fibrillation								
79	cycle_length Show the field ONLY if: [adjudication] = '1'	Average Cycle Length of Arrhythmia (ms)	text (integer, Min: 0, Max: 1000)						
80	events_statuspost_implant_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Pre-Generator Change or Device Upgrade Clinical Data** (pregenerator_change_or_device_upgrade_clinical_dat)

81	mi_2	Section Header: <i>Document clinical data to temporally agree with patient status at time before implant or generator change. E.g. If the patient has their first MI between de novo implant and generator change/upgrade, you would answer "No" for "History of MI" at the baseline clinical data timepoint and "Yes" during concordant timeframe.</i> History of MI	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
82	revascularization_2	History of Revascularization	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
83	revasc_type_2 Show the field ONLY if: [revascularization_2] = '1'	Type of Revascularization	checkbox <table border="1"> <tr> <td>1</td> <td>revasc_type_2__1</td> <td>CABG</td> </tr> <tr> <td>2</td> <td>revasc_type_2__2</td> <td>PTCA</td> </tr> </table>	1	revasc_type_2__1	CABG	2	revasc_type_2__2	PTCA									
1	revasc_type_2__1	CABG																
2	revasc_type_2__2	PTCA																
84	htn_2	Hypertension	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
85	diabetes_2	Diabetes	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
86	af_2	Atrial Fibrillation	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
87	cva_2	History of Stroke	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
88	aa_usage_2	Use Anti-arrhythmic Drugs	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No											
1	Yes																	
2	No																	
89	type_of_aad_2 Show the field ONLY if: [aa_usage_2] = '1'	Type of AAD	checkbox <table border="1"> <tr> <td>1</td> <td>type_of_aad_2__1</td> <td>Amiodarone</td> </tr> <tr> <td>2</td> <td>type_of_aad_2__2</td> <td>Dronedarone</td> </tr> <tr> <td>4</td> <td>type_of_aad_2__4</td> <td>Propafenone</td> </tr> <tr> <td>6</td> <td>type_of_aad_2__6</td> <td>Sotalol</td> </tr> <tr> <td>5</td> <td>type_of_aad_2__5</td> <td>Other</td> </tr> </table>	1	type_of_aad_2__1	Amiodarone	2	type_of_aad_2__2	Dronedarone	4	type_of_aad_2__4	Propafenone	6	type_of_aad_2__6	Sotalol	5	type_of_aad_2__5	Other
1	type_of_aad_2__1	Amiodarone																
2	type_of_aad_2__2	Dronedarone																
4	type_of_aad_2__4	Propafenone																
6	type_of_aad_2__6	Sotalol																
5	type_of_aad_2__5	Other																

90	bb_usage_2	Use Beta Blockers	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No																		
1	Yes																								
2	No																								
91	ace_arb_2	RAAS Modifying Medications	checkbox, Required <table border="1"> <tr> <td>1</td> <td>ace_arb_2__1</td> <td>No medications</td> </tr> <tr> <td>2</td> <td>ace_arb_2__2</td> <td>ACE inhibitor use</td> </tr> <tr> <td>3</td> <td>ace_arb_2__3</td> <td>ARB use</td> </tr> <tr> <td>4</td> <td>ace_arb_2__4</td> <td>ARNI (Angiotensin II Receptor Blocker Neprilysin Inhibitor) use</td> </tr> <tr> <td>5</td> <td>ace_arb_2__5</td> <td>Aldosterone Inhibitor Use</td> </tr> </table>	1	ace_arb_2__1	No medications	2	ace_arb_2__2	ACE inhibitor use	3	ace_arb_2__3	ARB use	4	ace_arb_2__4	ARNI (Angiotensin II Receptor Blocker Neprilysin Inhibitor) use	5	ace_arb_2__5	Aldosterone Inhibitor Use							
1	ace_arb_2__1	No medications																							
2	ace_arb_2__2	ACE inhibitor use																							
3	ace_arb_2__3	ARB use																							
4	ace_arb_2__4	ARNI (Angiotensin II Receptor Blocker Neprilysin Inhibitor) use																							
5	ace_arb_2__5	Aldosterone Inhibitor Use																							
92	ccbs_2	Use Calcium Channel Blockers	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No																		
1	Yes																								
2	No																								
93	bun_2	BUN (mg/dL)	text (integer, Min: 0, Max: 99), Required																						
94	cr_2	Creatinine (mg/dL)	text (number_2dp, Min: 0, Max: 10), Required																						
95	nyha_2	NYHA (New York Heart Association) Class Prior to Generator Change/Upgrade	radio, Required <table border="1"> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>2</td> <td>II</td> </tr> <tr> <td>3</td> <td>III</td> </tr> <tr> <td>4</td> <td>IV</td> </tr> </table>	1	I	2	II	3	III	4	IV														
1	I																								
2	II																								
3	III																								
4	IV																								
96	lvef_2	LVEF Prior to Generator Change/Upgrade	radio, Required <table border="1"> <tr> <td>1</td> <td>>55%</td> </tr> <tr> <td>2</td> <td>50-55%</td> </tr> <tr> <td>3</td> <td>45-50%</td> </tr> <tr> <td>4</td> <td>40-45%</td> </tr> <tr> <td>5</td> <td>35-40%</td> </tr> <tr> <td>6</td> <td>30-35%</td> </tr> <tr> <td>7</td> <td>25-30%</td> </tr> <tr> <td>8</td> <td>20-25%</td> </tr> <tr> <td>9</td> <td>15-20%</td> </tr> <tr> <td>10</td> <td>10-15%</td> </tr> <tr> <td>11</td> <td>< 10%</td> </tr> </table>	1	>55%	2	50-55%	3	45-50%	4	40-45%	5	35-40%	6	30-35%	7	25-30%	8	20-25%	9	15-20%	10	10-15%	11	< 10%
1	>55%																								
2	50-55%																								
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7	25-30%																								
8	20-25%																								
9	15-20%																								
10	10-15%																								
11	< 10%																								
97	exact_lvef_2	Exact LVEF (if known - e.g. Biplane Simpson's Method)	text (number, Min: 0, Max: 100) Custom alignment: RH																						

98	echo_date_2	Date of Echocardiogram	text (date_mdy), Required										
99	pregenerator_change_or_device_upgrade_clinical_dat_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: Generator Change or Device Upgrade (generator_change_or_device_upgrade)													
100	pre_gen_12_lead	Section Header: <i>Device Data</i> Date of Pre-Generator Change 12-Lead ECG	text (date_mdy), Required										
101	date_of_change	Date of Generator Change or Upgrade	text (date_mdy), Required										
102	icd_type_2	ICD Type	radio, Required <table border="1"> <tr> <td>1</td> <td>Single-chamber</td> </tr> <tr> <td>2</td> <td>Dual-chamber</td> </tr> <tr> <td>3</td> <td>CRT-D</td> </tr> <tr> <td>4</td> <td>S-ICD</td> </tr> <tr> <td>5</td> <td>Downgrade to Pacemaker</td> </tr> </table>	1	Single-chamber	2	Dual-chamber	3	CRT-D	4	S-ICD	5	Downgrade to Pacemaker
1	Single-chamber												
2	Dual-chamber												
3	CRT-D												
4	S-ICD												
5	Downgrade to Pacemaker												
103	lead_positioning_2 Show the field ONLY if: [icd_type_2] = '3'	LV Lead Positioning	radio <table border="1"> <tr> <td>1</td> <td>Apical</td> </tr> <tr> <td>2</td> <td>Mid</td> </tr> <tr> <td>3</td> <td>Basal</td> </tr> </table>	1	Apical	2	Mid	3	Basal				
1	Apical												
2	Mid												
3	Basal												
104	lead_postioning_2 Show the field ONLY if: [icd_type_2] = '3'	LV Lead Positioning	radio <table border="1"> <tr> <td>1</td> <td>Anterior</td> </tr> <tr> <td>2</td> <td>Anterolateral</td> </tr> <tr> <td>3</td> <td>Posterior</td> </tr> <tr> <td>4</td> <td>Posterolateral</td> </tr> </table>	1	Anterior	2	Anterolateral	3	Posterior	4	Posterolateral		
1	Anterior												
2	Anterolateral												
3	Posterior												
4	Posterolateral												
105	manufacturer_2	Device Manufacturer	radio, Required <table border="1"> <tr> <td>1</td> <td>Medtronic</td> </tr> <tr> <td>2</td> <td>Boston Scientific</td> </tr> <tr> <td>3</td> <td>St Jude</td> </tr> <tr> <td>4</td> <td>Biotronik</td> </tr> </table>	1	Medtronic	2	Boston Scientific	3	St Jude	4	Biotronik		
1	Medtronic												
2	Boston Scientific												
3	St Jude												
4	Biotronik												
106	model_2	Device Model	text, Required										
107	vt_zone_option_2	VT Detection Zone Programmed?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No						
1	Yes												
2	No												

108	atp_2	Device ATP Setting	radio, Required <table border="1"> <tr> <td>1</td> <td>On</td> </tr> <tr> <td>2</td> <td>Off</td> </tr> </table>	1	On	2	Off		
1	On								
2	Off								
109	vt_zone_bpm_2 Show the field ONLY if: [vt_zone_option_2] = '1'	Device VT Zone (BPM) <i>Please list the lowest integer of the VT zone. E.g. if range is 188-200 bpm enter in 188</i>	text (integer, Min: 100, Max: 600)						
110	vf_zone_bpm_2	Device VF Zone (BPM) <i>Please list the lowest integer of the VF zone. E.g. if range is 188-200 bpm enter in 188</i>	text (integer, Min: 100, Max: 600), Required						
111	vt_zone_ms_2	Section Header: <i>If Milliseconds is Reported Instead</i> Device VT Interval (ms)	text (integer, Min: 100, Max: 600)						
112	vf_zone_ms_2	Device VF Interval (ms)	text (integer, Min: 100, Max: 600)						
113	initial_nid_vt_2	Section Header: <i>If Programmed for Number of Intervals to Detect (NID)</i> Device NID for VT <i>Optional if listed on report</i>	text (integer, Min: 0, Max: 100)						
114	redect_nid_vt_2	Device NID for Redetection VT <i>Optional if listed on report</i>	text (integer, Min: 0, Max: 100)						
115	nid_numerator_2	Device NID VF Numerator <i>Optional if listed on report</i>	text (integer, Min: 0, Max: 100)						
116	nid_denominator_2	Device NID VF Denominator <i>Optional if listed on report</i>	text (integer, Min: 0, Max: 100)						
117	initial_time_vt_2	Section Header: <i>If Programmed for Detection Duration</i> <i>Example Initial Duration: 2.5 seconds Redetection Duration: 1.0 seconds</i> Device Initial Detection Duration for VT <i>Optional if listed on report</i>	text (number_1dp, Min: 0, Max: 99)						
118	redetection_time_vt_2	Device Re-detection Duration for VT <i>Optional if listed on report</i>	text (number_1dp, Min: 0, Max: 99)						
119	initial_time_vf_2	Device Initial Detection Duration for VF <i>Optional if listed on report</i>	text (number_1dp, Min: 0, Max: 99)						
120	redetection_time_vf_2	Device Redetection Duration for VF <i>Optional if listed on report</i>	text (number_1dp, Min: 0, Max: 99)						
121	generator_change_or_device_upgrade_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Events Status-Post Generator Change or Device Upgrade (events_statuspost_generator_change_or_device_upgra)									

122	therapy_2	Section Header: <i>Events</i> Therapy During Device Life?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
123	therapy_date_2 Show the field ONLY if: [therapy_2] = '1'	Date of Therapy	text (date_mdy)						
124	a_pace_2 Show the field ONLY if: [therapy_2] = '1'	% Atrial Pacing at Date of Therapy	text (number_1dp, Min: 0, Max: 100)						
125	v_pace_2 Show the field ONLY if: [therapy_2] = '1'	% Ventricular Pacing at Date of Therapy	text (number_1dp, Min: 0, Max: 100)						
126	lv_pace_2 Show the field ONLY if: [therapy_2] = '1'	% Left Ventricular Pacing at Date of Therapy	text (number_1dp, Min: 0, Max: 100)						
127	charge_time_therapy_2 Show the field ONLY if: [therapy_2] = '1'	Charge Time at Date of Therapy <i>seconds</i>	text (number_1dp, Min: 0, Max: 100)						
128	therapy_type_2 Show the field ONLY if: [therapy_2] = '1'	Type of Therapy	checkbox <table border="1"> <tr> <td>1</td> <td>therapy_type_2__1</td> <td>Shock (Joules)</td> </tr> <tr> <td>2</td> <td>therapy_type_2__2</td> <td>ATP</td> </tr> </table>	1	therapy_type_2__1	Shock (Joules)	2	therapy_type_2__2	ATP
1	therapy_type_2__1	Shock (Joules)							
2	therapy_type_2__2	ATP							
129	total_joules_2 Show the field ONLY if: [therapy_2] = '1'	Total Amount of Joules Delivered <i>Please calculate total amount of joules. E.g. if interrogation lists 41 J x 4, then enter 164 into this box</i>	text (integer, Min: 0, Max: 2000)						
130	shock_freq_2 Show the field ONLY if: [therapy_2] = '1'	Total Frequency of Shocks Delivered During Therapy <i>Do not include ATP in this sum</i>	text (integer, Min: 0, Max: 100)						
131	adjudication_2 Show the field ONLY if: [therapy_2] = '1'	Adjudication of Therapy	radio <table border="1"> <tr> <td>1</td> <td>Appropriate</td> </tr> <tr> <td>2</td> <td>Inappropriate</td> </tr> </table>	1	Appropriate	2	Inappropriate		
1	Appropriate								
2	Inappropriate								

132	change_after_therapy_2 Show the field ONLY if: [therapy_2] = '1'	Programming Changes After Therapy	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
133	arrhythmia_type_2 Show the field ONLY if: [adjudication_2] = '1'	Type of Ventricular Arrhythmia	radio <table border="1"> <tr> <td>1</td> <td>Monomorphic VT</td> </tr> <tr> <td>2</td> <td>Polymorphic VT / Ventricular Fibrillation</td> </tr> </table>	1	Monomorphic VT	2	Polymorphic VT / Ventricular Fibrillation		
1	Monomorphic VT								
2	Polymorphic VT / Ventricular Fibrillation								
134	cycle_length_2 Show the field ONLY if: [adjudication_2] = '1'	Average Cycle Length of Arrhythmia (ms)	text (integer, Min: 0, Max: 1000)						
135	events_statuspost_generator_change_or_device_upgrade	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
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