Atrial Fibrillation III

Registry

(ESC-EORP-AF III)

Case Report Form

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Hospital Information (*Site questionnaire**)

Hospital and area information

Number of inhabitants of reference area |_____| □ Unknown

Administrative status of hospital
□ Private /clinic Hospital
□ University Hospital
□ Community or district Hospital
□ Private Practice
□ Community or district health centre
□ Other

Total number of hospital beds |_____| □ Unknown

Current Hospital facilities

ICU	□ No	□ Yes, Number of beds |_____|	□ Unknown
CCU	□ No	□ Yes, Number of beds |_____|	□ Unknown
Cardiology ward	□ No	□ Yes, Number of beds |_____|	□ Unknown
Heart failure unit/clinic	□ No	□ Yes, Number of beds |_____|	□ Unknown
Cardiac surgery	□ No	□ Yes, Number of beds |_____|	□ Unknown
Vascular surgery	□ No	□ Yes, Number of beds |_____|	□ Unknown
Specifically assigned hybrid operating room	□ No	□ Yes	
Arrhythmia clinic available for follow-up	□ No	□ Yes	
Internal medicine ward	□ No	□ Yes	

Interventional Electrophysiology □ No □ Yes
Number of catheterisation laboratories (excluding electrophysiological) |_____| □ Unknown
Number of electrophysiological laboratories |_____| □ Unknown

Availability of cardiology services:

Consultation	□ Regular hours only □ 24 hours on site	□ Regular hours + On-call after regular hours □ Unknown
Echocardiography	□ Regular hours only □ 24 hours on site	□ Regular hours + On-call after regular hours □ Unknown
Angiography / PCI	□ Regular hours only □ 24 hours on site	□ Regular hours + On-call after regular hours □ Unknown

Estimate number of:
Transvenous catheter AF ablation per year |_____| □ Unknown
Stand-alone epicardial AF ablation per year |_____| □ Unknown
Hybrid AF ablation per year |_____| □ Unknown
Pacemakers implanted per year |_____| □ Unknown
ICDs implanted per year |_____| □ Unknown

If Invasive electrophysiology is available in your centre, please specify:

What is the duration of the blanking period post AF ablation in your hospital's definition (in months)?
□ No blanking period |_____| months □ Unknown

How do you define an AF recurrence with regards to symptoms and recording of AF? (tick all applicable):
□ Recorded irrespective of symptoms
□ Symptomatic only
□ AF episodes' number
□ AF episodes' duration

****TO BE ENTERED ONCE FOR YOUR CENTRE***

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Patient Information

Main Part

*Investigator information**

Investigator should declare his/her specialty:

- ☐ General cardiologist
- ☐ Arrhythmologist/electrophysiologist
- ☐ Interventional cardiologist
- ☐ Internal medicine specialist
- ☐ General practitioner
- Neurologist
- ☐ Other, specify _____

Patient signed an informed Consent ☐ No ☐ Yes, date |__|__| |__|__| |__|__|__|__| dd/mm/yyyy

*Inclusion Criteria***

To enrol all consecutive patients in the participating centres.		
Patient aged ≥ 18 years old	☐ *No*	☐ *Yes*
Patient has known history of AF for any length of time (that is, for days, weeks, months or years) before enrolment, or AF may be first-diagnosed at the enrolment visit/hospitalization	☐ *No*	☐ *Yes*
Patient previously diagnosed with AF must have at least one documented visit or hospitalization for AF (or AF-related complications) within the last 12 months before enrolment	☐ *No*	☐ *Yes*
The patient need not be in AF at the time of enrolment. The most recent visit/hospitalization for AF will be considered as qualifying episode (provided that it occurred within the last 12 months)	☐ *No*	☐ *Yes*
AF can be the primary or secondary diagnosis (that is, the current admission /visit can be due to reasons other than AF)	☐ *No*	☐ *Yes*

*Exclusion Criteria***

No formal diagnosis of AF in medical records	☐ *No*	☐ *Yes*
Only atrial flutter diagnosed	☐ *No*	☐ *Yes*
The last visit/hospitalization for AF occurred more than 12 months before the enrolment	☐ *No*	☐ *Yes*
Participation in a clinical trial (but participation in another registry is allowed)	☐ *No*	☐ *Yes*

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Main part: Demographics

1.1. Mandatory dates

1.1.1.Enrolment date ___/ ___/ _____dd/mm/yyyy

1.1.2. AF Qualifying* visit / hospitalization within the last 12 months ___/ ___/ _____dd/mm/yyyy

**The qualifying visit/hospitalization for AF must be within 0-12 months before enrolment it does not have to be the time when AF was first diagnosed.*

1.2. Patient's physical characteristics and demographics at enrolment

1.2.1. Date of Birth	___/_____	mm/yyyy		
1.2.2. Height	____cm	□ Not evaluated	**1.2.6. SBP** ____ mmHg	□ Not evaluated
1.2.3. Weight	____kg	□ Not evaluated	**1.2.7. DBP** ____ mmHg	□ Not evaluated
1.2.4. Sex	□ Female	□ Male	**1.2.8. HR** ____ bpm	□ Not evaluated
1.2.5. Ethnic origin:	□ Caucasian □ Asian	□ Black □ Other	□ Not evaluated □ Answer not given by the patient	

SBP: Systolic Blood Pressure DBP: Diastolic Blood Pressure, HR: Heart rate.

1.3. Enrolment setting

1.3.1. Enrolment site	1.3.2. Visit type 1	1.3.3. Visit type 2	1.3.4. Main reason for the visit
□ Outpatient	□ Scheduled	□ First visit	□ Atrial fibrillation
□ In-hospital	□ Emergency	□ Follow-up	□ Other reason

1.3.5 Has the patient participated in the EORP AF long term, or another AF registry? □ No □ Yes

Main part: AF Diagnosis and Characterization

2.1. AF Documentation

2.1.1. How was AF *initially discovered*

- □ A symptom-driven patient evaluation
- □ Opportunistic screening
- □ Systematic screening in a pre-defined population
- □ Post-stroke monitoring for AF
- □ ECG telemetry during hospital stay
- □ An electronic cardiac device memory interrogation
- □ Accidentally
- □ Unknown

2.1.2. How was AF *last documented*

- □ 12-lead ECG
- □ Holter (24-hour/7-day/14-day)
- □ Event recorder
- □ Insertable cardiac monitor
- □ Cardiac device memory print-out
- □ Physician's note in the medical records
- □ The information on the mode of AF documentation was not recorded

If 2.1.1. is Opportunistic or Systematic screening, please select:

Screening mode

- □ Pulse checking
- □ Automated blood pressure measurement
- □ A handheld ECG device
- □ Multilead patch recording
- □ A smartphone application
- □ Other, specify _____

2.2. AF clinical type* before or at enrolment

2.2.2. The qualifying AF episode is first diagnosed AF: □ No □ Yes

If 2.2.2. is First-diagnosed YES, please select:

Type of AF First diagnosed

- □ Paroxysmal
- □ Non-paroxysmal
- □ Still under observation

If 2.2.2. is First-diagnosed NO, please select:

Type of AF Not First diagnosed

- □ Paroxysmal
- □ Persistent
- □ Long-standing persistent
- □ Permanent
- □ Unknown

TOTAL TIME since first-diagnosed AF

□ ≤1 year □ 1-5 years
□ >5 years □ Not evaluated

2.2.3. Has the modified EHRA symptom score* been recorded at enrolment □ No □ Yes

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If 2.2.3. YES, please specify: **EHRA symptom class** ☐ I ☐ IIa ☐ IIb ☐ III ☐ IV

Main part: AF related diagnostic assessment before or at enrolment

3.1. Patient's history – Risk factors

3.1.1. Smoking
☐ No
☐ Yes, current smoker
☐ Former smoker (stopped > 1 month ago)
☐ Former smoker (stopped > 2 year ago)
☐ Not evaluated

3.1.2. Alcohol use
☐ No ☐ < 1 unit/ day ☐ ≥4 units /day
☐ 1 unit/ day ☐ 2-3 units/ day ☐ Ex-alcoholic ☐ Not evaluated

3.1.3. Self-reported physical activity*
☐ None ☐ Regularly ☐ Intensely ☐ Not evaluated

3.1.4. Intake of NSAIDs
☐ No
☐ Yes, <Once/week
☐ Yes, 1-3 times/week
☐ Yes, daily
☐ Not evaluated

3.1.5. Currently taking OAC
☐ No
☐ Yes, <1 month
☐ Yes, 1-6 months
☐ Yes, 6-12 months
☐ Yes, >12 months
☐ Not evaluated

NSAIDs: Non-steroidal anti-inflammatory drugs OAC: Oral anticoagulant VKA: Vitamin K antagonist INR: International Normalized Ratio.

If 3.1.5. any YES, please specify:

OAC ☐ Warfarin ☐ Other VKA ☐Dabigatran ☐Rivaroxaban ☐Apixaban ☐Edoxaban

If Warfarin or Other VKA is selected, please specify:

Labile INR ☐ No ☐ Yes ☐ Not evaluated
How many INR values with dates are available?
☐ None
☐ Yes, 1 INR value
☐ Yes, 2 INR value
☐ Yes, 3 INR value
☐ Yes, 4 INR value
☐ Yes, 5 INR value

Please specify the last available INR values:
INR value: ____, Date: ___/___/_____ (dd/mm/yyyy)
INR value: ____, Date: ___/___/_____ (dd/mm/yyyy)
INR value: ____, Date: ___/___/_____ (dd/mm/yyyy)
INR value: ____, Date: ___/___/_____ (dd/mm/yyyy)
INR value: ____, Date: ___/___/_____ (dd/mm/yyyy)

3.1.6. Previous stroke and/or systemic embolic events ☐ No ☐ Yes ☐ Unknown

If 3.1.6. YES, please select all that apply:

Event	No	At enrolment	Before enrolment
Stroke	☐	☐	☐ <1 month ☐ 1-6 months ☐ >6 months
Transient ischemic attack	☐	☐	☐ <1 month ☐ 1-6 months ☐ >6 months
Systemic embolic event	☐	☐	☐ <1 month ☐ 1-6 months ☐ >6 months
Pulmonary embolism	☐	☐	☐ <1 month ☐ 1-6 months ☐ >6 months

3.1.7. Previous bleeding events ☐ No ☐ Yes ☐ Unknown

If 3.1.7. YES: **Bleeding with hospitalization:** ☐ No ☐ Yes
If YES: **With blood transfusion:** ☐ No ☐ Yes ☐ Unknown

If 3.1.7. YES, please select all that apply:

Event	No	At enrolment	Before enrolment
Intracerebral bleeding	☐	☐	☐ <1 month ☐ 1-6 months ☐ >6 months
Other intracranial bleeding	☐	☐	☐ <1 month ☐ 1-6 months ☐ >6 months
Gastrointestinal bleeding	☐	☐	☐ <1 month ☐ 1-6 months ☐ >6 months
Other bleeding	☐	☐	☐ <1 month ☐ 1-6 months ☐ >6 months

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3.2. Concomitant comorbidities / conditions

3.2.1. Hypertension □ No □ Yes □ Not evaluated

If 3.2.1. YES:	**Type** □ Controlled □ Uncontrolled. **Duration** □≤1 year □ >1 to 5 years □ > 5 to 10 years □> 10 years □ Unknown duration

3.2.2. Heart Failure □ No □ Yes □ Not evaluated

If 3.2.2. YES:	**NYHA class*:** □ I □ II □ III □ IV **Duration** □≤1 year □ >1 to 5 years □ >5 to 10 years □>10 years □ Unknown duration

3.2.3. Heart Disease(s) □ No □ Yes □ Not evaluated

If 3.2.3. YES, please specify:

Disease	No	Yes	*To appear only for specific disease, when Yes is selected*	Duration/last event date (in months)
Coronary artery disease	□	□	□ ACS at enrolment □ Prior MI □ Stable CAD □ PCI ± stenting □ CABG	**PCI** □ At enrolment □≤1 □1-3 □3-6 □6-12 □>12 **CABG** □<1 □1-12 □>12
Cardiomyopathy	□	□	□ Hypertrophic □ Dilated □ Restrictive □ Other □ Tachycardia-induced CMP	□ First-diagnosed at enrolment □ Already existing condition prior to enrolment
Mitral valve disease	□	□	□ Stenosis □ Regurgitation □ Prolapse ***If Stenosis, Regurgitation, or Prolapse:*** **Native valve disease severity:** □ Mild □ Moderate □ Severe □ Mechanical valve □ Bioprosthesis □ Surgical valve repair □ Transcatheter valve intervention	□ First-diagnosed □ Already existing condition prior to enrolment ***If Valve intervention*** □≤1 □1-3 □>3
Aortic valve disease	□	□	□ Stenosis □ Regurgitation ***If Stenosis, Regurgitation:*** **Native valve disease severity:** □ Mild □ Moderate □ Severe □ Mechanical valve □ Bioprosthesis □ Surgical valve repair □ Transcatheter valve intervention	□ First-diagnosed □ Already existing condition prior to enrolment ***If Valve intervention:*** □≤1 □1-3 □>3
Tricuspid valve disease	□	□	□ Stenosis □ Regurgitation □ Mild □ Moderate □ Severe	□ First-diagnosed □ Already existing condition prior to enrolment
Pulmonary valve disease	□	□	□ Stenosis □ Regurgitation □ Mild □ Moderate □ Severe	□ First-diagnosed □ Already existing condition prior to enrolment
Pacemaker/ICD	□	□	□ Antibradycardia □ Leadless □ ICD □ Subcutaneous ICD □ CRT-P □ CRT-D	
Other heart disease	□	□	Please specify_____	

ACS: Acute Coronary Syndrome MI: Myocardial Infarction PCI: Percutaneous Coronary Intervention CAD: Coronary Artery Disease CABG: Coronary Aortic Bypass Grafting ICD: Implantable Cardioverter Defibrillator CRT: Cardiac Resynchronisation Therapy.

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3.2.4. Non-cardiac conditions □ No □ Yes □ Not evaluated

If 3.2.4. Yes, please specify:

Disease	No	Yes	Not evaluated	*To appear only when Yes is selected*
HYPERthyreosis	□	□	□	□ Current condition □ Previous condition
HYPOthyreosis	□	□	□	□ Current condition □ Previous condition
Diabetes mellitus*	□	□	□	□ Type I □ Type II □ Unknown
			If Diabetes is Yes	□ First diagnosed □ Already existing condition prior to enrolment
If Diabetes is Already existing condition prior to enrolment				Duration: □≤1 year □ >1 to 5 years □ >5 to 10 years □>10 years □ Unknown
Chronic kidney disease	□	□	□	□ Not on chronic dialysis □ On chronic dialysis □ Transplanted
Liver disease	□	□	□	
COPD	□	□	□	
Sleep apnoea	□	□	□	□ On CPAP □ Not on CPAP
Peripheral vascular disease	□	□	□	
Malignancy	□	□	□	□ Current □ Prior (in remission/cured)
Cognitive impairment	□	□	□	□ Mild impairment □ Dementia
Other non-cardiac disease	□	□	□	

COPD: Chronic Obstructive Pulmonary Disease CPAP: Continuous Positive Airway Pressure.

3.3. ECG assessment

3.3.1. Last available 12-lead ECG Date ___/___/_____(dd/mm/yyyy) □ Unavailable

Rhythm: □ Sinus

If Sinus: PQ___mSec □ Unknown QRS___mSec □ Unknown QTc____mSec □ Unknown

□ AF
□ AFL
□ Other

QTc_refers to QTc Bazett HC.

Ventricular rate: ___min □ Unknown

Bundle Branch Block: □ No □ Yes, Complete LBBB, □ Yes, Complete RBBB □ Yes, Other □ Unknown

3.3.2. Other ECG diagnostics within the last 12 months or during the enrolment visit/hospitalization

Method	Answer	*If Method is Yes or Planned,* **Purpose**
Holter monitoring	□ No □ Yes □ Planned	□ To document/diagnose AF □ Assessment of AF burden □ Follow-up for rhythm control (e.g., post cardioversion/AF ablation) □ Rate control assessment in permanent AF □ Other
External event recorder	□ No □ Yes □ Planned	□ To document/diagnose AF □ Assessment of AF burden □ Follow-up for rhythm control (e.g., post cardioversion/AF ablation) □ Other
Insertable cardiac monitor Insertion/interrogation	□ No □ Yes □ Planned	□ To document/diagnose AF □ Assessment of AF burden □ Follow-up for rhythm control (e.g., post cardioversion/AF ablation) □ Rate control assessment in permanent AF □ Other
If 3.2.3. YES and Pacemaker/ICD is selected, please specify:		
Intracardiac device memory interrogation	□ No □ Yes □ Planned	□ To document/diagnose AF □ Assessment of AF burden □ Follow-up for rhythm control (e.g., post cardioversion/AF ablation) □ Other_____

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3.4. Other diagnostic tests performed for AF in last 12 months or at enrolment

3.4.1. Blood biochemistry □ No □ Yes, at enrolment □ Yes, within ≤6 months □ Yes, within >6-12 months □ Planned

If 3.4.1. any YES, please specify:

Analysis	Value	Unit	Analysis	Value	Unit
□ **Haemoglobin**	|___|	□ g/dL □ g/L □ mmol/l	□ **BNP / NT-Pro-BNP**	|___|	□ pg/mL □ pmol/l
□ **Creatinine**	|___|	□ µmol/l □ mg/dL	□ **Serum potassium**	|___|	□ mmol/l
□ **HbA1c**	|___|	□ mol/mol □ %	□ **Microalbuminuria**	□ 0 □ 1+ □ 2+ □ 3+ □ 4+	

3.4.2. Transthoracic echocardiography □ No □ Yes, at enrolment □ Yes, within ≤12 months □ Planned

If 3.4.2. any YES, please specify:

Parameter	Value	Parameter	Value
LA size	***Antero-posterior diameter*** *___mm*	**Left ventricular hypertrophy**	□ No □ Mild □ Moderate □ Severe
	Volume* *___ ml*	**Regional wall motion disturbances**	□ No □ Mild □ Moderate □ Severe
LV global systolic function	□ *Normal*	**Mitral stenosis**	□ No □ Mild □ Moderate □ Severe
	□ *Moderately reduced*	**Mitral regurgitation**	□ No □ Mild □ Moderate □ Severe
	□ *Severely reduced*	**Mitral valve prolapse**	□ No □ Mild □ Moderate □ Severe
LVEF	*___%*	**Aortic stenosis**	□ No □ Mild □ Moderate □ Severe
LV diastolic function	□ *Normal*	**Aortic regurgitation**	□ No □ Mild □ Moderate □ Severe
	□ *Impaired*	**Other abnormalities**	□ No □ Mild □ Moderate □ Severe

**ml/m2 can be calculated automatically from BSA. LA: Left atrium LV: Left ventricle LVEF: LV ejection fraction.*

3.4.3 Other diagnostic procedures (e.g., TEE, Cardiac MRI, Brain CT) □ No □ Yes □ Planned

If 3.4.3. YES/PLANNED is selected, a drop down-list containing the first two columns from the left (the third and fourth column should appear for the relevant row, only if Yes or Planned is selected in the second column):

Procedure		If Yes or Planned: Purpose	Additional data/findings
TEE	□ No □ Yes □ Planned	□ Routine assessment before CV/ablation □ Sub-therapeutic INR/TTR, suspected non-adherence to a NOAC □ Prior to the LAA occlusion □ Other.	**SEC:** □ Yes □ No. **Thrombus:** □ Yes □ No. **Aortic plaque:** □ Yes □ No. **LAA FFV:** ___ cm/s
Cardiac MRI	□ No □ Yes □ Planned	□ Prior to AF ablation □ Other reasons.	□ Normal finding □ Cerebral infarct □ Lacunar ischemia □ Micro-ischemia □ ICH □ Microbleeds □ Leukoaraiosis □ Other
Brain CT	□ No □ Yes □ Planned	□ Post-stroke evaluation □ Post ICH evaluation □ Stroke risk assessment □ Bleeding risk assessment □ Other reasons.	□ Normal finding □ Cerebral infarct □ Lacunar ischemia □ Micro-ischemia □ ICH □ Microbleeds □ Leukoaraiosis □ Other
Brain MRI	□ No □ Yes □ Planned	□ Post-stroke evaluation □ Post ICH evaluation □ Stroke risk assessment □ Bleeding risk assessment □ Other reasons.	□ Normal finding □ Cerebral infarct □ Lacunar ischemia □ Micro-ischemia □ ICH □ Microbleeds □ Leukoaraiosis □ Other

TEE: Transesophageal echocardiography CT: Computerised Tomography MRI: Magnetic Resonance Imaging INR: International Normalized Ratio TTR: Time in Therapeutic Range NOAC: Non-vitamin K antagonist Oral Anticoagulant LAA: Left Atrial Appendage ICH: Intracranial Haemorrhage SEC: Spontaneous Echo Contrast LAA FFV: LAA forward flow velocity.

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3.5. Stroke and bleeding risk assessment at enrolment

3.5.1. Stroke risk assessed □ No □ Yes □ Not evaluated

If 3.5.1. YES:	
Clinical assessment only	□ No □ Yes
Using a stroke risk score	□ No □ Yes**,** CHA_2DS_2-VASc □ Yes, Other score, please specify _____

3.5.2. Bleeding risk assessed □ No □ Yes □ Not evaluated

If 3.5.2.YES:	
Clinically, by checking for bleeding risk factors	□ No □ Yes
Using a bleeding risk score	□ No □ Yes**,** HAS-BLED □ Yes, Other score, please specify _____

If clinically, by checking for bleeding risk factor is YES, please select the bleeding risk factors you considered:

□	Hypertension (SBP>160mmHg)	□	Age >65 years
□	Labile INR or TTR<60% on vitamin K antagonists	□	History of bleeding or stroke
□	Medication predisposing to bleeding (NSAIDs, ASA)	□	Malignancy
□	Excess alcohol (≥8 drinks/week)	□	Genetic factors
□	Anaemia	□	High-sensitivity troponin
□	Impaired renal or liver function	□	Growth differentiation factor 15
□	Reduced platelet count/function	□	Serum creatinine/estimated CrCl

SBP: Systolic Blood Pressure INR: International Normalized Ratio TTR: Time in Therapeutic Range NSAID: Non-steroidal Anti-inflammatory Drugs ASA: Acetylsalicylate Acid CrCl: Creatinine Clearance.

Main part: Treatment at discharge - prevention of stroke / systemic embolism

4.1. Treatments antithrombotic therapy

Oral anticoagulant therapy	□ No □ Yes □ Not evaluated	
If OAC is YES:		
VKA □ No □ Yes	□ Phenprocoumon □ Warfarin □ Acenocoumarol	□ Fluindione □ Phenidione □ Not evaluated
NOAC □ No □ Yes	□ Dabigatran	□ 150mg bid □ 110mg bid □ 75mg bid
	□ Rivaroxaban	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid
	□ Apixaban	□ 5mg BID □ 2.5mg bid
	□ Edoxaban	□ 60mg OD □ 30mg OD □ 15mg OD
	□ Not evaluated	
LAA Occlusion	□ No □ Yes □ Not evaluated	
If LAA occlusion is Yes:	□ Device □ Ablation □ Surgery	
	If Device, please specify: □ WATCHMAN □ Amplatzer Amulet □ Amplatzer Cardiac Plug	□ ULTRASEAL LAA □ Wavecrest □ Lariat

UF Heparin	□ No □ Yes □ Not evaluated	**Clopidogrel**	□ No □ Yes □ Not evaluated
LMW Heparin	□ No □ Yes □ Not evaluated	**Prasugrel**	□ No □ Yes □ Not evaluated
Fondaparinux	□ No □ Yes □ Not evaluated	**Ticagrelor**	□ No □ Yes □ Not evaluated
Aspirin	□ No □ Yes □ Not evaluated	**Ticlopidine**	□ No □ Yes □ Not evaluated
Other antithrombotic therapy	□ No □ Yes □ Not evaluated		

If any NOAC is Yes: Reasons for selecting NOACs/particular NOAC:

□	The SAMe-TT_2R_2 score-driven choice	□	History of GI bleeding
□	Labile INR / Low TTR	□	Concerns with renal function
□	Unavailable regular INR monitoring	□	Known CAD/PAD
□	Co-medication interacting with VKAs	□	Dosing issues
□	Renal dysfunction	□	Company service/information
□	Cost and reimbursement issues	□	Available “real-world” data
□	The patient’s risk profile	□	Other

LAA: Left Atrial Appendage UF: Unfractionated LMW: Low Molecular Weight INR: International Normalized Ratio TTR: Time in Therapeutic Range VKAs: Vitamin K Antagonists GI: Gastrointestinal CAD: Coronary Artery Disease PAD: Peripheral Artery Disease.

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4.2. General reasons for choosing a particular treatment (please select all that apply):

- □ Guideline recommendation
- □ Already well tolerated
- □ Side effects of the alternative treatments
- □ Patient preference/unwilling to take an alternative
- □ Physician's experience/preference
- □ Shared, informed decision
- □ Patient refusal to take OAC
- □ Ischemic event on the alternative treatment
- □ Prior bleeding on the alternative treatment
- □ Poor adherence to previous treatment
- □ Cost and reimbursement issues
- □ Low stroke risk
- □ Recent stroke
- □ **High bleeding risk**
- □ Dementia
- □ Malignancy
- □ Current bridging with LMWH
- □ Recent/planned surgery/intervention
- □ Successful AF ablation
- □ OAC considered inadequate
- □ Contraindications to OAC use
- □ Interaction with concomitant therapies

If 4.2. *High bleeding risk* is selected, please specify at least one reason:

- □ Prior bleeding event
- □ Active peptic ulcer
- □ Renal dysfunction
- □ Liver disease
- □ Current anaemia
- □ Thrombocytopenia
- □ Alcohol / drug abuse
- □ Frequent falls

OAC: Oral Anticoagulant LMWH: Low Molecular Weight Heparin.

Main part: Treatment at discharge - arrhythmia-directed treatments

5.1. Rate control	□ No □ Yes □ Planned
5.2. Rhythm control	□ No □ Yes □ Planned

If 5.1. Rate control is YES, please specify:

State the target heart rate for this patient: ____ bpm □ Unknown

If 5.1. Rate control is YES or PLANNED, please specify:

Pharmacological	□ No □ Yes □ Planned
Atrioventricular node ablation with PM implantation	□ No □ Yes □ Planned

Reasons for choosing rate control approach (multiple answers possible):

- □ Treatment prior to planned cardioversion / AF ablation
- □ Low likelihood of successful rhythm control *(e.g., long-standing AF, etc.)*
- □ Failure of previous rhythm control therapies
- □ Contraindications to long-term AADs therapy
- □ Physician's decision
- □ Patient's preference
- □ Shared, informed decision
- □ Other

AAD: Antiarrhythmic Drug

If 5.2. Rhythm control is YES or PLANNED:

Chronic pharmacological AF prevention	□ No □ Yes □ Planned
Pharmacological cardioversion	□ No □ Yes □ Planned
"Pill in the pocket"	□ No □ Yes □ Planned
Electrical cardioversion	□ No □ Yes □ Planned
AF ablation	□ No □ Yes □ Planned
AFL ablation	□ No □ Yes □ Planned

Reasons for choosing rhythm control approach (please select all that apply):

- □ Symptomatic AF despite rate controlling drugs
- □ Suspected tachycardiomyopathy
- □ High likelihood of successful rhythm control
- □ Physician's decision
- □ Patient's preference
- □ Shared, informed decision
- □ Other

If 5.2. Rhythm control is YES or PLANNED and AF ablation is YES, please specify:

Reasons for choosing catheter ablation of AF (please select all that apply)

- □ Presumed "electrical" cause of AF
- □ Paroxysmal AF
- □ Recent-onset AF
- □ High likelihood of successful ablation as the first-line treatment
- □ Failure of AADs previously used for rhythm control
- □ Desire to avoid long-term OAC use
- □ Physician's decision
- □ Patient's preference
- □ Shared, informed decision
- □ Other

Site	
Patient ID number	

5.3. Pharmacological treatments at discharge (please select all that apply)

Drug	Drug	Drug
□ Amiodarone	□ Digoxin	□ ACEi
□ **Flecainide**	□ DPH Ca-channel blocker	□ ARBs
□ **Propafenone**	□ Non-DPH Ca blockers*	□ DRI, aliskiren
□ Dronedarone	□ Ranolazine	□ Diuretics
□ Disopyramide	□ Statins	□ Oral antidiabetics
□ Sotalol	□ PPIs/H2 blockers	□ Insulin
□ Quinidine	□ Sacubitril/valsartan	□ Thyroid-suppressing drugs
□ Other AAD	□ Aldosterone blocker	□ Thyroid hormones
□ Beta blocker		

If Flecainide or Propafenone are selected, please specify the mode of use:

□ Pill-in-the-pocket use	□ Chronic oral use	□ Unknown
□ Pill-in-the-pocket use	□ Chronic oral use	□ Unknown

AAD: Antiarrhythmic drug DPH: dihydropyridine ACEi: Angiotensin Converting Enzyme Inhibitor ARB: Angiotensin Receptor Blocker PPI: Proton Pump Inhibitors Non-DPH Ca blockers :Verapamil, Diltiazem.

5.4. Interventions during enrolment visit/hospitalization (please select all that apply)

Procedure		If YES, please specify	Answers	
Electrical CV	□ No □ Yes	Type of electrical CV	□ External	□ Internal
		Success of the procedure	□ Successful	□ Unsuccessful
		Periprocedural OAC	□ None	□ LMWH
			□ NOAC □ VKA	□ UF Heparin
Pharmacological CV	□ No □ Yes	Success of the procedure	□ Successful	□ Unsuccessful
		Antiarrhythmic drug	□ Amiodarone	□ Ibutilide
			□ Flecainide	□ Quinidine
			□ Propafenone	□ Disopyramide
			□ Vernakalant	□ Other*
			□ Sotalol	
		Periprocedural OAC	□ None	□ LMWH
			□ NOAC □ VKA	□ UF Heparin
AF catheter ablation	□ No □ Yes	Energy type	□ RF	□ Cryo
		Procedure	□ PVI only	□ PVI + substrate modification
			□ AV junction ablation with PM implantation	
		Ablation considered effective	□ Yes □ No	□ Uncertain
		Periprocedural OAC on the day of ablation	□ Uninterrupted VKA	□ Uninterrupted NOAC
			□ Interrupted VKA	□ Interrupted NOAC
			□ Skipped NOAC dose	□ LMWH bridging
			□ UF Heparin bridging	
AF surgery	□ No □ Stand-alone □ With other open-heart surgery			
PCI	□ No □ DES □ BMS Bioabsorbable stent □Balloon dilatation without stent implantation			
CABG	□ No □ Yes			
Valve surgery	□ No □ Yes, mitral valve repaired / replaced □ Yes, aortic valve repaired / replaced □ Yes, tricuspid valve repaired / replaced □ Yes, pulmonary valve repaired / replaced		□ Mechanical □ Biological □ Valvuloplasty	
Transcatheter valve intervention	□ No □ Yes		□ Aortic □ Mitral	
Pacemaker implantation	□ No □ Yes		□ Antibradycardia □ Leadless □ ICD □ Subcutaneous ICD □ CRT-P □ CRT-D	

OAC: Oral anticoagulant NOAC: Non-Vitamin K Antagonist Oral Anticoagulant VKA: Vitamin K antagonist LMWH: Low Molecular Weight Heparin UF: UnfractionatedRF: RadiofrequencyPVI: Pulmonary vein isolation AV: AtrioventricularCV: Cardioversion PCI: Percutaneous Coronary Intervention CABG: Coronary Aortic Bypass Grafting.

Site	
Patient ID number	

Main part: Integrated AF Management

6.1. Measures (please select all that apply)

Measures:	Yes	No	Planned	Not evaluated
Structured patient education on stroke prevention and oral anticoagulant therapy	☐	☐	☐	☐
Advice and education on lifestyle and risk factors management	☐	☐	☐	☐
Structured support for lifestyle changes	☐	☐	☐	☐
Encouragement and empowerment for self-management	☐	☐	☐	☐
Shared decision making	☐	☐	☐	☐
The use of technology tools for information on AF	☐	☐	☐	☐
Checklist and communication tools	☐	☐	☐	☐
Clinical decision support tools	☐	☐	☐	☐
Monitoring of adherence to therapy and effectiveness	☐	☐	☐	☐
Engagement of a multidisciplinary team in AF management	☐	☐	☐	☐
Engagement of AF Heart Team for complex management decisions	☐	☐	☐	☐

6.2. Specialty of the physician who will be responsible for further AF management/follow-up

- ☐ General cardiologist
- ☐ Arrhythmologist/electrophysiologists
- ☐ Internal medicine specialist
- ☐ General practitioner
- ☐ Neurologist
- ☐ Fellow physician in training
- ☐ Nurse specialist
- ☐ Specialized nurse
- ☐ Other (please specify _____)

Main part: Major outcomes at discharge

7.1. Discharge date: ___/___/_____ dd/mm/yyyy

7.2. Discharge status: ☐ Alive ☐ Dead

If 7.2. DEAD, please specify:

Date of the event	___/ _____/ mm/ yyyy				
Mode of DEATH	☐	Sudden	☐ Non-sudden	☐	Unknown
Cause of DEATH	☐	Cardiac	☐ Vascular	☐	Non-cardiovascular
		If Vascular DEATH:	☐ Ischemic stroke ☐ Haemorrhagic stroke ☐ Systemic bleeding ☐ Peripheral embolism ☐ Pulmonary embolism ☐ STEMI/NSTEMI		
Antithrombotic therapy at the time of death	☐	No antithrombotic therapy	☐ VKA ***If VKA:*** latest INR___	☐	Unknown
	☐	Dabigatran 150mg bid			
	☐	Dabigatran 110mg bid	☐ LMWH therapeutic dose		
	☐	Apixaban 5mg bid	☐ LMWH prophylactic dose		
	☐	Apixaban 2.5mg bid	☐ UF Heparin		
	☐	Edoxaban 60mg OD	☐ Aspirin		
	☐	Edoxaban 30mg OD	☐ Prasugrel		
	☐	Edoxaban 15mg OD	☐ Clopidogrel		
	☐	Rivaroxaban 20mg OD	☐ Ticagrelor		
	☐	Rivaroxaban 15mg OD	☐ Ticlopidine		
	☐	Rivaroxaban 2.5mg bid	☐ Other antithrombotic therapy ***If Other:*** specify _____		
	☐	Unknown			

STEMI: ST Eelevation Myocardial Infarction NSTEMI: Non-ST Elevation Myocardial Infarction VKA: Vitamin K Antagonist INR: International Normalized Ratio LMWH: Low Molecular Weight Heparin UF: Unfractionated.

Site	
Patient ID number	

7.3. Non-fatal stroke or systemic embolic event: □ No □ Yes □ Not evaluated

If 7.3. YES, please select types and treatment(s)*

Antithrombotic therapy at the time of event (select all that apply)									
Yes	**ATT Drugs**	**Ischemic stroke** □ No □ Yes	**Hemorrhagic stroke** □ No □ Yes	**ESUS** □ No □ Yes	**Undetermined stroke** □ No □ Yes	**TIA** □ No □ Yes	**Peripheral embolism** □ No □ Yes	**Pulmonary embolism/DVT** □ No □ Yes	**Other** (specify___) □ No □ Yes
□	No antithrombotic therapy								
□	Dabigatran	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown		□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	
□	Rivaroxaban	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown		□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	
□	Apixaban	□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown		□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown	
□	Edoxaban	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown		□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	
□	VKA	the latest INR prior to or at the time of event ____ □Unknown	the latest INR prior to or at the time of event ____ □Unknown	the latest INR prior to or at the time of event ____ □Unknown	the latest INR prior to or at the time of event ____ □Unknown		the latest INR prior to or at the time of event ____ □Unknown	the latest INR prior to or at the time of event ____ □Unknown	
□	LMWH therapeutic dose								
□	LMWH prophylactic dose								
□	UF Heparin								
□	Aspirin								
□	Clopidogrel								
□	Prasugrel								
□	Ticagrelor								
□	Ticlopidine								
□	Other ATT								

** Except TIA and Other.*
ATT: Antithrombotic therapy; ESUS: Embolic stroke of unknown source; TIA: Transient ischemic attack;
DVT: Deep venous thrombosis; VKA: Vitamin K antagonist; LMWH: Low molecular weight heparin; UF: Unfractionated.

7.4. Non-fatal Haemorrhagic event: □ No □ Yes □ Not evaluated

***If 7.4. YES,* Bleeding with hospitalization:** □ No □ Yes, with blood transfusion □ Yes, without blood transfusion

If 7.4. YES, please select types and treatment(s)*

Antithrombotic therapy at the time of event (select all that apply)				
Yes	**ATT Drugs**	**Intracerebral bleeding** □ No □ Yes	**Other ICH** □ No □ Yes	**Major extracranial bleeding** □ No □ Yes, Upper GI □ Yes, Lower GI □ Yes, Upper GI □ Yes Other
□	No antithrombotic therapy			
□	Dabigatran	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown
□	Rivaroxaban	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □Unknown
□	Apixaban	□ 5mg bid □ 2.5mg bid □Unknown	□ 5mg bid □ 2.5mg bid □Unknown	□ 5mg bid □ 2.5mg bid □Unknown
□	Edoxaban	□ 60mg OD □ 30mg OD □ 15mg OD □Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □Unknown
□	VKA	the latest INR prior to or at the time of event __ □Unknown	the latest INR prior to or at the time of event __ □Unknown	the latest INR prior to or at the time of event __ □Unknown
□	LMWH therapeutic dose			
□	LMWH prophylactic dose			
□	UF Heparin			
□	Aspirin			
□	Clopidogrel			
□	Prasugrel			
□	Ticagrelor			
□	Ticlopidine			
□	Other ATT			

ATT: Antithrombotic therapy; ICH: Intracranial haemorrhage; VKA: Vitamin K antagonist; LMWH: Low molecular weight heparin;
UF: Unfractionated; GI: Gastrointestinal.

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Patient ID number	

If 7.2. Discharge status is DEAD and Cause of death is Hemorrhagic stroke or Systemic bleeding, OR 7.4. Non-fatal Haemorrhagic events are Yes and ICH or Major extracranial bleeding is selected, please select:

Was any of the below used for treatment of the bleeding episode (please select ALL that apply)?

- □ Prothrombin Complex Concentrate (PCC)
- □ Fresh Frozen Plasma (FFP)
- □ Platelets replacement
- □ Vitamin K i.v.
- □ Idarucizumab
- □ Andexanet alpha
- □ Ciraparantag

7.5. Other events: □ No □ Yes □ Not evaluated

If 7.5. YES, please select types and treatment(s)

Antithrombotic therapy at the time of event (select all that apply)							
Yes	**ATT Drugs**	**ACS** □ No □ Yes, STEMI □ Yes, NSTEMI	**New onset/worsening of HF** □ No □ Yes	**AF/AFL recurrence** □ No □ Yes	**AF progression to permanent AF** □ No □ Yes	**Other arrhythmias** □ No □ Yes	**Non-cardiovascular events** □ No □ Yes
□	No antithrombotic therapy						
□	Dabigatran	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown		
□	Rivaroxaban	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown		
□	Apixaban	□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown		
□	Edoxaban	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown		
□	VKA	the latest INR prior to or at the time of event ____ □ Unknown	the latest INR prior to or at the time of event ____ □ Unknown	the latest INR prior to or at the time of event ____ □ Unknown	the latest INR prior to or at the time of event ____ □ Unknown		
□	LMWH therapeutic dose						
□	LMWH prophylactic dose						
□	UF Heparin						
□	Aspirin						
□	Clopidogrel						
□	Prasugrel						
□	Ticagrelor						
□	Ticlopidine						
□	Other ATT						

ATT: Antithrombotic therapy; ACS: Acute coronary syndrome; HF: Heart failure; VKA: Vitamin K antagonist; LMWH: Low molecular weight heparin; UF: Unfractionated;

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*Main part: Quality of Life questionnaire EuroQoL 5D-5L**

Please refer to the user guide to ask the questionnaire by phone/ or to report Visual-analog scale value.

EuroQol questionnaire performed? □ No □ Yes

ADMINISTRATION MODE

□ Self-completion: The patient completes himself questionnaire on the paper.
□ Face-to-face interview: The questions are orally presented during a consultation
□ Telephone interview: The questions are orally presented during phone contact

Please report the patient's answer under each heading (the one that best describes patient health TODAY)

MOBILITY

□ 1 - I have no problems in walking about
□ 2 - I have slight problems in walking about
□ 3 - I have moderate problems in walking about
□ 4 - I have severe problems in walking about
□ 5 - I am unable to walk about

SELF CARE

□ 1 - I have no problems washing or dressing myself
□ 2 - I have slight problems washing or dressing myself
□ 3 - I have moderate problems washing or dressing myself
□ 4 - I have severe problems washing or dressing myselfI am unable to wash or dress myself
□ 5 - I am unable to wash or dress myself

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

□ 1 - I have no problems doing my usual activities
□ 2 - I have slight problems doing my usual activities
□ 3 - I have moderate problems doing my usual activities
□ 4 - I have severe problems doing my usual activities
□ 5 - I am unable to do my usual activities

PAIN / DISCOMFORT

□ 1 - I have no pain or discomfort
□ 2 - I have slight pain or discomfort
□ 3 - I have moderate pain or discomfort
□ 4 - I have severe pain or discomfort
□ 5 - I have extreme pain or discomfort

ANXIETY / DEPRESSION

□ 1 - I am not anxious or depressed
□ 2 - I am slightly anxious or depressed
□ 3 - I am moderately anxious or depressed
□ 4 - I am severely anxious or depressed
□ 5 - I am extremely anxious or depressed

Visual-analog scale (VAS) value: |___| (0-100)

Questionnaire not fully completed by the patient (Tick to confirm) □ No □ Yes

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Site	
Patient ID number	

Main part: CRF Completed

Answer **Yes** to the question below to confirm that you have finished and reviewed data collection for accuracy for this patient.

Only completed CRF's will be taken into consideration for the analysis.

Then, please fill in the Follow-up CRF pages.

CRF Completed and signed-off: □ Yes

Site	
Patient ID number	

Patient Information

Follow up

Follow Up 12 months

Follow Up performed □ No Yes

If Follow Up NOT PERFORMED:	
Main reason	□ Patient withdrew consent □ Patient lost (Firstly, please check if the patient is died) □ Other, specify _____

If Follow Up PERFORMED:

Date of follow-up ___/___/_____ dd/mm/yyyy

Type of follow-up □ Clinical visit □ Telephone follow up

Follow Up performed by
□ General cardiologist
□ Arrhythmologist/electrophysiologists
□ Interventional cardiologist
□ Internal medicine specialist
□ General practitioner
□ Neurologist
□ Other, specify

9.1. Survival status at Follow Up

Death □ Alive □ Dead

If 9.1. DEAD, specify:

Date of the event: ___/_____ /mm/ yyyy

Mode of DEATH	□ Sudden	□ Non-sudden	□ Unknown
Cause of DEATH	□ Cardiac	□ Vascular	□ Non-cardiovascular
	If Vascular DEATH:	□ Ischemic stroke □ Haemorrhagic stroke □ Systemic bleeding □ Peripheral embolism □ Pulmonary embolism □ STEMI/NSTEMI	
Antithrombotic therapy at the time of death	□ No antithrombotic therapy □ Dabigatran 150mg bid □ Dabigatran 110mg bid □ Apixaban 5mg bid □ Apixaban 2.5mg bid □ Edoxaban 60mg OD □ Edoxaban 30mg OD □ Edoxaban 15mg OD □ Rivaroxaban 20mg OD □ Rivaroxaban 15mg OD □ Rivaroxaban 2.5mg bid □ Unknown	□ VKA ***If VKA:*** latest INR___ □ LMWH therapeutic dose □ LMWH prophylactic dose □ UF Heparin □ Aspirin □ Prasugrel □ Clopidogrel □ Ticagrelor □ Ticlopidine □ Other antithrombotic therapy ***If Other:*** specify _____	□ Unknown

STEMI: ST Eelevation Myocardial Infarction NSTEMI: Non-ST Elevation Myocardial Infarction VKA: Vitamin K Antagonist INR: International Normalized Ratio LMWH: Low Molecular Weight Heparin UF: Unfractionated.

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Patient ID number	

9.2. New co-morbidities / conditions since discharge

The sections/questions in blue and underlined are dependent upon certain baseline questions and will only open if the answer to these questions is not 'yes'

9.2.1. Hypertension ☐ Yes ☐ No ☐ Not evaluated

If 9.1.1. YES: **Type** ☐ Controlled ☐ Uncontrolled.

9.2.2. Heart Failure ☐ Yes ☐ No ☐ Not evaluated

If 9.2.2. YES: **NYHA class*:** ☐ I ☐ II ☐ III ☐ IV

9.2.3. Heart Disease(s) ☐ Yes ☐ No ☐ Not evaluated

If 9.2.3. YES, please specify:

Disease	No	Yes	*To appear only for specific disease, when Yes is selected*	Timing of the last event after the Baseline/discharge (in months)
Coronary artery disease /revascularisation	☐	☐	☐ ACS at enrolment ☐ Prior MI ☐ Stable CAD ☐ PCI ± stenting ☐ CABG	**PCI** ☐ ≤1 month ago ☐ >1 to 3] ago ☐ > 3 – 6] ago ☐ >6 - Baseline[**CABG** ☐ <1 ago ☐ 1 - baseline ago
Cardiomyopathy	☐	☐	☐ Hypertrophic ☐ Dilated ☐ Restrictive ☐ Other ☐ Tachycardia-induced CMP	
Mitral valve disease	☐	☐	☐ No ☐ Stenosis ☐ Regurgitation ☐ Mechanical valve ☐ Bioprosthesis ☐ Surgical valve repair ☐ Transcatheter valve intervention	***If Stenosis, Regurgitation:*** ☐ Mild ☐ Moderate ☐ Severe ***If Valve intervention*** ☐ ≤1 ago ☐ >1 to 3 ☐ >3
Aortic valve disease	☐	☐	☐ No ☐ Stenosis ☐ Regurgitation ☐ Mechanical valve ☐ Bioprosthesis ☐ Surgical valve repair ☐ Transcatheter valve intervention	***If Stenosis, Regurgitation:*** ☐ Mild ☐ Moderate ☐ Severe ***If Valve intervention:*** ☐ ≤1 ago ☐ >1 to 3 ☐ >3
Tricuspid valve disease	☐	☐	☐ Stenosis ☐ Regurgitation	***If Stenosis, Regurgitation:*** ☐ Mild ☐ Moderate ☐ Severe
Pulmonary valve disease	☐	☐	☐ No ☐ Stenosis ☐ Regurgitation	***If Stenosis, Regurgitation:*** ☐ Mild ☐ Moderate ☐ Severe
New Pacemaker/ICD (or Upgrade)	☐	☐	☐ Antibradycardia ☐ Leadless ☐ ICD	☐ Subcutaneous ICD ☐ CRT-P ☐ CRT-D
New other heart disease	☐	☐	Please specify_____	

ACS: Acute Coronary Syndrome MI: Myocardial Infarction PCI: Percutaneous Coronary Intervention CAD: Coronary Artery Disease CABG: Coronary Aortic Bypass Grafting ICD: Implantable Cardioverter Defibrillator CRT: Cardiac Resynchronisation Therapy.

9.2.4. Non-cardiac conditions ☐ Yes ☐ No ☐ Not evaluated

If 9.2.4. YES, please specify:

	Disease				
☐	HYPERthyreosis	☐	Liver disease	☐	Malignancy
☐	HYPOthyreosis (New)	☐	COPD Chronic Obstructive Pulmonary Disease	☐	Cognitive impairment
☐	Diabetes mellitus	☐	Sleep apnoea	☐	New other non-cardiac disease
☐	Chronic kidney disease	☐	Peripheral vascular disease		

Site	
Patient ID number	

Site	
Patient ID number	

9.3. Specific diagnostic procedures performed during follow up

9.3.1. Monitoring of cardiac rhythm □ Yes □ No □ Not evaluated

If 9.3.1. YES, please specify:

Method	No	Yes	*If Yes,* Purpose (to appear when a particular method is selected)
Holter monitoring	□	□	□ To document/diagnose AF □ Assessment of AF burden □ Follow-up for rhythm control (e.g., post cardioversion/AF ablation) □ Rate control assessment in permanent AF □ Other
External event recorder	□	□	□ To document/diagnose AF □ Assessment of AF burden □ Follow-up for rhythm control (e.g., post cardioversion/AF ablation) □ Rate control assessment in permanent AF □ Other
Insertable cardiac monitor Insertion/interrogation	□	□	□ To document/diagnose AF □ Assessment of AF burden □ Follow-up for rhythm control (e.g., post cardioversion/AF ablation) □ Rate control assessment in permanent AF □ Other
Intracardiac device memory interrogation (if applicable)	□	□	□ To document/diagnose AF □ Assessment of AF burden □ Follow-up for rhythm control (e.g., post cardioversion/AF ablation) □ Rate control assessment in permanent AF □ Other

9.3.2. Brain imaging □ Yes □ No □ Not evaluated

If 9.3.2. YES, please specify:

Procedure	*If Yes,* Purpose	Findings
Brain CT □ No □ Yes	□ Post-stroke evaluation □ Post ICH evaluation □ Stroke risk assessment □ Bleeding risk assessment □ Silent ischemia assessment (post-procedural – ablation, LAA ocluder, mitra-clip, etc) □ Other reasons	□ Normal finding □ Cerebral infarct □ Lacunar ischemia □ Micro-ischemia □ ICH □ Microbleeds □ Leukoaraiosis □ Other
Brain MRI □ No □ Yes	□ Post-stroke evaluation □ Post ICH evaluation □ Stroke risk assessment □ Bleeding risk assessment □ Silent ischemia assessment (post-procedural – ablation, LAA ocluder, mitra-clip, etc) □ Other reasons	□ Normal finding □ Cerebral infarct □ Lacunar ischemia □ Micro-ischemia □ ICH □ Microbleeds □ Leukoaraiosis □ Other

CT: Computed tomography MRI: Magnetic Resonance Imaging ICH: Intracranial haemorrhage LAA: Left Atrial Appendage.

9.3.3. Has the patient been on VKA since enrolment □ Yes □ No □ Not evaluated

If 9.3.3. YES, please specify:

Time in Therapeutic Range (TTR)	___% □ Unknown
The percentage of INRs within the therapeutic range	___% □ Unknown
The quality of VKA anticoagulation was not assessed	□ No □ Yes □ Not evaluated
Labile INR	□ No □Yes □ Not evaluated
How many INR values with dates are available? □ None □ Yes, 1 INR value □ Yes, 2 INR value □ Yes, 3 INR value □ Yes, 4 INR value □ Yes, 5 INR value	
Please spacify the last available INR values: INR value: ____, Date: ___/___/_____ (dd/mm/yyyy) INR value: ____, Date: ___/___/_____ (dd/mm/yyyy) INR value: ____, Date: ___/___/_____ (dd/mm/yyyy) INR value: ____, Date: ___/___/_____ (dd/mm/yyyy) INR value: ____, Date: ___/___/_____ (dd/mm/yyyy)	

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Patient ID number	

9.4. Stroke and bleeding risk assessment

9.4.1. Stroke Risk re-assessed □ No □ Yes □ Not evaluated

If 9.4.1. YES:	
Clinical assessment only	□ No □ Yes
Using a stroke risk score	□ No □ Yes, CHA_2DS_2-VASc □ Other score, please specify _____

9.4.2. Bleeding Risk re-assessed □ No □ Yes □ Not evaluated

If 9.4.2.YES:	
Clinically, by checking for bleeding risk factors	□ No □ Yes
Using a bleeding risk score	□ No □ Yes, HAS-BLED □ Other score, please sspecify _____

If clinically, by checking for bleeding risk factor is YES, please select the bleeding risk factors you considered:

□	Hypertension (SBP>160mmHg)	□	Age >65 years
□	Labile INR or TTR<60% on vitamin K antagonists	□	History of bleeding or stroke
□	Medication predisposing to bleeding (NSAIDs, ASA)	□	Malignancy
□	Excess alcohol (≥8 drinks/week)	□	Genetic factors
□	Anaemia	□	High-sensitivity troponin
□	Impaired renal or liver function	□	Growth differentiation factor 15
□	Reduced platelet count/function	□	Serum creatinine/estimated CrCl

SBP: Systolic Blood Pressure INR: International Normalized Ratio TTR: Time in Therapeutic Range NSAID: Non-steroidal Anti-inflammatory Drugs ASA: Acetylsalicylate Acid CrCl: Creatinine Clearance.

9.5. Non-fatal stroke or systemic embolic events during Follow Up □ No □ Yes □ Not evaluated

If 9.5. YES, please select types and treatments*

Antithrombotic therapy at the time of event (select all that apply)									
Yes	**ATT Drugs**	**Ischemic stroke** □ No □ Yes	**Hemorrhagic stroke** □ No □ Yes	**ESUS** □ No □ Yes	**Undetermined stroke** □ No □ Yes	**TIA** □ No □ Yes	**Peripheral embolism** □ No □ Yes	**Pulmonary embolism/DVT** □ No □ Yes	**Other** (specify___) □ No □ Yes
□	No antithrombotic therapy								
□	Dabigatran	□ 150mg bid □ 110mg bid □ 75mg bi □ Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □ Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □ Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □ Unknown		□ 150mg bid □ 110mg bid □ 75mg bid □ Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □ Unknown	
□	Rivaroxaban	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown		□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □ Unknown	
□	Apixaban	□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown		□ 5mg bid □ 2.5mg bid □ Unknown	□ 5mg bid □ 2.5mg bid □ Unknown	
□	Edoxaban	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown		□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □ Unknown	
□	VKA	the latest INR prior to or at the time of event __ □Unknown	the latest INR prior to or at the time of event __ □Unknown	the latest INR prior to or at the time of event __ □Unknown	the latest INR prior to or at the time of event __ □Unknown		the latest INR prior to or at the time of event __ □Unknown	the latest INR prior to or at the time of event __ □Unknown	
□	LMWH therapeutic dose								
□	LMWH prophylactic dose								
□	UF Heparin								
□	Aspirin								
□	Clopidogrel								
□	Prasugrel								
□	Ticagrelor								
□	Ticlopidine								
□	Other ATT								

** Except TIA and Other.*
ATT: Antithrombotic therapy; ESUS: Embolic stroke of unknown source; TIA: Transient ischemic attack; DVT: Deep venous thrombosis; VKA: Vitamin K antagonist; LMWH: Low molecular weight heparin; UF: Unfractionated.

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9.6. Non-fatal hemorrhagic events during Follow Up □ No □ Yes □ Not evaluated

***If 9.6. YES,* Bleeding with hospitalization:** □ No □ Yes, with blood transfusion □ Yes, without blood transfusion

If 9.6. YES, please select types and treatment(s)

Antithrombotic therapy at the time of event (select all that apply)				
Yes	**ATT Drugs**	**Intracerebral bleeding**	**Other ICH**	**Major extracranial bleeding**
		□ No □ Yes	□ No □ Yes	□ No □ Yes, Upper GI □ Yes, Lower GI □ Yes, Upper GI □ Yes Other
□	No antithrombotic therapy			
□	Dabigatran	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown
□	Rivaroxaban	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □Unknown
□	Apixaban	□ 5mg bid □ 2.5mg bid □Unknown	□ 5mg bid □ 2.5mg bid □Unknown	□ 5mg bid □ 2.5mg bid □Unknown
□	Edoxaban	□ 60mg OD □ 30mg OD □ 15mg OD □Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □Unknown
□	VKA	the latest INR prior to or at the time of event __ □ Unknown	the latest INR prior to or at the time of event __ □ Unknown	the latest INR prior to or at the time of event __ □ Unknown
□	LMWH therapeutic dose			
□	LMWH prophylactic dose			
□	UF Heparin			
□	Aspirin			
□	Clopidogrel			
□	Prasugrel			
□	Ticagrelor			
□	Ticlopidine			
□	Other ATT			

If 9.1 Follow Up status is DEATH and Cause of death is Hemorrhagic stroke or Systemic bleeding,
OR 9.6 Non-fatal Haemorrhagic events are Yes and ICH or Major extracranial bleeding is selected, please select:

Was any of the below used for treatment of the bleeding episode (please select ALL that apply)?	
□ Prothrombin Complex Concentrate (PCC)	□ Idarucizumab
□ Fresh Frozen Plasma (FFP)	□ Andexanet alpha
□ Platelets replacement	□ Ciraparantag
□ Vitamin K i.v.	

9.7. Other events during Follow Up □ No □ Yes □ Not evaluated

If 9.7. YES, please select types and treatment(s)

Antithrombotic therapy at the time of event (select all that apply)							
Yes	**ATT Drugs**	**ACS**	**New onset/worsening of HF**	**AF/AFL recurrence**	**AF progression to permanent AF**	**Other arrhythmias**	**Non-cardiovascular events**
		□ No □ Yes, STEMI □ Yes, NSTEMI	□ No □ Yes	□ No □ Yes	□ No □ Yes	□ No □ Yes	□ No □ Yes
□	No antithrombotic therapy						
□	Dabigatran	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown	□ 150mg bid □ 110mg bid □ 75mg bid □Unknown		
□	Rivaroxaban	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □Unknown	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid □Unknown		
□	Apixaban	□ 5mg bid □ 2.5mg bid □Unknown	□ 5mg bid □ 2.5mg bid □Unknown	□ 5mg bid □ 2.5mg bid □Unknown	□ 5mg bid □ 2.5mg bid □Unknown		
□	Edoxaban	□ 60mg OD □ 30mg OD □ 15mg OD □Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □Unknown	□ 60mg OD □ 30mg OD □ 15mg OD □Unknown		
□	VKA	the latest INR prior to or at the time of event __ □Unknown	the latest INR prior to or at the time of event __ □Unknown	the latest INR prior to or at the time of event __ □Unknown	the latest INR prior to or at the time of event __ □Unknown		
□	LMWH therapeutic dose						
□	LMWH prophylactic dose						
□	UF Heparin						
□	Aspirin						
□	Clopidogrel						
□	Prasugrel						
□	Ticagrelor						
□	Ticlopidine						
□	Other ATT						

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9.8. Hospitalization during Follow Up □ Yes □ No □ Not evaluated

If 9.8. YES:
Hospitalizations for AF: □ No □ Yes ***If Yes:*** **Number of hospitalizations:** □ 1 □ 2 □ 3-5 □ >5. Unknown
Hospitalizations for other reasons: □ No □ Yes. ***If Yes:*** **Number of hospitalizations:** □ 1 □ 2 □ 3-5 □ >5. Unknown

9.9.1 AF Progression since enrolment □ Yes □ No □ Not evaluated

If 9.9. 1YES:
Type of AF progression
□ Yes, increased total burden of paroxysmal AF
□ Yes, from paroxysmal to persistent AF
□ Yes, from paroxysmal to permanent AF
□ Yes, from persistent to long-term persistent AF
□ Yes, from persistent to permanent AF

9.9.2. Has the modified EHRA symptom score* been recorded at enrolment □ No □ Yes

If 9.9.2. YES, please specify: **EHRA symptom class** □ I □ IIa □ IIb □ III □ IV

9.10. Treatments at the 12-months visit: prevention of stroke / systemic embolism

Oral anticoagulant therapy	□ No □ Yes □ Not evaluated	
If OAC is yes:		
VKA	□ No □ Phenprocoumon □ Warfarin □ Acenocoumarol	□ Fluindione □ Phenidione □ Not evaluated
NOAC	□ No	
	□ Dabigatran	□ 150mg bid □ 110mg bid □ 75mg bid
	□ Rivaroxaban	□ 20mg OD □ 15mg OD □ 10mg OD □ 2.5mg bid
	□ Apixaban	□ 5mg BID □ 2.5mg bid
	□ Edoxaban	□ 60mg OD □ 30mg OD □ 15mg OD
	□ Not evaluated	
LAA Occlusion	□ No □ Yes □ Not evaluated	
If LAA occlusion is Yes:	□ Device □ Ablation □ Surgery	
	If Device, please specify: □ WATCHMAN □ Amplatzer Amulet □ Amplatzer Cardiac Plug	□ ULTRASEAL LAA □ Wavecrest □ Lariat
UF Heparin	□ No □ Yes □ Not evaluated	
LMW Heparin	□ No □ Yes □ Not evaluated	
Fondaparinux	□ No □ Yes □ Not evaluated	
Aspirin	□ No □ Yes □ Not evaluated	
Clopidogrel	□ No □ Yes □ Not evaluated	
Prasugrel	□ No □ Yes □ Not evaluated	
Ticagrelor	□ No □ Yes □ Not evaluated	
Ticlopidine	□ No □ Yes □ Not evaluated	
Other antithrombotic therapy	□ No □ Yes □ Not evaluated	

If any NOAC YES, please specify reasons for selecting NOACs/particular NOAC:

□ The SAMe-TT_2R_2 score-driven choice	□ History of GI bleeding
□ Labile INR / Low TTR	□ Concerns with renal function
□ Unavailable regular INR monitoring	□ Known CAD/PAD
□ Co-medication interacting with VKAs	□ Dosing issues
□ Renal dysfunction	□ Company service/information
□ Cost and reimbursement issues	□ Available “real-world” data
□ The patient’s risk profile	□ Other

LAA: Left Atrial Appendage UF: Unfractionated LMW: Low Molecular Weight INR: International Normalized Ratio TTR: Time in Therapeutic Range VKAs: Vitamin K Antagonists GI: Gastrointestinal CAD: Coronary Artery Disease PAD: Peripheral Artery Disease.

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9.11. General reasons for choosing a particular treatment (please select all that apply)

- □ Guideline recommendation
- □ Already well tolerated
- □ Side effects of the alternative treatments
- □ Patient preference/unwilling to take an alternative
- □ Physician's experience/preference
- □ Shared, informed decision
- □ Patient refusal to take OAC*
- □ Ischemic event on the alternative treatment
- □ Prior bleeding on the alternative treatment
- □ Poor adherence to previous treatment
- □ Cost and reimbursement issues
- □ Low stroke risk
- □ Recent stroke
- □ **High bleeding risk***
- □ Dementia
- □ Malignancy
- □ Current bridging with LMWH*
- □ Recent/planned surgery/intervention
- □ Successful AF ablation
- □ OAC considered inadequate
- □ Contraindications to OAC use
- □ Interaction with concomitant therapies

If 9.11. High bleeding risk selected, please specify at least one reason:

- □ Prior bleeding event
- □ Active peptic ulcer
- □ Renal dysfunction
- □ Liver disease
- □ Current anaemia
- □ Thrombocytopenia
- □ Alcohol / drug abuse
- □ Frequent falls

9.12. Treatment at the 12-month visit: arrhythmia-directed treatments

9.12.1. Rate control	□ No □ Yes □ Planned
9.12.2. Rhythm control	□ No □ Yes □ Planned

If 9.12.1. Rate control is YES, please specify:

State the target heart rate for this patient: ____ bpm □ Unknown

If 9.12.1. Rate control is YES or PLANNED, please specify:

Pharmacological	□ No □ Yes □ Planned
Atrioventricular node ablation with PM implantation	□ No □ Yes □ Planned

Reasons for choosing rate control approach (please select all that apply):

- □ Treatment prior to planned cardioversion / AF ablation
- □ Low likelihood of successful rhythm control *(e.g., long-standing AF, etc.)*
- □ Failure of previous rhythm control therapies
- □ Contraindications to long-term AADs therapy
- □ Physician's decision
- □ Patient's preference
- □ Shared, informed decision
- □ Other

AAD: Antiarrhythmic Drug.

If 9.12.2. Rhythm control is YES or PLANNED	
Chronic pharmacological AF prevention	□ No □ Yes □ Planned
Pharmacological cardioversion	□ No □ Yes □ Planned
"Pill in the pocket"	□ No □ Yes □ Planned
Electrical cardioversion	□ No □ Yes □ Planned
AF ablation	□ No □ Yes □ Planned
AFL ablation	□ No □ Yes □ Planned

Reasons for choosing rhythm control approach (please select all that apply):

- □ Symptomatic AF despite rate controlling drugs
- □ Suspected tachycardiomyopathy
- □ High likelihood of successful rhythm control
- □ Physician's decision
- □ Patient's preference
- □ Shared, informed decision
- □ Other

If 9.12.2. Rhythm control is YES or PLANNED and AF ablation is YES, please specify:

Reasons for choosing catheter ablation of AF (please select all that apply)

- □ Presumed "electrical" cause of AF
- □ Paroxysmal AF
- □ Recent-onset AF
- □ High likelihood of successful ablation as the first-line treatment
- □ Failure of AADs previously used for rhythm control
- □ Desire to avoid long-term OAC use
- □ Physician's decision
- □ Patient's preference
- □ Shared, informed decision
- □ Other

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9.13. Pharmacological treatments at the 12-month visit (please select all that apply)

Drug	Drug	Drug
□ Amiodarone	□ Digoxin	□ ACEi
□ **Flecainide**	□ DPH Ca-channel blocker	□ ARBs
□ **Propafenone**	□ Non-DPH Ca blockers*	□ DRI, aliskiren
□ Dronedarone	□ Ranolazine	□ Diuretics
□ Disopyramide	□ Statins	□ Oral antidiabetics
□ Sotalol	□ PPIs/H2 blockers	□ Insulin
□ Quinidine	□ Sacubitril/valsartan	□ Thyroid-suppressing drugs
□ Other AAD	□ Aldosterone blocker	□ Thyroid hormones
□ Beta blocker		

If Flecainide or Propafenone are selected, please specify the mode of use:

□ Pill-in-the-pocket use	□ Chronic oral use	□ Unknown
□ Pill-in-the-pocket use	□ Chronic oral use	□ Unknown

AAD: Antiarrhythmic drug DPH: dihydropyridine ACEi: Angiotensin Converting Enzyme Inhibitor ARB: Angiotensin Receptor Blocker PPI: Proton Pump Inhibitors Non-DPH Ca blockers :Verapamil, Diltiazem.

9.14. Interventions during Follow Up (please select all that apply)

Procedure		If YES, please specify	Answers	
Electrical CV	□ No □ Yes	Type of electrical CV	□ External	□ Internal
		Success of the procedure	□ Successful	□ Unsuccessful
		Periprocedural OAC*	□ None	□ LMWH
			□ NOAC □ VKA	□ UF Heparin
Pharmacological CV	□ No □ Yes	Success of the procedure	□ Successful	□ Unsuccessful
		Antiarrhythmic drug	□ Amiodarone	□ Ibutilide
			□ Flecainide	□ Quinidine
			□ Propafenone	□ Disopyramide
			□ Vernakalant	□ Other*
			□ Sotalol	
		Periprocedural OAC*	□ None	□ LMWH
			□ NOAC □ VKA	□ UF Heparin
AF catheter ablation	□ No □ Yes	Energy type	□ RF	□ Cryo
		Procedure	□ PVI only	□ PVI + substrate modification
			□ AV junction ablation with PM implantation	
		Ablation considered effective	□ Yes □ No	□ Uncertain
		Periprocedural OAC on the day of ablation	□ Uninterrupted VKA	□ Uninterrupted NOAC
			□ Interrupted VKA	□ Interrupted NOAC
			□ Skipped NOAC dose	□ LMWH bridging
			□ UF Heparin bridging	
AF surgery	□ No □ Stand-alone □ With other open-heart surgery			
PCI	□ No □ DES □ BMS Bioabsorbable stent □Balloon dilatation without stent implantation			
CABG	□ No □ Yes			
Valve surgery	□ No □ Yes, mitral valve repaired / replaced □ Yes, aortic valve repaired / replaced □ Yes, tricuspid valve repaired / replaced □ Yes, pulmonary valve repaired / replaced		□ Mechanical □ Biological □ Valvuloplasty	
Transcatheter valve intervention	□ No □ Yes		□ Aortic □ Mitral	
Pacemaker implantation	□ No □ Yes		□ Antibradycardia □ Leadless □ ICD □ Subcutaneous ICD □ CRT-P □ CRT-D	

OAC: Oral anticoagulant NOAC: Non-Vitamin K Antagonist Oral Anticoagulant VKA: Vitamin K antagonist LMWH: Low Molecular Weight Heparin UF: Unfractionated RF: Radiofrequency PVI: Pulmonary vein isolation AV: Atrioventricular CV: Cardioversion PCI: Percutaneous Coronary Intervention CABG: Coronary Aortic Bypass Grafting.

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9.15. Integrated AF Management during follow up (select ALL that apply)

Measures:	Yes	No	Planned	Not evaluated
Structured patient education on stroke prevention and oral anticoagulant therapy	☐	☐	☐	☐
Advice and education on lifestyle and risk factors management	☐	☐	☐	☐
Structured support for lifestyle changes	☐	☐	☐	☐
Encouragement and empowerment for self-management	☐	☐	☐	☐
Shared decision making	☐	☐	☐	☐
The use of technology tools for information on AF	☐	☐	☐	☐
Checklist and communication tools	☐	☐	☐	☐
Clinical decision support tools	☐	☐	☐	☐
Monitoring of adherence to therapy and effectiveness	☐	☐	☐	☐
Engagement of a multidisciplinary team in AF management	☐	☐	☐	☐
Engagement of AF Heart Team for complex management decisions	☐	☐	☐	☐

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*Follow Up 12 Months: Quality of Life questionnaire EuroQoL 5D-5L**

Please refer to the user guide to ask the questionnaire by phone/ or to report Visual-analog scale value.

EuroQol questionnaire performed? □ No □ Yes

ADMINISTRATION MODE

□ Self-completion: The patient completes himself questionnaire on the paper.
□ Face-to-face interview: The questions are orally presented during a consultation
□ Telephone interview: The questions are orally presented during phone contact

Please report the patient's answer under each heading (the one that best describes patient health TODAY)

MOBILITY

□ 1 - I have no problems in walking about
□ 2 - I have slight problems in walking about
□ 3 - I have moderate problems in walking about
□ 4 - I have severe problems in walking about
□ 5 - I am unable to walk about

SELF CARE

□ 1 - I have no problems washing or dressing myself
□ 2 - I have slight problems washing or dressing myself
□ 3 - I have moderate problems washing or dressing myself
□ 4 - I have severe problems washing or dressing myselfI am unable to wash or dress myself
□ 5 - I am unable to wash or dress myself

USUAL ACTIVITIES ***(e.g. work, study, housework, family or leisure activities)***

□ 1 - I have no problems doing my usual activities
□ 2 - I have slight problems doing my usual activities
□ 3 - I have moderate problems doing my usual activities
□ 4 - I have severe problems doing my usual activities
□ 5 - I am unable to do my usual activities

PAIN / DISCOMFORT

□ 1 - I have no pain or discomfort
□ 2 - I have slight pain or discomfort
□ 3 - I have moderate pain or discomfort
□ 4 - I have severe pain or discomfort
□ 5 - I have extreme pain or discomfort

ANXIETY / DEPRESSION

□ 1 - I am not anxious or depressed
□ 2 - I am slightly anxious or depressed
□ 3 - I am moderately anxious or depressed
□ 4 - I am severely anxious or depressed
□ 5 - I am extremely anxious or depressed

Visual-analog scale (VAS) value: |___| (0-100)

Questionnaire not fully completed by the patient (Tick to confirm) □ No □ Yes

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Follow Up 12 Months: CRF Completed

Answer **Yes** to the question below to confirm that you have finished and reviewed data collection for accuracy for this patient.

Only completed CRF's will be taken into consideration for the analysis.

CRF Completed and signed-off: ☐ Yes

Thank you!