Cardiovascular Disease Core

Collection date for cardiovascular disease information: _____ (DD-MM-YYYY)

ARRYTHMIA

Has a doctor or healthcare worker ever told the participant they have a heart rhythm problem called atrial fibrillation? ◯ Yes ◯ No

(If Yes) Provide date of diagnosis: _____ (DD-MM-YYYY)

Did the participant go to a hospital/clinic or see a doctor regarding the matter? ◯ Yes ◯ No

Has the participant had a permanent pacemaker inserted? ◯ Yes ◯ No

(If Yes) What year was the participant's pacemaker inserted? _____ (YYYY)

Is the participant taking any of the cardiovascular medications below:

	Yes now	Yes not now	No
Anticoagulants (e.g. Coumadin; Warfarin; etc.)	◯	◯	◯
Antiarrhythmics (e.g. Quinidine; Procainamide; Norpace; Disopyramide; etc.)	◯	◯	◯

RHEUMATIC FEVER/RHEUMATIC HEART DISEASE

Has a doctor or healthcare worker ever told the participant they have rheumatic fever (inflammatory rheumatisim)? ◯ Yes ◯ No

(If Yes) Has the participant had it in the past 12 months? ◯ Yes ◯ No

Is the participant taking any medication for it? ◯ Yes ◯ No

(If Yes) Specify the medication being used: _____