ARRHYTHMIA (ATRIAL AND VENTRICULAR)

1. Have you ever been told you have / had a heart rhythm problem called atrial fibrillation?
   - Yes
   - No
   - Don’t know

1.1. If Yes, provide date of first episode:
   - dd
   - MMM
   - yy
   OR
   - Don’t know

1.2. Did you go to a hospital / clinic to see a doctor?
   - Yes, I went to hospital / clinic
   - Yes, I saw a doctor
   - No
   - Don’t know

2. Have you got a permanent pacemaker inserted?
   - Yes
   - No
   - Don’t know

2.1. If Yes, what year was it inserted?
   - YYY
   OR
   - Don’t know

3. Have you taken or are you taking any of these cardiovascular medications:

3.1. Anticoagulants (Coumadin; Warfarin; etc.)
   - Yes, now
   - Yes, not now
   - No
   - Don’t know

3.2. Antiarrhythmics (Quinidine; Procainamide; Norpace; Disopyramide; etc.)
   - Yes, now
   - Yes, not now
   - No
   - Don’t know

RHEUMATIC FEVER / RHEUMATIC HEART DISEASE

4. Has a doctor ever said you had rheumatic fever (inflammatory rheumatism)?
   - Yes
   - No
   - Don’t know

4.1. If yes, have you had it in the past 12 months?
   - Yes
   - No
   - Don’t know

4.2. Are you taking any medication for it?
   - Yes
   - No
   - Don’t know

4.2.1. If yes, please specify medication:

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