

*Note: It is not required to complete this source worksheet if the information below is clearly documented in other records.*

Was CHA <sub>2</sub> DS <sub>2</sub> VASc completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Complete Protocol Deviation Form)
Date completed	___ / ___ / ___ (DD/MMM/YYYY)
If CHA <sub>2</sub> DS <sub>2</sub> VASc is selected (Select all that apply)	<input type="checkbox"/> Age (years): <input type="checkbox"/> <65 <input type="checkbox"/> 65-74 <input type="checkbox"/> ≥75 <input type="checkbox"/> Female sex <input type="checkbox"/> Congestive Heart Failure history <input type="checkbox"/> Hypertension history <input type="checkbox"/> Stroke or TIA symptoms previously <input type="checkbox"/> Vascular disease history <input type="checkbox"/> Diabetes mellitus history
Score	Auto-calculated in EDC

\_\_\_\_\_  
Site Personnel Signature

\_\_\_ / \_\_\_ / \_\_\_  
Date (DD/MMM/YYYY)