COOPERATIVE STUDY OF SICKLE CELL DISEASE



EXERCISE TESTING

то	BE COMPLETED BY ECG/EXERCISE TESTING LABORATORY TECHNICIAN	
1.	Person conducting ECG/exercise testing procedures: (Name):	(Initials):
2.	Date of procedure (Month, Day, Year):	
3.	Department ECG identification number:	
ю	BE COMPLETED BY DATA COORDINATOR	
¢.,	Date EXERCISE TESTING form and ECG tracings sent to CSSCD Cardiac Study Chairperson (Month, Day, Year):	//
ю	BE COMPLETED BY CARDIAC STUDY CHAIRPERSON	
5.	Signature of Cardiac Study Chairperson:	
6.	ECG/EXERCISE TESTING MATERIALS:	
	6.1 Date reviewed (Month, Day, Year):	11
	6.2 All requirements received:	
	1. NO       →       6.3 List missing requirements:         2. YES       →       6.4 Requirements were: (CHECK ONE)         a. ACCEPTABLE	
	HISTORY	
	A. History of Chest Pain 1. NO 2. YES 7.1 Type: 1. ANGINA 2. AT	YPICAL 3. NON-CARDIAC
	B. Dyspnea on Exertion 1. NO 2. YES → 7.2 No. of blocks patient can walk without	it developing dyspnea:
	C. Palpitations	1. NO 2. YES
	D. Syncope or Dizziness	1. NO 2. YES
	Height (cm):	
), ::	Weight (kg):	
0.	Body Surface Area (/m <sup>2</sup> ):	

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	RESTING ECG		
	A. Rhythm: I. NORMAL 2. ABNORMAL	II.1 Type of Arrhythmia*: If OTHER, SPECIFY:	
	B. Heart Rate (beats/minute):	7	
	C. Blood Pressure (STANDING) (mm/Hg);	(Sys/Din)	
	D. Chamber Enlargement: 1. NO 2. YES	11.2 Chamber Enlarged: (CHECK NO OR YE	S FOR FACH OF A DI
		A. Left Atrium	I. NO 2. YES
		B. Right Atrium	1. NO 2. YES
		C. Left Ventricle	1. NO 2. YES
		D. Right Ventricle	L NO 2. YES
	E. J Point	Lead Circle one: a. J point (mm):	b. S-T Slope:
		1. V1 + -	1. + 2. 0 3
		2. V5 +	1. + 2. 0 3
		3. AVF + -	1. + 2. 0 3
2.	Exercise Testing Performed		1. NO 2. YES
	12.1 Reason(s): (CHECK NO OR YES TO EACH	OF A-C)	
	A. Absolute Contraindication (See MANUAL	5).	
	1. NO 2. YES (SPECIFY):		FFICE USE
		ď	FFICE USE
	1. NO     2. YES (SPECIFY):       B. Relative Contraindication (See MANUAL (       1. NO       2. YES (SPECIFY):	OF OPERATIONS):	FFICE USE
	B. Relative Contraindication (See MANUAL (	OF OPERATIONS):	
	B. Relative Contraindication (See MANUAL ( 1. NO 2. YES (SPECIFY):	OF OPERATIONS):	
	B. Relative Contraindication (See MANUAL ( 1. NO 2. YES (SPECIFY): C. Other Reason: 1. NO 2. YES (SPECIFY):	OF OPERATIONS):	FFICE USE
<b>1</b> .	B. Relative Contraindication (See MANUAL ( 1. NO 2. YES (SPECIFY): C. Other Reason: 1. NO 2. YES (SPECIFY):	OF OPERATIONS):	FFICE USE
1.	B. Relative Contraindication (See MANUAL ( 1. NO 2. YES (SPECIFY): C. Other Reason: 1. NO 2. YES (SPECIFY):	OF OPERATIONS):	FFICE USE I3.2 Type:
1.	B. Relative Contraindication (See MANUAL ( 1. NO 2. YES (SPECIFY): C. Other Reason: 1. NO 2. YES (SPECIFY):	OF OPERATIONS): OF OF OF OF OF OF OF OF OF OF	FFICE USE
я.	B. Relative Contraindication (See MANUAL ( 1. NO 2. YES (SPECIFY): C. Other Reason: 1. NO 2. YES (SPECIFY):	OF OPERATIONS):	FFICE USE FFICE USE 13.2 Type: 1. INVERSION 2. FLATTENING 1. INVERSION
	B. Relative Contraindication (See MANUAL ( 1. NO 2. YES (SPECIFY): C. Other Reason: 1. NO 2. YES (SPECIFY):	DF OPERATIONS): (0) (1) (1) (1) (1) (1) (1) (1) (2)	FFICE USE FFICE USE 13.2 Type: 1. INVERSION 2. FLATTENING 1. INVERSION 2. FLATTENING
ł.	B. Relative Contraindication (See MANUAL ( 1. NO] 2. YES (SPECIFY): C. Other Reason: 1. NO] 2. YES (SPECIFY): Hyperventilation T Wave Change 1. NO] 2. 1	OF OPERATIONS): OF OF OF OF OF OF OF OF OF OF	FFICE USE FFICE USE 13.2 Type: 1. INVERSION 2. FLATTENING 1. INVERSION

BLOCK, 3RD DEGREE 07. JUNCTIONAL RHYTHM 08. SINUS ARREST 09. OTHER

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4.	BALKE TREADMILL TES		Stage 2
	A. Duration of Exercise (min)	+	
	B. Heart Rate (beats/minute)	Time (min:sec) 1:30	Time (min:sec) 3:30
	C. Blood Pressure (mm/Hg)		
	D. Arrhythmia	1. NO 2. YES	I. NO 2. YES
		Type*:	Ture
		If OTHER, SPECIFY:	Type*: If OTHER , SPECIFY:
			a office, specifit.
	E. J Point	a. Circle	a. Circle
	Lead 1. Vl	one: b. mm. c. S-T Slope	one: b. mm. c. S-T Slope
	2. V5		+ 1. + 2.0 3
	3. AVF	+ - $1. + 2.0 3+ - 1. + 2.0 3$	+ 1. + 2.0 3
	F. Dyspnea	The second second second	+ - [], 1, + 2, 0 3, -
	G. Dizziness	1. NO 2. YES 1. NO 2. YES	1. NO 2. YES
	H. Chest Pain	1. NO 2. YES	1. NO 2. YES
			1. NO 2. YES
	I. Character:	1. PRESSURE	1. PRESSURE
		2. SHARP	2. SHARP
		3. DULL	3. DULL
	2. Location:	4. OTHER (SPECIFY):	4. OTHER (SPECIFY):
	a. Substernal	1. NO 2. YES	1. NO 2. YES
	Radiation:		<u>1. (10)</u>
	<ol> <li>To shoulder:</li> <li>To other area:</li> </ol>	1. NO 2. YES	1. NO 2. YES
	2. 10 other area;	I. NO 2. YES	1. NO 2. YES
	1. W	SPECIFY:	SPECIFY:
	<ul> <li>b. Precordial Radiation;</li> </ul>	1. NO 2. YES	1. NO 2. YES
	1. To shoulder:	1. NO 2. YES	1. NO 2. YES
	2. To other area:	L NO 2. YES	1. NO 2. YES
		SPECIFY:	SPECIFY:
	c. Other	1. NO 2. YES	1. NO 2. YES
	Location:	1	¥
	Radiation: 1. To shoulder:		
	<ol> <li>To other area:</li> </ol>	1. NO 2. YES	1. NO 2. YES
	a. to other area.	1. NO 2. YES	L NO 2. YES
	Intensity (1.10)	SPECIFY:	SPECIFY:
112	3. Intensity (1-10)		
	. Borg RPE (0-10)	02. PVCs 03. SVT 04. V. TACH 05. HEA	

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	Stage 3	Stage 4
A. Duration of Exercise (min)		
	Time (min:sec) 5:30	Time (min:sec) 7:30
B. Heart Rate (beats/minute)		
C. Blood Pressure (mm/Hg)		7
D. Arrhythmia	1. NO 2. YES	1. NO 2. YES
	Type*:	Type*:
	IT OTHER. SPECIFY:	If OTHER , SPECIFY:
E. J Point	a. Circle	a. Circle
Lead	one: b. mm. c. S-T Slope	one: b. mm. c. S-T Slope
1. V1 2. V5	+ 1. + 2.0 3	+ 1. + 2.0 3
2. 45 3. AVF	+	+
F. Dyspnea		+ - []. [1.+] [2.0] [3]
G. Dizziness	1. NO 2. YES	1. NO 2. YES
	1. NO 2. YES	1. NO 2. YES
H. Chest Pain	1. NO 2. YES	1. NO 2. YES
1. Character:	1. PRESSURE	1. PRESSURE
	2. SHARP	2. SHARP
	3. DULL	3, DULL
2012 22	4. OTHER (SPECIFY):	4. OTHER (SPECIFY):
<ol> <li>Location:</li> <li>a. Substernal</li> </ol>	1. NO 2. YES	
Radiation:	1.10 12.165	1. NO 2. YES
1. To shoulder:	1. NO 2. YES	1. NO 2. YES
2. To other area:	1. NO 2. YES	1. NO 2. YES
	SPECIFY:	SPECIFY:
b. Precordial	1. NO 2. YES	1. NO 2. YES
Radiation: 1. To shoulder:	1. NO 2. YES	1. NO 2. YES
2. To other area:	1. NO 2. YES	1. NO 2. YES
	SPECIFY:	SPECIFY:
c. Other	1. NO 2. YES	1. NO 2. YES
Location ~	¥	(1.10) (4.155) ¥
Radiation:		17
1. To shoulder:	1. NO 2. YES	1. NO 2. YES
2. To other area:	1. NO 2. YES	L NO 2. YES
	SPECIFY:	SPECIFY:
3. Intensity (1-10)		
1. Borg RPE (0-10)		
des for Arrhythmias: 01. PACs	02. PVCs 03. SVT 04. V. TACH 05. HEA	ART BLOCK, 2ND DEGREE
HEART BLOCK, SRD DEGR	EE 07. JUNCTIONAL RHYTHM 08. SINUS	SARREST 09. OTHER

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	Stage 5	Stage 6
A. Duration of Exercise (min)	•	
B. Heart Rate (beats/minute)	Time (min:sec) 9:30	Time (min:sec) 11:30
NALE AND ADDRESS OF AD		
C. Blood Pressure (mm/Hg)	1. NO 2. YES	
D. Arrhythmia	1. NO 2. YES	1. NO 2. YES
	Type*:	Type*:
	If OTHER, SPECIFY:	If OTHER , SPECIFY:
E. J Point	a. Circle	a. Circle
Lead 1. Vi	one: b, mm. c. S-T Slope + 1. + 2.0 3	one: b. mm. c. S-T Slope + 1. 1. + 2.0 3.
2. V5	+ -	+ - 1 + 2.0 3 + - 1 + 2.0 3
3. AVF	+ 1. + 2.0 3	+
F. Dyspnea	1. NO 2. YES	[1. NO] [2. Y
G. Dizziness	1. NO 2. YES	1. NO 2. Y
H. Chest Pain	1. NO 2. YES	1. NO 2. YES
1. Character:	I. PRESSURE	1. PRESSURE
	2. SHARP	2. SHARP
	3. DULL	3. DULL
	4. OTHER (SPECIFY):	4. OTHER (SPECIFY):
<ol> <li>Location:</li> <li>a. Substernal</li> </ol>	1. NO 2. YES	
Radiation:	1. NO 12 TES	1. NO 2. YES
1. To shoulder:	I. NO 2. YES	1. NO 2. YES
2. To other area:	1. NO 2. YES	1. NO 2. YES
	SPECIFY:	SPECIFY:
b. Precordial Radiation:	1. NO 2. YES	1. NO 2. YES
1. To shoulder:	1. NO 2. YES	I. NO 2. YES
2. To other area:	1. NO 2. YES	1. NO 2. YES
	SPECIFY:	SPECIFY:
c. Other	1. NO 2. YES	1. NO 2. YES
Locationa	*	*
Radiation: 1. To shoulder:	1. NO 2. YES	1. NO 2. YES
2. To other area:	1, NO 2. YES	1. NO 2. YES
	SPECIFY:	SPECIFY:
3. Intensity (1-10)		
I. Borg RPE (0-10)		[

HEART BLOCK, 3RD DEGREE 07. JUNCTIONAL RHYTHM 08. SINUS ARREST 09. OTHER

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	Stage 7	Stage 8
A. Duration of Exercise (min)		
D. Unset Data (house inclusion	Time (min:sec) 13:30	Time (min:sec) 15:30
B. Heart Rate (beats/minute)		
C. Blood Pressure (mm/Hg) D. Arrhythmia	1. NO 2. YES	1. NO 2. YES
	¥	
	Type*:	Type*: If OTHER, SPECIFY:
2 2 2 N		
E. J Point Lead	a. Circle one: b. mm. c. S-T Slope	a. Circle one: b. mm. c. S-T Slope
1. Vl	+ 1. + 2.0 3	+ -
2. V5	+ 1. + 2.0 3	+ L + 2.0 3
3. AVF	+ 1. + 2.0 3	+ 1. + 2.0 3.
F. Dyspnea	1, NO 2. YES	1. NO 2. Y
G. Dizziness	1. NO 2. YES	1. NO 2. Y
H. Chest Pain	1. NO 2. YES	1. NO 2. YES
1. Character:	1. PRESSURE	1. PRESSURE
	2. SHARP	2. SHARP
	3. DULL	3. DULL
	4. OTHER (SPECIFY):	4. OTHER (SPECIFY):
2. Location:		
a. Substernal Radiation:	L NO 2. YES	1. NO 2. YES
1. To shoulder:	1. NO 2. YES	1. NO 2. YES
2. To other area:	1. NO 2. YES	1. NO 2. YES
	SPECIFY:	SPECIFY:
b. Precordial	1. NO 2. YES	1. NO 2. YES
Radiation: 1. To shoulder:		
<ol> <li>To shoulder:</li> <li>To other area:</li> </ol>	1. NO 2. YES	1. NO 2. YES
w. to other area.	I. NO 2. YES	1. NO 2. YES
c. Other		SPECIFY:
	1. NO 2. YES	1. NO 2. YES
Location: Radiation:		
1. To shoulder:	1. NO 2. YES	1. NO 2. YES
2. To other area:	1. NO 2. YES	1. NO 2. YES
	SPECIFY:	SPECIFY:
3. Intensity (1-10)		[ ] ]
Borg RPE (0-10)		L
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	02. PVCs 03. SVT 04. V. TACH 05. HEA	

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	Stage 9	Stage 10
A. Duration of Exercise (min)		
	Time (min:sec) 17:30	Time (min:sec) 19:30
B. Heart Rate (beats/minute)		
C. Blood Pressure (mm/Hg)		1
D. Arrhythmia	1. NO 2. YES	1. NO 2. YES
	Type*:	Type*:
E. J Point I.ead 1. V1 2. V5 3. AVF	a. Circle one: b. mm. c. S-T Slope + - $1. + 2.0 3$ + - $1. + 2.0 3$ + - $1. + 2.0 3$ + - $1. + 2.0 3$	a. Circle one: b. mm. c. S-T Slope + - $1.+2.03$ + - $1.+2.03$ + - $1.+2.03$ + - $1.+2.03$
F. Dyspnea	1. NO 2. YES	1. NO 2. YES
G. Dizziness	1. NO 2. YES	1. NO 2. YES
H. Chest Pain	1. NO 2. YES	1. NO 2. YES
1. Character:	1. PRESSURE 2. SHARP 3. DULL 4. OTHER (SPECIFY):	1. PRESSURE       2. SHARP       3. DULL       4. OTHER (SPECIFY):
<ol> <li>Location:         <ol> <li>Substernal Radiation:                 <ol> <li>To shoulder:</li> <li>To other area:</li> </ol> </li> </ol></li></ol>	1. NO 2. YES 1. NO 2. YES 1. NO 2. YES SPECIFY:	1. NO 2. YES 1. NO 2. YES 1. NO 2. YES SPECIFY:
<ul> <li>b. Precordial Radiation:</li> <li>1. To shoulder:</li> <li>2. To other area:</li> </ul>	1. NO 2 YES 1. NO 2. YES 1. NO 2. YES 1. NO 2. YES SPECIFY:	1. NO 2. YES 1. NO 2. YES 1. NO 2. YES 1. NO 2. YES SPECIFY:
c. Other	1. NO 2. YES	1. NO 2. YES
Location: Radiation: 1. To shoulder: 2. To other area:	4 1. NO 2. YES 1. NO 2. YES SPECIFY:	↓ 1. NO 2. YES 1. NO 2. YES SPECIFY:
3. Intensity (1-10)		
I. Borg RPE (0-10)		
Codes for Arrhythmias: 01. PACs	02. PVCs 03. SVT 04. V. TACH 05. HE/ EE 07. JUNCTIONAL RHYTHM 08. SINU	ART BLOCK, 2ND DEGREE S ARREST 09. OTHER

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	RECOVERY	
	Post-Exercise	Time (min:sec):
A. Heart Rate (beats/minute)	1:30	3:30
B. Blood Pressure (mm/Hg)		
C. Arrhythmia	1. NO 2. YES	1. NO 2. YES
	Type*:	Type*:
D. J Point Lead 1. V1 2. V5 3. AVF	a. Circle one: b. mm. c. S-T Slope + - $1 + 2.0 - 3$ + - $1 + 2.0 - 3$ + - $1 + 2.0 - 3$ + - $1 + 2.0 - 3$	a. Circle one: b. mm. c. S-T Slope + - $1.+2.03$ + - $1.+2.03$ + - $1.+2.03$ + - $1.+2.03$
E. Dyspnea	[1. NO] [2. YES]	1. NO 2. YI
F. Dizziness	1. NO 2. YES	1, NO 2, Y
G. Chest Pain	I. NO 2. YES	1. NO 2. YES
1. Character:	1. PRESSURE 2. SHARP 3. DULL 4. OTHER (SPECIFY):	1. PRESSURE 2. SHARP 3. DULL 4. OTHER (SPECIFY):
<ol> <li>Location: a. Substernal     </li> </ol>	1. NO 2. YES	
Radiation:	1. NO 2. YES	1. NO 2. YES
I. To shoulder:	1. NO 2. YES	1. NO 2. YES
2. To other area:	1. NO 2. YES	L NO 2. YES
	SPECIFY:	SPECIFY:
b. Precordial Radiation:	1. NO 2. YES	1. NO 2. YES
<ol> <li>To shoulder:</li> <li>To other area:</li> </ol>	1. NO 2. YES	1. NO 2. YES
a, to other dred.	1. NO 2. YES	1. NO 2. YES
c. Other	I. NO 2. YES	SPECIFY:
Location;	<u>(1.10)</u> (2.163)	1. NO 2. YES
Radiation: 1. To shoulder:	1. NO 2. YES	1. NO 2. YES
2. To other area:	I. NO 2. YES SPECIFY:	L NO 2. YES
3. Intensity (I-10)		SPECIFY:
H. Borg RPE (0-10)		

06. HEART BLOCK, 3RD DEGREE 07. JUNCTIONAL RHYTHM 08. SINUS ARREST 09. OTHER

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	RECOVERY	
	Post-Exercise	Time (min:sec):
0 11 Martin 1997	5:30	7:30 *
A. Heart Rate (beats/minute)		
B. Blood Pressure (mm/Hg)		
C. Arrhythmia	1. NO 2. YES	1. NO 2. YES
	Type**: If OTHER, SPECIFY:	Type**:
D. J Point Lead I. VI 2. V5 3. AVF	a. Circle one: b. mm. c. S-T Slope + - $$ $1. + 2.0 3$ + - $$ $1. + 2.0 3$ + - $$ $1. + 2.0 3$	a. Circle one: b. mm. c. S-T Slope + 1. + 2.0 3 + 1. + 2.0 3 + 1. + 2.0 3
E. Dyspnea	1. NO 2. YES	[1. NO] [2. Y
F. Dizziness	1. NO 2. YES	1. NO 2. Y
G. Chest Pain	1. NO 2. YES	1. NO 2. YES
1. Character:	1. PRESSURE 2. SHARP 3. DULL 4. OTHER (SPECIFY):	1. PRESSURE 2. SHARP 3. DULL 4. OTHER (SPECIFY):
2. Location:		
<ul> <li>a. Substernal</li> <li>Radiation:</li> <li>1. To shoulder:</li> <li>2. To other area:</li> </ul>	1. NO 2. YES 1. NO 2. YES 1. NO 2. YES	1. NO 2. YES 4 1. NO 2. YES
2. To ouler area.	Internet Newson and	1. NO 2. YES
<ul> <li>b. Precordial Radiation:</li> <li>1. To shoulder:</li> <li>2. To other area:</li> </ul>	SPECIFY:	SPECIFY: 1. NO 2. YES 1. NO 2. YES 1. NO 2. YES
0.1	SPECIFY:	SPECIFY:
c. Other Location: Radiation:	1. NO 2. YES	1. NO 2. YES
1. To shoulder:	L NO 2. YES	1. NO 2. YES
2. To other area:	1. NO 2. YES	1. NO 2. YES
	SPECIFY:	SPECIFY:
3. Intensity (1-10)		
H. Borg RPE (0-10)		<u> </u>

06. HEART BLOCK, 3RD DEGREE 07. JUNCTIONAL RHYTHM 08. SINUS ARREST 09. OTHER

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	RECOVERY	
	Post-Exercise	Πme (min:sec):
	9:30	11:30
A. Heart Rate (beats/minute)		
B. Blood Pressure (mm/Hg)		1
C. Arrhythmia	1. NO 2. YES	1. NO 2. YES
	Type*:	Type*:
D. J Point Lead 1. V1 2. V5 3. AVF	a. Circle one: b. mm. c. S-T Slope + - $1.+2.03$ + - $1.+2.03$ + - $1.+2.03$ + - $1.+2.03$	a. Circle one: b. mm. c. S-T Slope + 1. + 2.0 3. + 1. + 2.0 3. + 1. + 2.0 3.
E. Dyspnea	1. NO 2. YES	1. NO 2. Y
F. Dizziness	1. NO 2. YES	1. NO 2. Y
G. Chest Pain	1. NO 2. YES	1. NO 2. YES
1. Character:	1. PRESSURE 2. SHARP 3. DULL 4. OTHER (SPECIFY):	1. PRESSURE 2. SHARP 3. DULL 4. OTHER (SPECIFY):
<ol> <li>Location:         <ol> <li>Substernal Radiation:                 <ol> <li>To shoulder:</li> <li>To other area:</li> </ol> </li> </ol></li></ol>	1. NO 2. YES 1. NO 2. YES 1. NO 2. YES SPECIFY:	1. NO 2. YES 1. NO 2. YES 1. NO 2. YES 1. NO 2. YES SPECIFY:
<ul> <li>b. Precordial Radiation:</li> <li>1. To shoulder:</li> <li>2. To other area;</li> </ul>	1. NO     2. YES       4     1. NO       1. NO     2. YES       1. NO     2. YES       1. NO     2. YES	1. NO     2. YES       1. NO     2. YES       1. NO     2. YES       1. NO     2. YES
c. Other	1. NO 2. YES	1. NO 2. YES
Location: Radiation: 1. To shoulder: 2. To other area:	1. NO 2. YES 1. NO 2. YES SPECIFY:	1. NO 2. YES 1. NO 2. YES SPECIFY:
3. Intensity (1-10)		
H. Borg RPE (0-10)		

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5	FX	ERCISE SUMMARY	
		Reason for Discontinuing Exercise Test: (CHECK ALL APPLICABLE)	
		01 Marked Exhaustion	
		02 Heart rate > 210 beats minute	
		03 Angina	
		04 Dizziness	
		05 Visual loss or syncope	
		$06 \text{ ST segment depression} \ge 3 \text{ mm}$	
		07 Fall in systolic blood pressure > 10 mm from previous reading or a fall in systolic blood pressure to less than	martine Laural
		08 Serious arrhythmias such as supraventricular tachycardia	resting level
		09 Ventricular tachycardia	
		10 Multifocal PVCs > 6/minute	
		11 Couplets or unifocal PVCs > 25% of resting heart rate	
		12 Failure of ECG system	
	1	13 Completed 10 stages of exercise	
			OFFICE US
	B, 1	Peak Double Product	
	C. 1	Double Product at 1 mm ST depression	NA
	D. 1	Double Product at onset of chest pain	NA
	E. I	Peak Work Load 2 mph / % elevation for minutes = METS	
	F. 1	point depression with 0 or - S-T slope:	] mr
	G. I	Borg RPE at Peak (0-10)	
	H. /	Arrhythmia I. NO 2. YES Type*:	
		If OTHER, SPECIFY:	

\*Codes for Arrhythmias: 01. PACs 02. PVCs 03. SVT 04. V. TACH 05. HEART BLOCK, 2ND DEGREE 06. HEART BLOCK, 3RD DEGREE 07. JUNCTIONAL RHYTHM 08. SINUS ARREST 09. OTHER

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E CONTRACTOR DE	[
I. Chest Pain I. NO	2. YES
I. Character:	1. PRESSURE 2. SHARP 3. DULL 4. OTHER (SPECIFY):
2. Location: a. Substernal 1. NO Radiation:	2. YES
1. To shoulder:	1. NO 2. YES
2. To other area:	I. NO 2. YES > SPECIFY:
b. Precordial [1. NO] Radiation:	2. YES
1. To shoulder:	1. NO 2. YES
2. To other area:	1. NO 2. YES > SPECIFY
c. Other area I. NO Radiation:	2. YES Location:
I. To shoulder:	1. NO 2. YES
2. To other area:	1. NO 2. YES → SPECIFY:
3. Intensity (1-10)	
4. Duration after exercise	(min) [ ] ]
	SPECIFY:
	(Initials):
ame of Data Coordinator:	
	(Initials):
gnature:	
ate (Month, Day, Year):	///////
	***ATTACH INSTITUTIONAL REPORT***
GREEN copy: Data Coordinator's cop GREEN copy: Forward to CARDIAC	copy of the institutional report y STUDY CHAIRPERSON with copy of institutional report and electrocardiographic tracings g, and after treadmill exercise test

BLUE copy: Cardiology department copy