

INTERPRETATION OF RESTING ECG

Clinical Study of IPPB

Form 1-4

Date of ECG 5-10
 Mo Day Yr

A. PATIENT IDENTIFICATION

1. Treatment center number 11
2. Patient number 12-15
3. Date of birth 16-21
 Mo Day Yr

B. VISIT INFORMATION

1. Month number (0-36) 22-23
2. Type of visit
- Annual 24
- Other 2

C. INTERPRETATION

1. Record mm. of deflection for one mv. standardization mm 30-31
 NO YES
2. Does the present ECG indicate evidence for a prior myocardial infarction? 1 2 32
3. Does the present ECG demonstrate evidence of ischemia or injury? 1 2 33
4. Does the present ECG demonstrate a ventricular conduction defect? (check only one)
- No 1 34
- Yes - Left bundle branch block 2
- Yes - Right bundle branch block 3
- Yes - Both LBBB and RBBB 4
- Yes - Intraventricular block 5
5. Is there any evidence of ventricular hypertrophy? (check one)
- No 1 35
- Yes - Right 2
- Yes - Left 3

6. What is the height of the R wave in V-1? mm 36-37

7. Is there any evidence of atrial enlargement? (check one)

No 1 38

Yes - Right 2

Yes - Left 3

8. What is the height of the tallest P wave in leads II, III, V_F or V-1? (99 if fibrillating) mm 39-40

9. Specify the lead:

II 1 41

III 2

V_F 3

V-1 4

10. Classify the present ECG with respect to the following: NORMAL ABNORMAL

- a. QRS pattern 1 2 42
- b. Axis of QRS (999 if indeterminate) 43-46
- c. ST-T wave pattern
- NORMAL ABNORMAL
- 1 2 47
- d. Ventricular ectopic beats NO YES
- 1 2 48
- e. Supraventricular ectopic beats 1 2 49
- f. Ventricular premature beats (multifocal and/or runs of 2 or more) 1 2 50
- g. Atrial fibrillation or flutter 1 2 51
- h. Other major arrhythmias 1 2 52
11. Are there any abnormalities in the ECG other than those described above? 1 2 53
- If YES, specify: _____

D. Person responsible for the information recorded on this form:

_____ Date _____