



EXERCISE TEST

Name _____

Date of test ____/____/____ DATE07
Mo. Day Yr.

TEST07

1. If patient has angiography on same day, check when exercise test was performed.

1 Before angiography 2 After angiography TIME07

2. Complications *Comp 07*

None Myocardial Infarction Ventricular fibrillation Death Other

3. Number of leads monitored

LEADS07 1 One 2 Two 3 Three 4 Six 5 Twelve 6 Fifteen 7 Other

4. Is patient receiving therapy which might affect test results? 1 Yes 2 No THERPY07

If yes,

DIG07 Digitalis (within 7 days) Nitrates (within 2 hrs) NITRO07 Antiarrhythmics (within 12 hrs) ANARRH07
 PROP07 Propranolol (within 24 hrs) Diuretics (within 12 hrs) DIURO07 Other OTHTHR07

5. Reasons for stopping exercise test

CPREAS07 Chest pain Near syncope Arrhythmia—supraventricular Fatigue, weakness FATIG07
 DIZZY07 Dizziness Hypotension HYPTE07 Arrhythmia—ventricular ARVENT07 Poor motivation
 DYSYPNE07 Dyspnea Ataxic Gait Lower extremity claudication CLAUD07 Physician's request
 OREASN07 Other PHYREQ07

6. Did chest pain occur at any time during the exercise test? 1 Yes 2 No CHPAIN07

If yes,

1 Definite angina 2 Probable angina 3 Probably not angina 4 Definitely not angina ANGINA07

7. Initial stage

1 Zero 2 1/2 3 I INITST07

8. Final stage FINSTG07

1 Zero 2 1/2 3 I 4 II 5 III 6 IV 7 V 8 VI 9 VII

9. Total cumulative seconds TOTSEC07

10. Indicate maxima¹ ST abnormality

	STSIT07 Sitting	STEX07 Exercise	STPX07 Post Exercise (sitting, 0-3 min.)
ST segment normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equivocal ST segment—J depression or upsloping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal ST segment—horizontal or downsloping 1-2 mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal ST segment—horizontal or downsloping greater than 2 mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST elevation greater than 1 mm for 80 msec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonspecific ST or T abnormality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventricular arrhythmia	VASIT07 <input type="checkbox"/>	VAEX07 <input type="checkbox"/>	VAPX07 <input type="checkbox"/>
Blood pressure	SYSTxx07 / DIASxx07	EX / EX	PX / PX
	ST / ST	(max. meas.)	(3-min. recovery)
Heart rate	HRATST07	HRATEX07	HRATPX07
		(max. meas.)	(3-min. recovery)

For clinic use: _____