



EXERCISE TESTING

TO 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:

TO BE COMPLETED BY DATA COORDINATOR

- 4. Date EXERCISE TESTING form and ECG tracings sent to CSSCD Cardiac Study Chairperson (Month, Day, Year): _____ / _____ / _____

TO BE COMPLETED BY CARDIAC STUDY CHAIRPERSON

- 5. Signature of Cardiac Study Chairperson: _____
- 6. ECG/EXERCISE TESTING MATERIALS:

6.1 Date reviewed (Month, Day, Year): _____ / _____ / _____

6.2 All requirements received:

1. NO → 6.3 List missing requirements: _____

2. YES → 6.4 Requirements were: (CHECK ONE)

a. ACCEPTABLE

b. NOT ACCEPTABLE

SPECIFY REASON: _____

- 7. HISTORY
 - A. History of Chest Pain 1. NO 2. YES → 7.1 Type: 1. ANGINA 2. ATYPICAL 3. NON-CARDIAC
 - B. Dyspnea on Exertion 1. NO 2. YES → 7.2 No. of blocks patient can walk without developing dyspnea:
 - C. Palpitations 1. NO 2. YES
 - D. Syncope or Dizziness 1. NO 2. YES

- 8. Height (cm): .
- 9. Weight (kg): .
- 10. Body Surface Area (/m²): .

II. RESTING ECG

A. Rhythm: 1. NORMAL 2. ABNORMAL →

II.1 Type of Arrhythmia*:
If OTHER, SPECIFY: _____

B. Heart Rate (beats/minute):

C. Blood Pressure (STANDING) (mm/Hg): (Sys/Dia) /

D. Chamber Enlargement: 1. NO 2. YES →

II.2 Chamber Enlarged: (CHECK NO OR YES FOR EACH OF A-D)

A. Left Atrium	<input type="checkbox"/> 1. NO	<input type="checkbox"/> 2. YES
B. Right Atrium	<input type="checkbox"/> 1. NO	<input type="checkbox"/> 2. YES
C. Left Ventricle	<input type="checkbox"/> 1. NO	<input type="checkbox"/> 2. YES
D. Right Ventricle	<input type="checkbox"/> 1. NO	<input type="checkbox"/> 2. YES

E. J Point

Lead	Circle one:	a. J point (mm):	b. S-T Slope:
1. VI	+ -	<input type="text"/> - <input type="text"/>	<input type="checkbox"/> 1. + <input type="checkbox"/> 2. 0 <input type="checkbox"/> 3. -
2. VS	+ -	<input type="text"/> - <input type="text"/>	<input type="checkbox"/> 1. + <input type="checkbox"/> 2. 0 <input type="checkbox"/> 3. -
3. AVF	+ -	<input type="text"/> - <input type="text"/>	<input type="checkbox"/> 1. + <input type="checkbox"/> 2. 0 <input type="checkbox"/> 3. -

12. 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 OF OPERATIONS):

1. NO 2. YES (SPECIFY): _____

OFFICE USE

B. Relative Contraindication (See MANUAL OF OPERATIONS):

1. NO 2. YES (SPECIFY): _____

OFFICE USE

C. Other Reason:

1. NO 2. YES (SPECIFY): _____

OFFICE USE

13. Hyperventilation T Wave Change 1. NO 2. YES →

13.1 Lead:		13.2 Type:
a. VI	<input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES →	<input type="checkbox"/> 1. INVERSION <input type="checkbox"/> 2. FLATTENING
b. VS	<input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES →	<input type="checkbox"/> 1. INVERSION <input type="checkbox"/> 2. FLATTENING
c. AVF	<input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES →	<input type="checkbox"/> 1. INVERSION <input type="checkbox"/> 2. FLATTENING

*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

14. BALKE TREADMILL TEST PROTOCOL Stage 1

A. Duration of Exercise (min) -

Time (min:sec) 1:30

B. Heart Rate (beats/minute)

C. Blood Pressure (mm/Hg) /

D. Arrhythmia 1. NO 2. YES

Type*:
If OTHER, SPECIFY: _____

E. J Point

a. Circle

Lead	one:	b. mm.	c. S-T Slope		
1. VI	+ -	<input type="text"/> <input type="text"/>	1. +	2. 0	3. -
2. V5	+ -	<input type="text"/> <input type="text"/>	1. +	2. 0	3. -
3. AVF	+ -	<input type="text"/> <input type="text"/>	1. +	2. 0	3. -

1. NO 2. YES

1. NO 2. YES

F. Dyspnea

G. Dizziness

H. Chest Pain

1. NO 2. YES

1. Character:

1. PRESSURE
 2. SHARP
 3. DULL
 4. OTHER (SPECIFY): _____

2. Location:

a. Substernal Radiation:

1. To shoulder:

2. To other area:

1. NO 2. YES
 1. NO 2. YES
 1. NO 2. YES

SPECIFY: _____

b. Precordial Radiation:

1. To shoulder:

2. To other area:

1. NO 2. YES
 1. NO 2. YES
 1. NO 2. YES

SPECIFY: _____

c. Other

Location:

Radiation:

1. To shoulder:

2. To other area:

1. NO 2. YES
 1. NO 2. YES
 1. NO 2. YES

SPECIFY: _____

3. Intensity (1-10)

1. Borg RPE (0-10)

Stage 2

-

Time (min:sec) 3:30

/

1. NO 2. YES

Type*:
If OTHER, SPECIFY: _____

a. Circle

Lead	one:	b. mm.	c. S-T Slope		
1. VI	+ -	<input type="text"/> <input type="text"/>	1. +	2. 0	3. -
2. V5	+ -	<input type="text"/> <input type="text"/>	1. +	2. 0	3. -
3. AVF	+ -	<input type="text"/> <input type="text"/>	1. +	2. 0	3. -

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

1. PRESSURE

2. SHARP

3. DULL

4. OTHER (SPECIFY): _____

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: _____

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

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

Stage 3

Stage 4

A. Duration of Exercise (min)

 -
 .

B. Heart Rate (beats/minute)

Time (min:sec) 5:30

Time (min:sec) 7:30

C. Blood Pressure (mm/Hg)

 /
 /

D. Arrhythmia

 1. NO 2. YES

 1. NO 2. YES

Type*:

If OTHER, SPECIFY: _____

Type*:

If OTHER, SPECIFY: _____

E. J Point

a. Circle

Lead	one:	b. mm.	c. S-T Slope		
1. VI	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
2. V5	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
3. AVF	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -

a. Circle

one:	b. mm.	c. S-T Slope		
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -

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): _____

2. Location:

a. Substernal Radiation:

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: _____

1. To shoulder:
2. To other area:

b. Precordial Radiation:

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: _____

1. To shoulder:
2. To other area:

c. Other

1. NO 2. YES

Location: _____

Radiation:

1. To shoulder: 1. NO 2. YES

2. To other area: 1. NO 2. YES

SPECIFY: _____

1. NO 2. YES

Location: _____

Radiation:

1. To shoulder: 1. NO 2. YES

2. To other area: 1. NO 2. YES

SPECIFY: _____

3. Intensity (1-10)

1. Borg RPE (0-10)

*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

Stage 5

Stage 6

A. Duration of Exercise (min)

 .
 .

Time (min:sec) 9:30

Time (min:sec) 11:30

B. Heart Rate (beats/minute)

C. Blood Pressure (mm/Hg)

 /
 /

D. Arrhythmia

 1. NO 2. YES

 1. NO 2. YES

Type*:

If OTHER, SPECIFY: _____

Type*:

If OTHER, SPECIFY: _____

E. J Point

a. Circle

a. Circle

Lead	one:	b. mm.	c. S-T Slope		
1. VI	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
2. V5	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
3. AVF	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -

one:	b. mm.	c. S-T Slope		
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -

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): _____

2. Location:

a. Substernal

Radiation:

1. To shoulder:

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

2. To other area:

SPECIFY: _____

SPECIFY: _____

b. Precordial

Radiation:

1. To shoulder:

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

2. To other area:

SPECIFY: _____

SPECIFY: _____

c. Other

Locations

Radiation:

1. To shoulder:

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

2. To other area:

SPECIFY: _____

SPECIFY: _____

3. Intensity (1-10)

1. Borg RPE (0-10)

*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

Stage 7

Stage 8

A. Duration of Exercise (min) :

:

B. Heart Rate (beats/minute)

Time (min:sec) 15:30

C. Blood Pressure (mm/Hg) /

/

D. Arrhythmia 1. NO 2. YES

1. NO 2. YES

Type*:
If OTHER, SPECIFY: _____

Type*:
If OTHER, SPECIFY: _____

E. J Point

a. Circle

Lead	one:	b. mm.	c. S-T Slope		
1. V1	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
2. V5	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
3. AVF	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -

a. Circle

one:	b. mm.	c. S-T Slope		
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -

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): _____

2. Location:

a. Substernal Radiation:

1. NO 2. YES
↓
 1. NO 2. YES
 1. NO 2. YES

1. NO 2. YES
↓
 1. NO 2. YES
 1. NO 2. YES

SPECIFY: _____

SPECIFY: _____

b. Precordial Radiation:

1. NO 2. YES
↓
 1. NO 2. YES
 1. NO 2. YES

1. NO 2. YES
↓
 1. NO 2. YES
 1. NO 2. YES

SPECIFY: _____

SPECIFY: _____

c. Other

1. NO 2. YES
↓
 1. NO 2. YES
 1. NO 2. YES

1. NO 2. YES
↓
 1. NO 2. YES
 1. NO 2. YES

SPECIFY: _____

SPECIFY: _____

Location:
Radiation:

1. To shoulder: 1. NO 2. YES
2. To other area: 1. NO 2. YES

1. NO 2. YES
 1. NO 2. YES

3. Intensity (1-10)

1. Borg RPE (0-10)

*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

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)

 /
 /

D. Arrhythmia

 1. NO 2. YES

 1. NO 2. YES

Type*:
If OTHER, SPECIFY: _____

Type*:
If OTHER, SPECIFY: _____

E. J Point

a. Circle

Lead	one:	b. mm.	c. S-T Slope		
1. V1	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
2. V5	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
3. AVF	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -

a. Circle

one:	b. mm.	c. S-T Slope		
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -

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

 1. PRESSURE

 2. SHARP

 2. SHARP

 3. DULL

 3. DULL

 4. OTHER (SPECIFY): _____

 4. OTHER (SPECIFY): _____

2. Location:

a. Substernal

Radiation:

1. To shoulder:

 1. NO 2. YES

 1. NO 2. YES

2. To other area:

 1. NO 2. YES

 SPECIFY: _____

 1. NO 2. YES

 1. NO 2. YES

 1. NO 2. YES

 SPECIFY: _____

b. Precordial

Radiation:

1. To shoulder:

 1. NO 2. YES

 1. NO 2. YES

2. To other area:

 1. NO 2. YES

 SPECIFY: _____

 1. NO 2. YES

 1. NO 2. YES

 1. NO 2. YES

 SPECIFY: _____

c. Other

Location:

Radiation:

1. To shoulder:

 1. NO 2. YES

 1. NO 2. YES

2. To other area:

 1. NO 2. YES

 SPECIFY: _____

 1. NO 2. YES

 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. HEART BLOCK, 2ND DEGREE
06. HEART BLOCK, 3RD DEGREE 07. JUNCTIONAL RHYTHM 08. SINUS ARREST 09. OTHER

RECOVERY

Post-Exercise Time (min:sec):

1:30

3:30

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*:

--	--

If OTHER, SPECIFY: _____

D. J Point

a. Circle

Lead	one:	b. mm.	c. S-T Slope				
1. V1	+ -	<table border="1"><tr><td> </td><td> </td></tr></table>			1. +	2. 0	3. -
2. V5	+ -	<table border="1"><tr><td> </td><td> </td></tr></table>			1. +	2. 0	3. -
3. AVF	+ -	<table border="1"><tr><td> </td><td> </td></tr></table>			1. +	2. 0	3. -

a. Circle

one:	b. mm.	c. S-T Slope				
+ -	<table border="1"><tr><td> </td><td> </td></tr></table>			1. +	2. 0	3. -
+ -	<table border="1"><tr><td> </td><td> </td></tr></table>			1. +	2. 0	3. -
+ -	<table border="1"><tr><td> </td><td> </td></tr></table>			1. +	2. 0	3. -

E. Dyspnea

1. NO 2. YES

1. NO 2. YES

F. Dizziness

1. NO 2. YES

1. NO 2. YES

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:

a. Substernal

Radiation:

1. To shoulder:

1. NO 2. YES

1. NO 2. YES

2. To other area:

1. NO 2. YES

SPECIFY: _____

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

SPECIFY: _____

b. Precordial

Radiation:

1. To shoulder:

1. NO 2. YES

1. NO 2. YES

2. To other area:

1. NO 2. YES

SPECIFY: _____

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

SPECIFY: _____

c. Other

Location;

Radiation:

1. To shoulder:

1. NO 2. YES

1. NO 2. YES

2. To other area:

1. NO 2. YES

SPECIFY: _____

1. NO 2. YES

1. NO 2. YES

1. NO 2. YES

SPECIFY: _____

3. Intensity (1-10)

--	--

--	--

H. Borg RPE (0-10)

--	--

--	--

*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

RECOVERY

Post-Exercise Time (min:sec):

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**:

If OTHER, SPECIFY: _____

D. J Point

a. Circle

Lead	one:	b. mm.	c. S-T Slope		
1. V1	+ -	<input type="checkbox"/> . <input type="checkbox"/>	1. +	2. 0	3. -
2. V5	+ -	<input type="checkbox"/> . <input type="checkbox"/>	1. +	2. 0	3. -
3. AVF	+ -	<input type="checkbox"/> . <input type="checkbox"/>	1. +	2. 0	3. -

a. Circle

one:	b. mm.	c. S-T Slope		
+ -	<input type="checkbox"/> . <input type="checkbox"/>	1. +	2. 0	3. -
+ -	<input type="checkbox"/> . <input type="checkbox"/>	1. +	2. 0	3. -
+ -	<input type="checkbox"/> . <input type="checkbox"/>	1. +	2. 0	3. -

E. Dyspnea

1. NO 2. YES

1. NO 2. YES

F. Dizziness

1. NO 2. YES

1. NO 2. YES

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:

a. Substernal Radiation:

1. 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 Radiation:

1. 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: _____

c. Other

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)

H. Borg RPE (0-10)

*If all findings at 6 minutes post-exercise are normal, skip to Item 15 - Exercise Summary

**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

RECOVERY

Post-Exercise Time (min:sec):

9:30

11:30

A. Heart Rate (beats/minute)

B. Blood Pressure (mm/Hg)

C. Arrhythmia

1. NO 2. YES

Type*:
If OTHER, SPECIFY: _____

1. NO 2. YES

Type*:
If OTHER, SPECIFY: _____

D. J Point

a. Circle

Lead	one:	b. mm.	c. S-T Slope		
1. VI	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
2. V5	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
3. AVF	+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -

a. Circle

one:	b. mm.	c. S-T Slope		
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -
+ -	<input type="text"/> . <input type="text"/>	1. +	2. 0	3. -

E. Dyspnea

1. NO 2. YES

1. NO 2. YES

F. Dizziness

1. NO 2. YES

1. NO 2. YES

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:

a. Substernal Radiation:

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. To shoulder:

2. To other area:

SPECIFY: _____

SPECIFY: _____

b. Precordial Radiation:

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. To shoulder:

2. To other area:

SPECIFY: _____

SPECIFY: _____

c. Other

Location: Radiation:

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. To shoulder:

2. To other area:

SPECIFY: _____

SPECIFY: _____

3. Intensity (1-10)

H. Borg RPE (0-10)

*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

15. EXERCISE SUMMARY

A. 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 ST segment depression \geq 3 mm
- 07 Fall in systolic blood pressure > 10 mm from previous reading or a fall in systolic blood pressure to less than resting level
- 08 Serious arrhythmias such as supraventricular tachycardia
- 09 Ventricular tachycardia
- 10 Multifocal PVCs > 6/minute
- 11 Couplets or unifocal PVCs > 25% of resting heart rate
- 12 Failure of ECG system
- 13 Completed 10 stages of exercise

14 Other (SPECIFY): _____

OFFICE USE

- B. Peak Double Product
- C. Double Product at 1 mm ST depression NA
- D. Double Product at onset of chest pain NA
- E. Peak Work Load 2 mph / . % elevation for . minutes = . METS
- F. J point depression with 0 or - S-T slope: 1. NO 2. YES → . mm
- G. Borg RPE at Peak (0-10)
- H. Arrhythmia 1. 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

I. Chest Pain 1. NO 2. YES

1. Character: 1. PRESSURE 2. SHARP 3. DULL 4. OTHER (SPECIFY): _____

2. Location:

a. Substernal 1. NO 2. YES
Radiation:

1. To shoulder: 1. NO 2. YES

2. To other area: 1. NO 2. YES → SPECIFY: _____

b. Precordial 1. NO 2. YES
Radiation:

1. To shoulder: 1. NO 2. YES

2. To other area: 1. NO 2. YES → SPECIFY: _____

c. Other area 1. NO 2. YES Location: _____
Radiation:

1. To shoulder: 1. NO 2. YES

2. To other area: 1. NO 2. YES → SPECIFY: _____

3. Intensity (1-10) _____

4. Duration after exercise _____ (min) _____

J. Other Symptoms 1. ABSENT 2. PRESENT →

SPECIFY: _____

K. Interpreted by (Name): _____ (Initials): _____

Comments: _____

Name of Data Coordinator: _____ (Initials): _____

Signature: _____

Date (Month, Day, Year): _____ / _____ / _____

*****ATTACH INSTITUTIONAL REPORT*****

- WHITE copy: Forward to SCC with a copy of the institutional report
- GOLD copy: Data Coordinator's copy
- GREEN copy: Forward to CARDIAC STUDY CHAIRPERSON with copy of institutional report and electrocardiographic tracings obtained prior to, during, and after treadmill exercise test
- BLUE copy: Cardiology department copy

