

08595

GRADED EXERCISE TEST FORM

Form Approved O.M.B. No. 68-S73044

68-S72041

VERSION 3

73127

O.M.B. 68-S72044

For CPR Use Only

(49-54)

Subject ID Number

E 3 1 (1-5)

Place ID Number Label in Box Above

A. IDENTIFICATION

1. PATIENT SCHEDULER: Enter the appropriate number in the Form identifier as indicated: Enter "1" - if this is not a Reschedule of a previous Exercise ECG Enter "2" - if this is a Reschedule of a previous Exercise ECG
2. For Prevention Trial subjects enter the visit numbers: (15-16)

In items 3-6 enter one character per box, beginning with the leftmost box. Enter all letters as capitals. Mark through the boxes with a single stroke if the item does not apply.

3. Last Name: (17-28)

4. First Name: (29-36)

5. Second Name: (37)

6. Third or Maiden Name: Code JR, SR, I, II, etc. here. (38-40)

B. FASTING AND MEDICATION

7. Date of Visit: (41-46)

8. When was the last time you took anything by mouth excepting water? See instructions for use of wheel to determine fasting time. (47-48)

Table with 3 columns: Question, No, Yes, Unk. Includes questions about blood pressure pills, diuretics, medicine for angina, digitalis preparations, medicine for irregular heart beats, and Inderal.

C. CHEST PAIN ON EFFORT

If an answer circled in section C is marked with an asterisk (*), go to section D.

10. Have you ever had any pain or discomfort in your chest? 1 No... 2 Yes... (61)

b. Have you ever had any pressure or heaviness in your chest? 1 No... 2 Yes... (62)

11. Do you get it when you walk uphill or hurry? 1 No*... 2 Yes... 3 Never hurries or walks uphill... (63)

NEW CARD--DUPLICATE COLUMNS (1-4)
 2 (5)
 DUPLICATE COLUMNS (6-14)

D. POSSIBLE INFARCTION

If an answer circled in this section is marked with an asterisk (*), go to section F.

18. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? 18. No Yes 1* 2 (15)

19. Did you see a doctor because of this pain? 19. a. 1 2 (16)

If "No," go to item 20.

b. What did he say it was? b. 1 2* (17)

1 Heart attack 1
 2 Other disorder* 2* (17)

20. Have you had such a chest pain in the last three months? 20. No Yes 1 2 (18)

E. SYNCOPE AND DYSPNEA

21. Have you fainted in the past hour? 21. No Yes 1 2 (19)

22. Have you ever fainted while exercising? 22. 1 2 (20)

23. Do you become more short of breath than others your own age during normal activity? 23. 1 2 (21)

24. In the past did you become more short of breath than others your own age during normal activity? 24. 1 2 (22)

F. TARGET HEART RATE

25. Do you regularly engage in strenuous exercise or hard physical labor? 25. No Yes 1 2 (23)

If "No," classify the subject as sedentary for determining GVT target heart rate and proceed to item 27.

12. Do you get it when you walk at an ordinary pace on the level?
 1 No 1
 2 Yes 2 (64)

13. What do you do if you get it while you are walking?
 1 Stop or slow down 1
 2 Carry on 2 (65)

Circle "1," "Stop or slow down" if subject carries on after taking nitroglycerine.

14. If you stand still, what happens to it?
 1 Relieved 1
 2 Not relieved* 2*
 3 Does not stand still 3 (66)
 If "3," "Does not stand still," go to item 16.

15. How soon?
 1 Ten minutes or less 1
 2 More than ten minutes* 2* (67)

16. Will you show me where it was?
 a. Sternum (upper or middle)? a. 1 2 (68)
 b. Sternum (lower)? b. 1 2 (69)
 c. Left anterior chest? c. 1 2 (70)
 d. Left arm? d. 1 2 (71)
 e. Other? e. 1 2 (72)

17. Has there been a change in your chest discomfort during the past four weeks?
 a. 1* 2 (73)
 b. 1 2 (74)
 c. 1 2 (75)
 d. 1 2 (76)

17. Has your chest discomfort become more frequent or more severe?
 17. a. 1* 2 (73)
 b. 1 2 (74)
 c. 1 2 (75)
 d. 1 2 (76)

<p>26. Do you exercise or labor at least three times a week?</p> <p>1 No</p> <p>2 Yes</p> <p><i>If "No," classify the subject as sedentary for determining GXT target heart rate.</i></p> <p><i>If "Yes," classify the subject as trained for determining GXT target heart rate.</i></p>	<p>26.</p> <p>1</p> <p>2 (24)</p>	<p>32. Lungs:</p> <p>a. Moist basilar rales?</p> <p>b. Other abnormalities?</p> <p><i>If "Yes," specify:</i> _____</p>	<p>32.</p> <p>No Yes</p> <p>a. 1 2 (38)</p> <p>b. 1 2 (39)</p>										
<p>27. Year of birth:</p>	<p>27.</p> <table border="1"> <tr><td> </td><td> </td></tr> </table> <p>(25-26)</p>			<p>33. Does subject have perceptible cardiac apical impulse?</p> <p>1 No</p> <p>2 Yes</p> <p>9 Uncertain</p> <p><i>If "No" or "Uncertain," go to item 34.</i></p> <p>b. Point of maximum impulse (PMI)</p> <p><i>Refer to the figure on page 16 of the instructions.</i></p>	<p>33.</p> <p>a.</p> <p>1</p> <p>2</p> <p>9 (40)</p> <p>b. Letter</p> <table border="1"> <tr><td> </td><td> </td></tr> </table> <p>(41)</p> <p>Number</p> <table border="1"> <tr><td> </td><td> </td></tr> </table> <p>(42)</p>								
<p>28. Target heart rate:</p>	<p>28.</p> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> <p>(27-29)</p>				<p>c. Diameter of apical impulse in whole centimeters</p> <p>d. Apical impulse quality or contour</p> <p>1 Normal.</p> <p>2 Prolonged outward systolic component as in left ventricular hypertrophy</p>	<p>c.</p> <table border="1"> <tr><td> </td><td> </td></tr> </table> <p>(43-44)</p> <p>d.</p> <p>1</p>							
<p>G. CARDIOPULMONARY EXAM</p> <p>29. Record the subject's blood pressure (standing, right arm):</p> <p>Systolic</p> <p>Diastolic V</p>	<p>29.</p> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> <p>(30-32)</p> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> <p>(33-35)</p>							<p>34. Is there a palpable cardiac "bulge"?</p> <p>1 No</p> <p>2 Yes</p> <p><i>If "No," proceed to item 35.</i></p> <p>b. Specify the location:</p>	<p>34.</p> <p>a.</p> <p>1</p> <p>2 (46)</p> <p>b. Letter</p> <table border="1"> <tr><td> </td><td> </td></tr> </table> <p>(47)</p> <p>Number</p> <table border="1"> <tr><td> </td><td> </td></tr> </table> <p>(48)</p>				
<p>30. Does the subject exhibit symptoms of acute illness sufficient to interfere with testing?</p> <p>1 No</p> <p>2 Yes</p>	<p>30.</p> <p>1</p> <p>2 (36)</p>	<p>31. Does the subject have some difficulty which might interfere with stress testing on the treadmill?</p> <p>1 No</p> <p>2 Yes</p> <p><i>If "No," go to item 32.</i></p> <p>b. Specify the difficulty: _____</p>	<p>31.</p> <p>a.</p> <p>1</p> <p>2 (37)</p>										

<p>35. Is a third or ventricular filling gallop present?</p> <p>1 No</p> <p>2 Yes</p>	<p>35.</p> <p>1</p> <p>2 (49)</p>	<p>b. Possible Acute Anterior Injury: QS V₁ and V₂ with convex-upward ST-T.</p> <p>c. Possible Acute Posterior Injury: R/S in V₁ > 1.0, and ST-T depression, > 1.0 mm and convex downward.</p> <p>d. Possible or Suspected Unhealed M.I. of Any Kind: Large amplitude T wave inversion.</p>	<p>b. <input type="checkbox"/> (57)</p> <p>c. <input type="checkbox"/> (58)</p> <p>d. <input type="checkbox"/> (59)</p>
<p>36. Is a grade two or louder systolic murmur present?</p> <p>1 No</p> <p>2 Yes</p> <p>If "No," go to item 37.</p> <p>b. Quality</p> <p>1 Regurgitant</p> <p>2 Ejection</p> <p>9 Uncertain</p>	<p>36.</p> <p>a.</p> <p>1</p> <p>2 (50)</p> <p>b.</p> <p>1</p> <p>2</p> <p>9 (51)</p>	<p>41. Possible Left Ventricular Hypertrophy: R wave > 26 mm in V₅ or V₆ or > 20 mm in I, II, III or AVF.</p> <p>42. Left Ventricular Conduction Defect: QRS duration > 0.11 sec. in any lead + absence of slurred S wave > .05 sec. in I or V₅ and V₆.</p> <p>43. Rhythm/Conductor Disorder:</p> <p>a. Heart cycle length varies > 25% beats at least once in any 6 second interval (sick sinus syndrome).</p> <p>b. Atrial and ventricular rates differ > 25%. (This will not exclude occasional uniform, non R-on-T type PVC's.) (Second degree heart block.)</p> <p>c. Multifocal or many PVC's > 10/min. (QRS-T's with QRS > 0.12 sec. not preceded at least 0.12 sec. by P wave.)</p> <p>d. R-on-T type PVC's.</p> <p>e. Two or more PVC's in a row. (Ventricular tachycardia.)</p> <p>f. Parasytolic focus.</p> <p>g. Atrial flutter.</p> <p>h. Atrial fibrillation.</p>	<p>41. <input type="checkbox"/> (60)</p> <p>42. <input type="checkbox"/> (61)</p> <p>43.</p> <p>a. <input type="checkbox"/> (62)</p> <p>b. <input type="checkbox"/> (63)</p> <p>c. <input type="checkbox"/> (64)</p> <p>d. <input type="checkbox"/> (65)</p> <p>e. <input type="checkbox"/> (66)</p> <p>f. <input type="checkbox"/> (67)</p> <p>g. <input type="checkbox"/> (68)</p> <p>h. <input type="checkbox"/> (69)</p>
<p>37. Is a definite diastolic murmur present?</p> <p>1 No</p> <p>2 Yes</p> <p>If "No," go to item 38.</p> <p>b. Quality</p> <p>1 Regurgitant</p> <p>2 Stenotic</p>	<p>37.</p> <p>a.</p> <p>1</p> <p>2 (52)</p> <p>b.</p> <p>1</p> <p>2 (53)</p>		
<p>38. Is congenital heart disease suspected?</p> <p>1 No</p> <p>2 Yes</p>	<p>38.</p> <p>1</p> <p>2 (54)</p>		
<p>H. RESTING ECG</p> <p>Check all of the appropriate boxes.</p> <p>39. Possible Ischemia: J-ST amplitude \geq 1.0 mm, depression in I, V₄, V₅, V₆.</p> <p>40. Possible Acute Lateral or Inferior Injury: ST elevation with convex-upward contour > 0.5 mm, and low or inverted T wave, in I, II, III, V₄, V₅, or V₆.</p>		<p>39. <input type="checkbox"/> (55)</p> <p>40. a. <input type="checkbox"/> (56)</p>	

I. DISPOSITION

44. a. Disposition of subject:

- 1 Exercise Test 1
- 2 Reschedule 2
- 3 Exclude 3 (70)

If "Exercise Test," go to item 46.

If "Reschedule," go to item 44c.

NEW CARD--DUPLICATE COLUMNS (1-4)
 (5)
 3
 DUPLICATE COLUMNS (6-14)

b. Reasons for exclusion (Check the appropriate boxes):

- 1 Aortic stenosis 1 (15)
- 2 Congestive heart failure. 2 (16)
- 3 Blood pressure 3 (17)
- 4 R-on-T type PVC's 4 (18)
- 5 Ventricular tachycardia 5 (19)
- 6 Parasytolic focus 6 (20)
- 7 Atrial flutter. 7 (21)
- 8 Atrial Fibrillation 8 (22)
- 9 Congenital heart disease 9 (23)
- 10 Second rescheduling required 10 (24)

b. Continued

11 Other (Specify) _____ b. 11 (25)

Please thank the subject and dismiss him.

c. Reason for Rescheduling. (Check the appropriate boxes).
 NOTE: a Reschedule Form must be completed for every subject rescheduled.

- 1 Non-fasting (Item 8) 1 (26)
- 2 Unstable angina (Item 17) 2 (27)
- 3 Possible recent infarction by history (Item 20) 3 (28)
- 4 Fainting (Item 21) 4 (29)
- 5 Acute illness (Item 30) 5 (30)
- 6 Possible ischemia, subject not on digitals (Item 39) 6 (31)
- 7 Possible acute lateral or inferior injury (Item 40a) 7 (32)
- 8 Possible acute anterior injury (Item 40b) 8 (33)
- 9 Possible acute posterior injury (Item 40c) 9 (34)
- 10 Possible or suspected unhealed M.I. (Item 40d) 10 (35)
- 11 Equipment malfunction 11 (36)
- 12 Other. Specify: _____ 12 (37)

45. Approximate date of re-visit:

Mo. /

Yr. (38-41)

J. EXERCISE ELECTROCARDIOGRAM

46. Attending physician: a. Name: _____
 b. Initials: _____ (42-43)

47. Is monitoring equipment functioning properly?
 1 No 2 Yes (44)

In items 48-58, record the subject's systolic and diastolic blood pressure, his heart rate at end of stage, the ST code and rhythm code.

	Systolic	Diastolic	Heart Rate at End of Stage or Termination	ST Code	Rhythm Code
--	----------	-----------	---	---------	-------------

48. Standing at Rest
 _____ (45-47) _____ (48-50) _____ (51-53) _____ (54) _____ (55)

49. Zero (1.7 mph, 0%)
 _____ (56-58) _____ (59-61) _____ (62-64) _____ (65) _____ (66)

50. One-Half (1.7 mph, 5%)
 _____ (67-69) _____ (70-72) _____ (73-75) _____ (76) _____ (77)

NEW CARD--DUPLICATE COLUMNS
 _____ (7) _____ (5)
 DUPLICATE COLUMNS (6-14)

51. One (1.7 mph, 10%)
 _____ (15-17) _____ (18-20) _____ (21-23) _____ (24) _____ (25)

52. Two (2.5 mph, 12%)
 _____ (26-28) _____ (29-31) _____ (32-34) _____ (35) _____ (36)

53. Three (3.4 mph, 14%)
 _____ (37-39) _____ (40-42) _____ (43-45) _____ (46) _____ (47)

54. Four (4.2 mph, 16%)
 _____ (48-50) _____ (51-53) _____ (54-56) _____ (57) _____ (58)

55. Five (5.0 mph, 18%)
 _____ (59-61) _____ (62-64) _____ (65-67) _____ (68) _____ (69)

56. Six (5.5 mph, 20%)
 _____ (70-72) _____ (73-75) _____ (76-78) _____ (79) _____ (80)

NEW CARD--DUPLICATE COLUMNS
 _____ (5) _____ (1-4)
 DUPLICATE COLUMNS (6-14)

57. Seven (6.0 mph, 22%)
 _____ (15-17) _____ (18-20) _____ (21-23) _____ (24) _____ (25)

58. Immediate post-exercise
 _____ (26-28) _____ (29-31) _____ (32-34) _____ (35) _____ (36)

Ask:
 59. Do you have any discomfort in your chest?
 1 No 1
 2 Yes 2 (37)
If "No," go to item 65.

60. If "Yes," circle the number of minutes that elapsed between termination of exercise test and observation of discomfort.
 0 Immediate post-exercise
 1 One minute 1
 2 Two minutes 2
 3 Three minutes 3
 4 Four minutes 4
 5 Five minutes 5
 6 Six minutes 6
 9 More than 6 minutes post-exercise 9 (38)

61. Ask subject to show where it is (or was). Does site include sternum?
 1 No 1
 2 Yes 2 (39)
If "No," go to item 65.

62. If "Yes," ask:
 Is the discomfort sharp or dull?
 1 Sharp 1
 2 Dull 2 (40)
If "Sharp," go to item 65.

63. If "Dull," ask the subject to stop breathing for a few seconds, then ask:
 Did the pain go away?
 1 No 1
 2 Yes 2 (41)
If "Yes," go to item 65.

64. Is the discomfort worse?
 1 No 1
 2 Yes 2 (42)

Systolic

Diastolic

Heart Rate at End
of Stage

ST Code

Rhythm Code

65. Two minute post-exercise

(43-45)

(46-48)

(49-51)

(52)

(53)

66. Four minute post-exercise

(54-56)

(57-59)

(60-62)

(63)

(64)

67. Six minute post-exercise

(65-67)

(68-70)

(71-73)

(74)

(75)

NEW CARD--DUPLICATE COLUMNS (1-4)
DUPLICATE COLUMNS (6-14)

68. Duration of test (min./sec.)

(15-18)

69. Maximum heart rate achieved.

(19-21)

If the answer to item 59 was "Yes," ask:

70. Do you still have any discomfort in your chest?

- 1 No
- 2 Yes

1
2 (22)

71. Reasons for termination (Check the appropriate boxes):

- 1 Target heart achieved
- 2 Bruce test criteria met (exhaustion)
- 3 Fatigue/weakness
- 4 Dyspnea
- 5 Leg pain
- 6 Chest pain
- 7 ST changes

71.

1 (23)
2 (24)
3 (25)
4 (26)
5 (27)
6 (28)
7 (29)

71. Continued

8 Supraventricular tachycardia

8 (30)

9 Ventricular tachycardia

9 (31)

10 Other arrhythmias

10 (32)

11 Hypotension

11 (33)

12 Cerebral symptoms

12 (34)

13 Intracardiac block

13 (35)

14 Hypertension

14 (36)

15 Technical problems (describe in comments)

15 (37)

16 Difficulty recorded in item 31b

16 (38)

17 Subject refused to continue

17 (39)

18 Other (describe in comments)

18 (40)

72. Technician: a. Name: _____

b. Initials: _____

(41-42)

Comments: _____

