

PSYCHOPHYSIOLOGICAL INVESTIGATIONS OF **MYOCARDIAL ISCHEMIA**

PIMI FORM 06

EXERCISE TREADMILL TEST (ACIP PROTOCOL) **FORM**

GENERAL INSTRUCTIONS

Complete for Exercise Treadmill Test (ACIP Protocol) performed as required by PIMI protocol. Send original of this form with required **ECGs** to Rest and Exercise ECG Core Laboratory and a copy of the form to the Clinical Coordinating Center.

ITEM INSTRUCTIONS: Items with instructions outlined **below** have the symbol **[*]** preceding the item number on the form.

Refer to Items 6 and 7.

Indicate heart rate (**HR**) and blood pressure (**BP**) (both systolic and diastolic) at each stage of exercise and for each minute of recovery until symptoms or ST segment changes normalize. Indicate the rating of perceived exertion (**RPE**) at each stage of exercise.

For prolonged **recovery** > 5:00 minutes, indicate the time of recovery (__ : __) as well as **HR** and **BP** values.

NOTE: Even if the final stage entered is not for the complete time, enter the final **HR**, **BP** and **RPE**.

Refer to Item 6, Column 5.

Ratings of Perceived Exertion (RPE) Scale

6	
7	Very, Very Light
8	
9	Very Light
10	
11	Fairly Light
12	
13	Somewhat Hard
14	
15	Hard
16	
17	Very Hard
18	
19	Very, Very Hard
20	

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Instructions for Item 8.

Recording Stage

Enter stage of onset and offset. If during exercise, enter 01 to 10 corresponding to Stage labels for Item 6. If during recovery, enter R0 to R+ corresponding to Stage labels for Item 7.

Recording Time

Enter time of onset and offset. If during exercise, enter **total** exercise time, possible values are 00:01 to 18:00. If during recovery, enter total recovery time, possible values are 00:01 to time recorded as prolonged recovery time.

Items **8D** and E

Enter stage and time angina first worsened.

Item 8H

Record Angina Scale value at peak exercise.

0 = none 10 = most discomfort imaginable

EXERCISE **TREADMILL** TEST (ACIP PROTOCOL) **FORM**

Clinic No.			-			
ID No.			-			
Visit Type	Q	V	0	0		

PART I: IDENTIFICATION

1. Patient's NAME CODE:
2. Date of study: Day - Month - Year

PART II: TESTING

3. Did the patient take any of the following cardiovascular medications prior to the start of the exercise treadmill test?

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
A. Nitrates long acting (within twelve hours) NIT-12HR	(1)	(2)	(3)
B. Beta-blockers (within 3 days or 5 half lives) BB-3DAY	(1)	(2)	(3)
C. Calcium channel blockers (within 3 days) CC-3DAY	(1)	(2)	(3)
D. Digitalis (within 2 weeks) DIGIT-2WK	(1)	(2)	(3)

4. Protocol description:

A. Protocol type:

- Standard Protocol (3 miles/hour) **ETT-PROT** (1)
- Modified Protocol (2 miles/hour for patients with physical limitations) (2)

B. Total exercise time in seconds: **ETT-SCND**

C. Final stage of exercise entered (01 to 10): **FIN-STGE**

