

AUTONOMIC TESTING PROCEDURES

Clinic No.					
ID No.					
Visit Type	V		M	S	

PART I: IDENTIFICATION

1. Patient's NAME CODE:
2. Visit date: VI SCAYS
Day Month Year
3. Check here if test not performed? (1)
↓

4. Reason procedure was not performed: (Check all that apply.)

A. Physician refused (1)

B. Patient refused (1)

C. Procedure contraindicated (cardiac reason) (1)

D. Procedure contraindicated (physical disability or other reason) (1)

E. Equipment unavailable (1)

F. Equipment problem (1)

G. Other (1)
↓

Specify: _____

5. Research Coordinator:
 signature: _____ PIMI Staff No.: _____

DO NOT COMPLETE REST OF FORM. SEND ONLY PAGE 1 TO CCC.

PART II: DEEP BREATHING

6. Time deep breathing procedures began: NB-HR NB-MIN
Hours Minutes
7. Time deep breathing procedures ended: DBONHR DBONMIN
8. Was this a valid procedure? DB-ADQ (1) (2)
Yes No
↓

A. Explain: _____

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Part III: POSTURAL TESTING

Hours Minutes

9. Time horizontal baseline period began: _____ TT_HR : TT_Min
10. Time tilted to 80 degrees: TT80_HR : TT80_Min
11. Time returned to horizontal position: TT0F_HR : TT0F_Min
12. Blood pressure and heart rate readings:

	1) Systolic	2) Diastolic	3) Heart Rate
A. Horizontal Baseline	<u>SBPTTBL</u> , <u>DBPTTBL</u>		<u>HR TTBL</u>
80° Tilt			
B. # 1	<u>SBPTT801</u> , <u>DBPTT801</u>		<u>HRTT801</u>
C. # 2	<u>SBPTT802</u> , <u>DBPTT802</u>		<u>HRTT802</u>
D. # 3	<u>SBPTT803</u> , <u>DBPTT803</u>		<u>HRTT803</u>
Return to Horizontal			
E. # 1	<u>SBPTT0F1</u> , <u>DBPTT0F1</u>		<u>HRTT0F1</u>
F. # 2	<u>SBPTT0F2</u> , <u>DBPTT0F2</u>		<u>HRTT0F2</u>
G. # 3	<u>SBPTT0F3</u> , <u>DBPTT0F3</u>		<u>HRTT0F3</u>

13. Was this a valid procedure? TT-ADQ (1) (2)
 Yes No
 ↓

A. Explain: _____

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RT IV: VALSALVA MANEUVER

Hours Minutes

14. Time baseline period began: VABLHR : VABLMIN

15. Time forced expiration began: VAEXHR : VAEXMIN

16. Blood pressure and heart rate readings:

	1) Systolic	2) Diastolic	3) Heart Rate
A. Baseline	<u>SBPVABL / DBPVABL</u>		<u>HRVABL</u>
Resting Reading After Strain			
B. Immediate	<u>SBPVAI / DBPVAI</u>		
C. 30-sec. (optional)	<u>SBPVA30 / DBPVA30</u>		
D. 60-sec. (optional)	<u>SBVA60 / DBPVA60</u>		
E. 90-sec. (optional)	<u>SBPVA90 / DBPVA90</u>		
F. Recovery 60-sec.	<u>SBPRE60 / DBPRE60</u>		

17. Was this a valid procedure? VA-ADQ (1) (2)
 Yes No
 ↓

A. Explain: _____

PART V: ADMINISTRATION MATTERS

18. Technician:

Signature: _____ PIMI Staff No.: ---- . - - -

19. Research Coordinator:

Signature: _____ PIMI Staff No.: ---- . - - -

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