

PSYCHOPHYSIOLOGICAL INVESTIGATIONS **OF MYOCARDIAL ISCHEMIA**

PIMI FORM 7M

FADIONUCLIDE **RECORD** MENTAL STRESS RVG

GENERAL INSTRUCTIONS

This form should be completed to document the performance of the **Mental Stress RVG**. The following anti-ischemic medication must be stopped prior to the Visit:

<u>Medication</u>	<u>Must Be Stopped Prior to Visit</u>
Sublingual nitroglycerin	1 hour
Nitrates (long acting)	12 hours
Beta-blockers	3 days or 5 half lives whichever is longer
Calcium channel blockers	3 days

If the patient did not stop the above medications for the periods specified, the visit should be rescheduled and a Form 40 to extend the visit window should be completed. Any exceptions should be described in Item 28.

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

REFER TO **ITEM 28**

Record any comments explaining unusual circumstances during the visit. Describe any exceptions to protocol including use of medications prior to the visit. Record any adverse events.

RADIONUCLIDE RECORD
MENTAL STRESS RVG

Clinic No.						
ID No.						
Visit Type	V		M	S	VISIT	

PART I: IDENTIFICATION

1. Patient's NAME CODE: -----

2. Date of study or visit if study not done: -----
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.

ID No.			-			
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RT II: PROCEDURE

6. Time since last intake of: (enter 97 if not used within last 96 hours)

- A. Caffeine **CAFFEINE** hours
- B. Tobacco **TOBACCO** hours

7. Medication taken in last 24 hours:

- A. Medications altering pain perception:
 Narcotics, analgesics, anti-inflammatory medications
 (including aspirin), sedatives or hypnotics -----
 If **YES**, specify name and dose: **CUR-NARC**
 Yes No Unknown
 (1) (2) (3)
-
- B. Theophylline **CUR-THEO** (1) (2) (3)
 If **YES**, specify name and dose:
-
- C. Steroid medications **CUR-STER** (1) (2) (3)
 If **YES**, specify name and dose:
-
- D. ACE inhibitors **CUR-ACE** (1) (2) (3)
 If **YES**, specify name and dose:
-
- E. Digitalis **CUR-DIG** (1) (2) (3)
 If **YES**, specify name and dose:
-
- F. Psychotropic agents or antidepressant agents **CUR PSY** (1) (2) (3)
 If **YES**, specify name and dose:
-
- G. Sympatholytics **CUR-SYM** (1) (2) (3)
 If **YES**, specify name and dose:
-
- H. Central acting alpha agonists **CUR- CAAA** (1) (2) (3)
 If **YES**, specify name and dose:
-
- I. Other **CUR-OTH** (1) (2) (3)
 If **YES**, specify name and dose:

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Angle of patient: **ANGLE** - 0

9. Time of **Tc99m** added to reaction vial: **TC99MHR** : **TC99MIN**
 Hours : Minutes

10. Time of injection of **Tc99m-labeled** red blood cells: **RBC-HR** : **RBC-MIN**
 Hours : Minutes

11. Dose injected (mCi): **DOSE-INJ**

12. Was test stopped prematurely? **TESTSTOP** (1) (2)
 Yes No

Reason for stopping: (Check one Primary and, if appropriate, one Secondary.)

	RVG-PRIM A	RVG-2ND B
	<u>Primary</u>	<u>Secondary</u>
Angina of intensity at which patient normally stops exercise	(01)	(01)
ST-segment depression \geq 3.0 mm	(02)	(02)
ST-segment elevation \geq 1.0 mm in non-infarct lead(s) ---	(03)	(03)
Ectopic supraventricular tachycardia	(04)	(04)
Ventricular tachycardia	(05)	(05)
Hypertension	(06)	(06)
Hypotension	(07)	(07)
Fatigue/exhaustion	(08)	(08)
Dyspnea	(09)	(09)
Ataxia	(10)	(10)
Bradycardia	(11)	(11)
poor motivation	(12)	(12)
Physician's request	(13)	(13)
Technical problems (with ECG or blood pressure measurement)	(14)	(14)
Claudication	(15)	(15)
Other	(16)	(16)

Specify: _____

13. Order of Mental Stress:

..... **ORDSTRSS** (1)
 Speech then Stroop (1)
 Stroop then Speech (2)
 Speech only (3)
 Stroop only (4)

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Visit Type	V		M	S		

1 4 Imaging record:

Check if not done in column 1) or complete necessary data in columns 2) through 7).
Record time of start of imaging in column 2) and highest value of blood pressure and heart rate during each stage in columns 5) to 7).

	1) Check if imaging not Done	2) Start of Image Time Hour :Minutes	3) Number of Cycles	4) Frames int. (msec)	5) Systolic BP	6) Diastolic BP	7) Heart Rate
<u>Rest</u>							
A. 25 minutes					SBPR25	DBPR25	
B. 28 minutes					m%! 2%	DBPR28	
C. 30 minutes					SBPR30	DBPR30	HRR30
<u>Baseline</u>							
D. Start of image:	()	-----	- - -	- - -	SBPBL	DBPBL	HRBL
E. 1 minute later:					SBPBL1	DBPBL1	HRBL1
F. 2 minutes later:					SBPBL2	DBPBL2	HRBL2
<u>Mental Stress XI</u>							
Start of first image: 30 seconds	()	-----	- - -	- - -	SBPM30	DBPM30	HRM30
H. 1 minute 30 seconds					SBPM1130	DBPM1130	HRM113
I. 2 minutes 30 seconds					SBPM1230	DBPM1230	HRM1230
Start of second image							
J. 3 minutes	()	-----	- - -	- - -			
K. 3 minutes 30 seconds					SBPM1330	DBPM1330	HRM1330
L. 4 minutes 30 seconds					SBPM1430	DBPM1430	HRM1430
<u>Mental Stress #2</u>							
Start of first image							
M. 30 seconds	()	---:---	- - -	- - -	SBPM230	DBPM230	HRM230
N. 1 minute 30 seconds					SBPM2130	DBPM2130	HRM2130
O. 2 minutes 30 seconds					SBPM2230	DBPM2230	HRM2230
Start of second image							
P. 3 minutes	()	---:---	- - -	- - -			
Q. 3 minutes 30 seconds					SBPM2330	DBPM2330	HRM2330
R. 4 minutes 30 seconds					SBPM2430	DBPM2430	HRM2430

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For Items 15 and 16 record time from beginning of each mental stress task.

RVG-ANG

15. Did angina occur during study? (1) (2) (3)
 Yes No Uncertain

	A		B		C	D	
	Yes	No	Onset Time		Severity	Offset Time	
	(1)	(2)	Minutes	Seconds	(0-10)	Minutes	Seconds
1. Speech	<i>SPCH-ANG</i>		<i>SPONAMIN</i>	<i>SPONASEC</i>	<i>SPCHASEV</i>	<i>SPOFAMIN</i>	<i>STOFASEC</i>
2. Stroop	<i>STRP-ANG</i>		<i>STONAMIN</i>	<i>STONASEC</i>	<i>STRPASEV</i>	<i>STOFAMIN</i>	<i>STOFASEC</i>

RVG-ST

16. Did ST depression > 1.0 mm occur during study? (1) (2) (3)
 Yes No Uncertain

	A		B		C	
	Yes	No	Onset Time		Offset Time	
	(1)	(2)	Minutes	Seconds	Minutes	Seconds
1. Speech	<i>SPCH-ST</i>		<i>SPONBMIN</i>	<i>SPONSSEC</i>	<i>SPBFSMIN</i>	<i>SPDFSSEC</i>
2. Stroop	<i>STRP-ST</i>		<i>STONSMIN</i>	<i>STONSSEC</i>	<i>STBFSMIN</i>	<i>STDFSSEC</i>

PART IV: EVALUATION OF SPEECH TASK

SPCH-ADQ

17. Adequacy of procedure: (1) (2)
 Valid Not Valid

18. Patient's perception of experience during task (0 = None; 10 = Very Much):

- A. Interested *SPCH-INT*
- B. Irritated or angry *SPCH-IRR*
- C. Tense *SPCH-TNS*

19. comments :

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Visit Type	V		M	S		

RT V: EVALUATION OF STROOP TASK

STK# - AC

- 20 Adequacy of procedure: (1) (2) Valid Not Valid
- 21 Patient's perception of experience during task (0 = None; 10 = Very Much):
- A. Interested STRP-INI — —
- B. Irritated or angry STRP-IRR — —
- C. Tense STRP-TNS — —
- 22 Stroop performance statistics:
- A. Total trials STRP-TOT — — —
- B. Number correct STRP-OK — — —
- C. Number not answered STRP-NA — — —
- D. Number missed STRP-MIS — — —
- 23 Comments:
-

RT VI: ADMINISTRATIVE MATTERS

24. Radionuclide Technician:
- Signature: _____ PIMI Staff No.: ---- - - - -
25. Research Coordinator:
- Signature: _____ PIMI Staff No.: - - - -
26. Materials mailed to the **Radionuclide** Core Lab:
- A. Form 71 (1) (2)
- B. Data diskette (1) (2)
- C. Date mailed Day - Month - Year
27. Materials mailed to the Rest and Exercise ECG Core Lab:
- A. Form 65 (1) (2)
- B. Rest ECG (1) (2)
- C. Stress ECGs (1) (2)
- D. Recovery ECG (1) (2)
- E. Date mailed Day - Month - Year
- *28 Comments:
-

ID No.							
Visit Type	V		M	S			