



SLEEP HEART HEALTH STUDY
ADVERSE EVENTS

ID#:

Field Center: SITEAE

1 Were any of the following *immediate* medical alerts noted:

- IMSBPAE ₁ ₀ Systolic Blood Pressure > 200 (not on bp meds)
- IMDBPAE ₁ ₀ Diastolic Blood Pressure > 120 (not on bp meds)
- IMOSATAE ₁ ₀ Oxygen saturation < 80% for longer than 2 minutes at rest
- IMHIHRAE ₁ ₀ Heart rate > 150 for longer than 2 minutes at rest
- IMLOHRAE ₁ ₀ Heart rate < 30 for longer than 2 minutes at rest

2 Were any of the following *urgent* medical alerts noted?

- ₁ ₀ Systolic Blood Pressure > 170 (not on bp meds)
- ₁ ₀ Diastolic Blood Pressure > 100 (not on bp meds)
- ₁ ₀ Oxygen saturation between 80% and 85% for longer than 2 minutes at rest

If any alerts were noted:

YES ₁ NO ₀ Was a physician notified? **MDNOTAE**

₁ By letter ₂ By phone **HWNOTAE** Other action taken: **OTHACTAE**

MD Name: _____
Date: _____

3 Were any other problems noted?

- ₁ ₀ Skin reaction **SKRCTNAE**
- ₁ ₀ Tripping, falling **TRIPAE**
- ₁ ₀ Other problem, specify: **OTHPROBAE**

Action taken: **OPSPCAE**

Technician I.D. **TECHIDAE**

Date: **DATEAE**