



Field Site ID: CLINIC
 Participant ID#: PPTID
 Alpha Code: SHHS
 Date form initiated: FORMDATE - 2 / 0 / 0
 Visit ID Code: F / 0 / 2 ^{month} VISIT ^{day} / year
 Form & revision: E C 4 FORMREV

A. Results of ECG at Field Site

Complete this form for all participants when an ECG was done at the home visit or was available from a prior clinic visit.

1. Date ECG conducted:
ec401. / / - / /
month day year

2. Time ECG conducted:
ec402h : ec402m ¹ A.M. ec402a P.M.
(Midnight is 12:00 A.M.)

3. P/R/T axes (if not applicable for an axis, enter *** for that axis). If an axis is negative enter a minus sign in the box corresponding to that axis, otherwise leave the box empty.

ec403as ec403bs ec403cs
 ec403a / ec403b / ec403c

4. Was ECG reviewed by local Physician Reviewer: ec404

¹ Yes ⁰ No

If No, specify reason why and skip to item 16:
ec404s
ec404t
ec404u

5. Name of local Physician Reviewer:
ec405

6. Date ECG results received at the Field Site from local Physician Reviewer:
ec406 / / - / /
month day year

7. Interpretive comments of local Physician Reviewer:

ec407s
ec407t
ec407u
ec407v
ec407w
ec407x
ec407y
ec407z

8. Were any of the following SHHS Alert conditions noted:

- ec408a** a. ₁ Yes ₀ No Heart rate <45 beats per minute or >120 beats per minute
- ec408b** b. ₁ Yes ₀ No Ventricular tachycardia
- ec408c** c. ₁ Yes ₀ No Acute myocardial infarction
- ec408d** d. ₁ Yes ₀ No Complete AV block
- ec408e** e. ₁ Yes ₀ No Second degree AV block

9. Were any of the following SHHS Abnormalities noted:

- ec409a** a. ₁ Yes ₀ No Any finding which includes a reference to ischemia or pericarditis
- ec409b** b. ₁ Yes ₀ No Wolff-Parkinson-White (WPW) or ventricular pre-excitation pattern
- ec409c** c. ₁ Yes ₀ No Left Bundle Branch Block
- ec409d** d. ₁ Yes ₀ No Prolonged QT interval
- ec409e** e. ₁ Yes ₀ No Atrial fibrillation or flutter
- ec409f** f. ₁ Yes ₀ No RBBB + LAH (Bifascicular block)
- ec409g** g. ₁ Yes ₀ No Frequent/Multifocal PVC's

10. Were any other conditions identified for which participant and/or participant's physician should be notified: **ec410**

₁ Yes ₀ No → Skip to item 11.

a. 1st other condition:

ec410a

specify

b. 2nd other condition:

ec410b

specify

c. 3rd other condition:

ec410c

specify

d. 4th other condition:

ec410d

specify

e. 5th other condition:

ec410e

specify

11. Were any conditions or abnormalities noted in items 8-10: **ec411**

1 Yes 0 No → **Skip to item 16.**

12. Was the participant and/or participant's physician notified: **ec412**

1 Yes 0 No → **Skip to item 15.**

13. Was the participant notified: **ec413**

1 Yes 0 No

If No, specify reason why and skip to item 14:
ec413s _____
ec413t _____
ec413u _____

Method of notification

a. Telephone: 1 Yes 0 No

b. Letter: 1 Yes 0 No

c. Date notified: _____

 month day year

ec413a
ec413b
ec413c

14. Was participant's physician notified: **ec414**

1 Yes 0 No **ec414**

If No, specify reason why and skip to item 16:
ec414s _____
ec414t _____
ec414u _____

Method of notification

a. Telephone: 1 Yes 0 **ec414a**

b. Letter: 1 Yes 0 **ec414b**

c. Other, specify: 1 Yes 0 **ec414c**

ec414cs _____

d. MD Name: **ec414d** _____

e. Date notified: _____

ec414e month day year

Skip to item 16.

15. Why no notification: **ec415**

1 Not required under local protocol

2 Other, specify

ec415s _____

ec415t _____

ec415u _____

3 Previously reported to participant and/or participant's physician

16. Comments:

ec416s

ec416t

ec416u

ec416v

ec416w

21. Were any other conditions identified for which participant/participants physician should be notified: **ec421**

₁ Yes ₀ No → **Skip to item 22.**

a. 1st other condition:
ec421a
specify

b. 2nd other condition:
ec421b
specify

c. 3rd other condition:
ec421c
specify

d. 4th other condition:
ec421d
specify

e. 5th other condition:
ec421e
specify

22. Were any conditions or abnormalities noted in items 19-21: **ec422**

₁ Yes ₀ No → **Skip to item 27.**

23. Was the participant and/or participant's physician notified: **ec423**

₁ Yes ₀ No → **Skip to item 26.**

24. Was the participant notified: **ec424**

₁ Yes ₀ No

If No, specify reason why and skip to item 25:

ec424s

ec424t

ec424u

Method of notification

a. Telephone: ₁ Yes ₀ No **ec424a**

b. Letter: ₁ Yes ₀ No **ec424b**

c. Other, specify: ₁ Yes ₀ No **ec424c**

ec424cs

d. Date notified:
ec424d
month day - 2 0 0 year

25. Was participant's physician notified:

1 Yes 0 No **ec425**

*If No, specify reason why
and skip to item 27:*

ec425s

ec425t

ec425u

Method of notification

ec425a

a. Telephone: 1 Yes 0 No

ec425b

b. Letter: 1 Yes 0 No

ec425c

c. Other, specify: 1 Yes 0 No

ec425cs

d. MD Name: **ec425d**

e. Date notified:
ec425e - 2 0 0
month day year

Skip to item 27.

27. Comments:

ec427s

ec427t

ec427u

ec427v

ec427w

C. Administrative information

Field Site Use Only

28. Reviewer: **ec428**

29. Date: **ec429** - 2 0 0
month day year

26. Why no notification: **ec426**

1 Not required under local protocol

2 Other, specify

ec426s

ec426t

ec426u

3 Previously reported to participant
and/or participant's physician

4 Local reader disagrees with Reading
Center