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:
   
   ____________
   
   month       day       year

2. Time ECG conducted:
   
   ec402h : ec402m
   
   ____________
   
   1. A.M. 2 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:
   
   ____________
   
   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:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>☐ 1</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>
|   | Heart rate <45 beats per minute or >120 beats per minute
| b. | ☐ 1 | ☐ 0 |
|   | Ventricular tachycardia
| c. | ☐ 1 | ☐ 0 |
|   | Acute myocardial infarction
| d. | ☐ 1 | ☐ 0 |
|   | Complete AV block
| e. | ☐ 1 | ☐ 0 |
|   | Second degree AV block

9. Were any of the following SHHS Abnormalities noted:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>☐ 1</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>
|   | Any finding which includes a reference to ischemia or pericarditis
| b. | ☐ 1 | ☐ 0 |
|   | Wolff-Parkinson-White (WPW) or ventricular pre-excitation pattern
| c. | ☐ 1 | ☐ 0 |
|   | Left Bundle Branch Block
| d. | ☐ 1 | ☐ 0 |
|   | Prolonged QT interval
| e. | ☐ 1 | ☐ 0 |
|   | Atrial fibrillation or flutter
| f. | ☐ 1 | ☐ 0 |
|   | RBBB + LAH (Bifascicular block)
| g. | ☐ 1 | ☐ 0 |
|   | Frequent/Multifocal PVC's

10. Were any other conditions identified for which participant and/or participant's physician should be notified: ☐ 1 Yes ☐ 0 No → Skip to item 11.

<table>
<thead>
<tr>
<th>a.</th>
<th>1st other condition:</th>
<th>specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>2nd other condition:</td>
<td>specify</td>
</tr>
<tr>
<td>c.</td>
<td>3rd other condition:</td>
<td>specify</td>
</tr>
<tr>
<td>d.</td>
<td>4th other condition:</td>
<td>specify</td>
</tr>
<tr>
<td>e.</td>
<td>5th other condition:</td>
<td>specify</td>
</tr>
</tbody>
</table>
11. Were any conditions or abnormalities noted in items 8-10: ec411
   - Yes ☐
   - No ☐
   
   **Skip to item 16.**

12. Was the participant and/or participant's physician notified: ec412
   - Yes ☐
   - No ☐
   
   **Skip to item 15.**

13. Was the participant notified: ec413
   - Yes ☐
   - No ☐
   
   *If No, specify reason why and skip to item 14:*
   - Telephone: ec413a
   - Letter: ec413b
   - Other: ec413c
   
   **Method of notification**
   - a. Telephone: Yes ☐ No ☐ ec414a
   - b. Letter: Yes ☐ No ☐ ec414b
   - c. Other, specify: Yes ☐ No ☐ ec414c
   - d. MD Name: ec414d
   - e. Date notified: month ___ day ___ year ___
   
   **Skip to item 16.**

14. Was participant's physician notified: ec414
   - Yes ☐
   - No ☐
   
   *If No, specify reason why and skip to item 16:*
   - ec414s
   - ec414t
   - ec414u

15. Why no notification: ec415
   - 1. Not required under local protocol
   - 2. Other, specify ec415s
   - 3. Previously reported to participant and/or participant's physician ec415t
   ec415u
16. Comments:
   ec416s
   ec416t
   ec416u
   ec416v
   ec416w


B. ECG findings from ECG Reading Center

17. What is the status of the ECG transmission to ECG Reading Center: ec417

- Sent 1
- Pending 2
- Not sent 3

Skip to item 27.

17a. Were the results received from the ECG Reading Center: ec417a

- Yes 1
- No 0

Skip to item 27.

18. Interpretive comments from ECG Reading Center:

ec418s

ec418t

ec418u

ec418v

ec418w

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

- Heart rate <45 beats per minute or >120 beats per minute: ec419a
- Ventricular tachycardia: ec419b
- Acute myocardial infarction: ec419c
- Complete AV block: ec419d
- Second degree AV block: ec419e

20. Were any of the following SHHS Abnormalities noted:

- Any finding which includes a reference to ischemia or pericarditis: ec420a
- Wolff-Parkinson-White (WPW) or ventricular pre-excitation pattern: ec420b
- Left Bundle Branch Block: ec420c
- Prolonged QT interval: ec420d
- Atrial fibrillation or flutter: ec420e
- RBBB + LAH (Bifascicular block): ec420f
- Frequent/Multifocal PVC: ec420g
21. Were any other conditions identified for which participant/participants physician should be notified: \text{ec421}

\begin{itemize}
  \item \text{Yes}: \text{Skip to item 22.}
  \item \text{No}: \text{Skip to item 22.}
\end{itemize}

\begin{enumerate}
  \item 1st other condition: \text{ec421a} \underline{\text{specify}}
  \item 2nd other condition: \text{ec421b} \underline{\text{specify}}
  \item 3rd other condition: \text{ec421c} \underline{\text{specify}}
  \item 4th other condition: \text{ec421d} \underline{\text{specify}}
  \item 5th other condition: \text{ec421e} \underline{\text{specify}}
\end{enumerate}

22. Were any conditions or abnormalities noted in items 19-21: \text{ec422}

\begin{itemize}
  \item \text{Yes}: \text{Skip to item 27.}
  \item \text{No}: \text{Skip to item 27.}
\end{itemize}

23. Was the participant and/or participant's physician notified: \text{ec423}

\begin{itemize}
  \item \text{Yes}: \text{Skip to item 26.}
  \item \text{No}: \text{Skip to item 26.}
\end{itemize}

24. Was the participant notified: \text{ec424}

\begin{itemize}
  \item \text{Yes}: \text{Skip to item 25.}
  \item \text{No}: \text{Skip to item 25.}
\end{itemize}

\text{If No, specify reason why and skip to item 25:}

\begin{itemize}
  \item \text{ec424s}
  \item \text{ec424t}
  \item \text{ec424u}
\end{itemize}

\underline{Method of notification}

\begin{itemize}
  \item Telephone: \text{ec424a}
  \item Letter: \text{ec424b}
  \item Other, specify: \text{ec424c}
  \item Date notified: \text{ec424d}
\end{itemize}

\underline{Month: } \underline{Day: } \underline{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
   a. Telephone:
      □ 1 Yes  □ 0 No  ec425a
   b. Letter:
      □ 1 Yes  □ 0 No  ec425b
   c. Other, specify:
      □ 1 Yes  □ 0 No  ec425c

   d. MD Name:  ec425d
   e. Date notified:
      ec425e  month  —  2  0  0  year

   **Skip to item 27.**

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

27. Comments:
    ec427s
    ec427t
    ec427u
    ec427v
    ec427w

C. Administrative information

Field Site Use Only

28. Reviewer:  ec428

29. Date:  ec429  month  —  2  0  0  year