Affix computer I.D. here

EXERCISE TEST

Name _____

Date of test ____/____/____ DATE07
Mo. Day Yr.

TEST07

1. If patient has angiography on same day, check when exercise test was performed.
1 Before angiography ☐ 2 After angiography ☐ TIME07

2. Complications COMP07
None ☐ Myocardial Infarction ☐ Ventricular fibrillation ☐ Death ☐ Other ☐

3. Number of leads monitored
LEADS07 1 One ☐ 2 Two ☐ 3 Three ☐ 4 Six ☐ 5 Twelve ☐ 6 Fifteen ☐ 7 Other ☐

4. Is patient receiving therapy which might affect test results? 1 Yes ☐ 2 No ☐ THERPY07
If yes,
DIG07 Digitalis (within 7 days) ☐ Nitrates (within 2 hrs) ☐ NITR07 Antiarrhythmics (within 12 hrs) ☐ ANARRH07
PROP07 Propranolol (within 24 hrs) ☐ Diuretics (within 12 hrs) ☐ DIUR07 Other ☐ OTHTHR07

5. Reasons for stopping exercise test
CPREAS07 Chest pain ☐ Near syncope ☐ Arrhythmia—supraventricular ☐ Fatigue, weakness ☐ FATIG07
DIZZY07 Dizziness ☐ Hypotension HYPTEN07 Arrhythmia—ventricular ☐ ARVENT07 Poor motivation ☐
DYSPNE07 Dyspnea ☐ Ataxic Gait ☐ Lower extremity claudication ☐ CLAUD07 Physician's request ☐ PHYREQ07
OREASN07 Other ☐

6. Did chest pain occur at any time during the exercise test? 1 Yes ☐ 2 No ☐ CHPAIN07
If yes,
1 Definite angina ☐ 2 Probable angina ☐ 3 Probably not angina ☐ 4 Definitely not angina ☐ ANGINA07

7. Initial stage
1 Zero ☐ 2 ½ ☐ 3 I ☐ INITST07

8. Final stage FINSTG07
1 Zero ☐ 2 ½ ☐ 3 I ☐ 4 II ☐ 5 III ☐ 6 IV ☐ 7 V ☐ 8 VI ☐ 9 VII ☐

9. Total cumulative seconds TOTSEC07

10. Indicate maximal ST abnormality

	STSIT07 Sitting	STEX07 Exercise	STPX07 Post Exercise (sitting, 0-3 min.)
ST segment normal	☐	☐	☐
Equivocal ST segment—J depression or upsloping	☐	☐	☐
Abnormal ST segment—horizontal or downsloping 1-2 mm	☐	☐	☐
Abnormal ST segment—horizontal or downsloping greater than 2 mm	☐	☐	☐
ST elevation greater than 1 mm for 80 msec	☐	☐	☐
Nonspecific ST or T abnormality	☐	☐	☐
Ventricular arrhythmia	VASIT07 ☐	VAEX07 ☐	VAPX07 ☐
Blood pressure SYSTxx07 / DIASxx07	ST / ST	EX / EX (max. meas.)	PX / PX (3-min. recovery)
Heart rate	HRATST07	HRATEX07 (max. meas.)	HRATPX07 (3-min. recovery)

For clinic use: _____

_____
Name of person filling out form

☆ GPO 1981 797-545