

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
LOCAL ECG FORM # 116

ECG's are performed and read locally at C12, C36, and C60. (Note: ECG's done at C0, C24 and C48 are sent to the CRF using Form 114). This form should be completed when a technically satisfactory ECG is read at a Clinical Center. If an ECG is not technically satisfactory, it must be repeated, and this form should not be completed until the repeat ECG is read.

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1. Identification Number...

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2. Name Code...

C

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3. Visit Number...

- 4. Date local ECG performed (mm/dd/yyyy) / / *ecg-dt*
- 5. Date local ECG read (mm/dd/yyyy) / / *ecg-read-dt*
- 6. Reason for local ECG (1=regular scheduled, 2=repeat of previous test due to changes in medical status, 3=repeat of previous test that was not technically satisfactory, 4=other) *ecg-rsn*
- 7. Is the local ECG completely normal? (0=no, 1=yes) *ecg-normal*
If yes to Q7, skip to Item 200

Rhythm (0=no, 1=yes):

- 8. a. Sinus Rhythm *sr*
- b. Sinus Tachycardia/Supraventricular Arrhythmia *st sa*
- c. Sinus Bradycardia *sb*
- d. Atrial Fibrillation/Flutter *aff*

Conduction Abnormalities (0=no, 1=yes):

- 9. Conduction defect (Intraventricular) *cond-defect*
- 10. Right Bundle Branch Block *rbbb*
- 11. Left Bundle Branch Block *lbbb*

Q Wave Infarction (0=no, 1=yes, 2=Q Wave Infarct can not be ruled out):

12. Is there a Q Wave Infarction on this ECG? g-infar

Clinical Alerts (0=no, 1=yes):

13. Is there a clinical alert on this ECG? clinic-alert

Note: A clinical alert is a finding that worried the Principal Investigator and was reported to the physician who is taking care of that participant.

14. a. If Q13=yes, note comments on the clinical alert and specify what the clinical alert was (data enter): _____

_____ Comments

b. If Q13 = yes, what action was taken for this participant? (data enter) _____

_____ action - tkn

Other Abnormalities (0=no, 1=yes)

15. a. Are there "other abnormalities" on this ECG that are not a clinical alert? oth-abn

b. If Q15a=yes, what "other abnormalities" were found on this ECG? _____ what-abn

200. Date this form completed/reviewed (mm/dd/yyyy) ____/____/____ Compl-dt

201. Certification ID of person reviewing this form _____ Compl-by

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered ____/____/____