

EKG -ASLT

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
EKG FORM # 14**

EKG's are performed at SV2 and every two years in follow-up. This form should be completed when a technically satisfactory EKG is read at a Clinical Center. If an EKG is not technically satisfactory, it must be repeated, and this form should not be done until the repeat EKG is read.

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1. Identification Number.....

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2. Name Code.....

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3. Visit Number.....

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4. Date of EKG: mm/dd/yyyy EKG_dt

- 5. Reason for EKG (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) ekg-re
- 6. Is the EKG completely normal? (0=no, 1=yes) ekg-nor.
If yes, cursor will skip to 201

If yes, skip to Item 201

- 7. Is there evidence of a prior myocardial infarction on this EKG? (0=no, 1=yes, 2=questionable) MI-evic

Enter 0=no, 1=yes for the following items:

EKG

- 8. Is there evidence of LVH by voltage, V_1+V_5 or $V_6 >35\text{mm}$ or V_5 or $V_6 >25\text{mm}$? Lvh-evic
- 9. Is there evidence of AVL >11 mm avl-evic
- 10. Is QRS voltage low? qrs-low
- 11. Rhythm
 - a. Sinus Sinus
 - b. Sinus tachycardia/supraventricular arrhythmia Sintachy
 - c. Sinus bradycardia Sinbrady
 - d. Atrial fibrillation/flutter afib
 - e. Presence of PVC's PVC

QRS

12. Abnormally long QRS ≥ 0.1 Qrs-long
13. Conduction defect (intraventricular) code: CD-IV
 0=none
 1=Left anterior hemiblock
 2=Complete left bundle branch block
 3=Complete right bundle branch block
 4=Complete RBBB with left anterior hemiblock
 5=Complete RBBB with left posterior hemiblock
 6=Wolff-Parkinson-White syndrome
14. Conduction defect (AV node) CD-IV
 0=None
 1=1st degree AV block
 2=2nd degree AV block
 3=3rd degree AV block

EKG

ST-T

15. Segment Abnormalities (0=no, 1=yes)
- a. Suggesting digitalis effect (scooping of S-T wave complex) dig-eff
- b. Suggesting hyperkalemia (peaked T waves) hyperkal
- c. Suggesting hypokalemia (prolonged repolarization U waves) hypokal
- d. Suggesting ischemia Ischemia
- e. Suggesting pericarditis pericard
- f. Other Other-ab

Certification

201. Certification ID of person completing this form Compl-by
202. Certification ID of person entering this form enter-by

For Clinical Center Use Only:

Date Entered ___/___/___

Verified? _____