Electrocardiogram
Version 3

PID: **Acrostic:**   **Visit:**

| Self-administered |
| Mailed |
| Telephone |
| Interviewer-administered |

Date Form Completed: {d_form} {datetime 8,3} [_____]

Administration Type: {admin} {char 2}

Reviewed by: {compby}
{char 5} [_____]

| English |
| Spanish |
| Navajo |

Language: {language} {char 2}

Electrocardiogram

1. Time of day:

   {ecghour} {char 2} [____] : {ecgmin} {char 2} [____]   1. AM {ecgam} {int 4} ☐ 2. PM {ecgpm} {int 4} ☐

   Date of Ecg: {d_ecg} {datetime 8,3} [_____] (Month/Day/Year)

2. What time and date did you last eat and/or drink anything other than water, including candy and chewing gum?

   {ecgeathr} {char 2} [____] : {ecgeatmn} {char 2} [____]   1. AM {ecgeatam} {int 4} ☐ 2. PM {ecgeatpm} {int 4} ☐

   {ecgd_eat} {datetime 8,3} [_____] (Month/Day/Year)

3. Results of examination:

   {ecgres} {int 4}
   | 1 - Completed |
   | 2 - Not completed |

   If not completed, reason test incomplete or not done:

   {ecgincreas} {int 4}
   | 1 - Hardware malfunction or lack of supplies |
   | 2 - Insufficient time available or room not available |
   | 3 - Other, specify |

   Specify: {ecgreas_sp} {varchar 35} [_____]

4. Heart square measurements:

   o-e {ecgmeas1} {real 4} [_____]   o-v6 {ecgmeas2} {real 4} [_____]

5. Were any alert conditions noted?

   {ecgalert} {int 4}
   | 1 - Yes |
   | 2 - No |

   If yes, specify: {ecgalrt_sp} {varchar 35} [_____]

   Action taken: {ecgact_sp} {varchar 35} [_____]

   Technician ID: {ecgtechid} {char 5} [_____]

<<< READ ONLY >>>

ELECTROCARDIOGRAM

Patient ID	*[affix ID label here]*	Date Form Completed	☐ / ☐ / ☐
			Month Day Year

| Administration Type ☐ | Visit Code ☐☐ | Reviewed by ☐☐ | Language ☐ E |

Electrocardiogram

1. Time of day   ☐☐ : ☐☐   ₁☐A.M.   ☐☐ / ☐☐ / ☐☐
   ₂☐P.M.   month   day   year

2. What time and date did you last eat and/or drink anything other than water, including candy and chewing gum?

   ☐☐ : ☐☐   ₁☐A.M.   ☐☐ / ☐☐ / ☐☐
   ₂☐P.M.   month   day   year

3. Results of examination

   ₁☐completed

   ₂☐not completed ➔

a.   Reason test incomplete or not done:
₁☐hardware malfunction or lack of supplies
₂☐insufficient time available or room not available
₃☐other, specify _____

4. Heart square measurements:

   O-E   ☐☐ . ☐

   O-V6   ☐☐ . ☐

5. Were any alert conditions noted?

   ₁☐Yes ➔   Specify: _____

   ₂☐No   Action taken: _____

Technician ID: ☐☐☐☐☐