

Electrocardiogram

PID:

Acrostic:

Visit:

Date Form Completed:

Administration Type:

- (0)
- (1) Self-administered
- (2) Mailed
- (3) Telephone
- (4) Interviewer-administered
- (5) Home
- (6) Administered to Proxy

Administered by:

Language:

- (1) English
- (2) Spanish
- (3) Navajo

1. Time of day: {ecghour} {char 2} : {ecgmin} {char 2} {ecgam} {int 4} AM {ecgpm} {int 4} PM

Date of ECG: {d_ecg} {datetime 8,3}

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

{ecgeathr} {char 2} : {ecgd_eat} {datetime 8,3}

{ecgeatmn} {char 2} {ecgeatam} {int 4} AM {ecgeatpm} {int 4} PM

3. Results of examination:

{ecgres} {int 4}

If not completed, reason test incomplete or not done: {ecgincreas} {int 4}

{ecgreas_sp} {varchar 35}

4. Heart square
measurements:

O-E {ecgmeas1} {real 4}	0-30
O-V6 {ecgmeas2} {real 4}	0-30

5. Were any alert
conditions noted?

{ecgalert} {int 4}	() --
	(1) 1 - Yes
	(2) 2 - No

If yes:

Specify: {ecgalrt_sp} {varchar 35}	specify
Action taken: {ecgact_sp} {varchar 35}	Action taken

ELECTROCARDIOGRAM

Patient ID	[affix ID label here]	Date Form Completed	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
		Month	Day	Year			
Administration Type	<input type="text"/>	Visit Code	<input type="text"/> <input type="text"/> <input type="text"/>	Reviewed by	<input type="text"/> <input type="text"/>	Language	<input type="text" value="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 →
2 No

Specify:

Action taken:

Technician ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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