



Resting 12-Lead ECG

Id#: IDNO

Acrostic: ACROSTIC

Date: / **ECGDT1**
 Month Day Year

1 Chest-square readings:

O-E Measurement: **ECGOE1**

O-V6 Measurement: **ECGOV61**

2 Participant Fasting?

Yes No Unsure

↓
Skip to #3 **ECGFST1**

When was the last time you ate or drank?

Date: / **ECEATDT1**
 Month Day Year

Time: **ECEATTM1** M

3 Results of ECG:

Done Incomplete Not done

↓
Skip to #5 **ECGCMP1**

4 Reason ECG incomplete or not done:

ECGINC1

Equipment malfunction or lack of supplies

Examinee refused or uncooperative

Other:

INCSPC1

5 Heart rate (60 second):

HRTRATE1

> 130 → alert

6 Were the following alert conditions noted?

	YES confirmed	YES not confirmed	NO
<input type="checkbox"/> if present a. Atrial fibrillation ECGAFIB1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
<input type="checkbox"/> b. Pacemaker ECGPMK1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
<input type="checkbox"/> c. Atrial flutter ECGAFLT1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
<input type="checkbox"/> d. Wolf-Parkinson White (WPW) or ventricular pre-excitation ECGWPW1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
<input type="checkbox"/> e. Idioventricular rhythm ECGIVRH1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
<input type="checkbox"/> f. Ventricular tachycardia ECGVTCH1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
<input type="checkbox"/> g. Complete heart block ECGHBLK1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
<input type="checkbox"/> h. Left bundle branch block ECGLBBB1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
<input type="checkbox"/> i. Acute pericarditis ECGACPR1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
<input type="checkbox"/> j. Any reference to injury, infarct or ischemia, characterized as acute or marked ECGINJ1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
<input type="checkbox"/> k. Other ECGOTH1	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

Clinic/Cart #

(ECG machine #)

CARTNUM1

Technician ID#:

ECGTID1

Reviewer ID#:

ECGRID1

Data Entry ID#:

ECGDID1