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ID { WISE ID_____
Name Code _ _ _ _ _ _

done

WISE

PHARMACOLOGIC ECG STRESS TEST

To be completed by Clinical Site (Do not include exercise stress tests)

1. Date of test____/____/____ PHDAT
   mm dd yy

2. WISE Study? 1 ( ) Yes 0 ( ) No PHWIS

3. Medications taken within 24 hours of study:

	Yes 1	No 0	Unknown 2
3.1 Beta Blocker PHBET	( )	( )	( )
3.2 Calcium Antagonist PHCAL	( )	( )	( )
3.3 Nitrates PHNIT	( )	( )	( )
3.4 ACE Inhibitors PHACE	( )	( )	( )
3.5 Other Antihypertensive PHOTH	( )	( )	( )
3.6 Digoxin PHDIG	( )	( )	( )
3.7 Estrogen PHEST	( )	( )	( )
3.8 Progesterone PHPRO	( )	( )	( )
3.9 Diuretics PHDIU	( )	( )	( )

4. Type of protocol: (Check only one) PHTPR

   ( ) 1 IV Adenosine
   ( ) 2 IV Persantin
   → ( ) 3 IV Dobutamine
   ( ) 4 Other---> Specify: PHPOT

5. Indication for stopping test: (Check all that apply)

   ( ) 1 Max HR achieved STMHR
   ( ) 2 Chest pain STCP
   ( ) 3 Obvious new wall motion abnormality STWA
   ( ) 4 Hypotension (SBP ≥20 mmHg less than baseline or absolute <90 mmHg) STHO
   ( ) 5 Hypertension (SBP ≥200 mmHg; DBP ≥120 mmHg) STHY
   ( ) 6 Sustained SVT STSTV
   ( ) 7 VT or complex VEA STVT
   ( ) 8 Maximum infusion rate STMIR
   STOT ( ) 9 Other---> Specify: DHSOT
   ( ) 10 Protocol completed
   PHPC

6. Baseline heart rate PHBHR bpm

7. Maximum heart rate PHMHR bpm

8. % age predicted Maximum Heart Rate PH%HR

9. Baseline SBP PHBBP mmHg

10. Maximum SBP PHMBP mmHg

11. Symptoms at peak stress: (Check all that apply)

1 ( ) Chest pain SYMCP
2 ( ) Dyspnea SYMDY
3 ( ) Fatigue SYMFA
4 ( ) Lightheadedness SYMLH
SYMOT 5 ( ) Other---> Specify: PHSYO
6 ( ) None
PHNON

12. Baseline ECG (Check all that apply)

0 ( ) Normal PHNOR
1 ( ) LBBB PHLBB
2 ( ) ST changes 2° LVH PHSTL
3 ( ) ST changes 2° Dig PHSTD
4 ( ) Nonspecific ST-T changes PHNST
5 ( ) Other---> Specify: PHTXT
PHTHR

13. Maximum exercise-induced ST shift PHSTS mm

14. # Leads with ≥1mm ST segment shift PHLEA

15. Person completing form PHPER