Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number ___ ___ - ___ ___ ___ ___ ___ - ___

Replaced by blinded subject ID

subj_id	Blinded subject ID

Blinded site ID <created var>

site_id	Blinded site ID

A2. Acrostic Identifier ___ ___ ___ ___ ___

Removed to protect privacy

A3. Date of electrocardiogram ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Replaced by age

ECG_age	<created var> Age (yrs) of the subject at A3. Date of electrocardiogram

A4. Date of form completion ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Replaced by age

COMP_age	<created var> Age (yrs) of the subject at A4. Date of form completion

A5. Name of person completing form _____ ___ ___ ___
PRINT FULL NAME INITIALS

Removed to protect privacy

Section B: CLINICAL MEASURES

B1. Height at time of ECG ___ ___ ___ cm

ECG_HT	B1. Height at time of ECG (cm)

INSTRUCTIONS: For Sections C through F, record findings obtained with the patient in supine position.

Section C: CARDIAC RHYTHM ASSESSMENT

C1. Predominant rhythm (Circle only **one**)

NORMAL SINUS RHYTHM 1

ATRIAL ESCAPE 2

JUNCTIONAL ESCAPE.....3

PACED.....4

PRERHYTH	C1. Predominant rhythm

a. If PACED, specify mode:

DDD.....1

AAI.....2

VVI.....3

OTHER.....99

a.1. If OTHER, specify: _____

CANNOT DETERMINE.....-8

OTHER.....99

b. If OTHER, specify: _____

PACED	C1a. Paced
OTHPACE	C1a.a1. Specify other
OTHRHYTH	C1b. Specify other

C2. Other rhythms

a. Sinus arrhythmia (> 100 msec difference between PP intervals) YES.....1 NO 2

SINUS	C2a. Sinus arrhythmia	

b. Junctional escape beats YES.....1 NO 2

JUNCTION	C2b. Junctional escape beats	

c. Other YES.....1 NO 2 (**D1**)

c1. If Other=YES, specify: _____

OTRHYTH1	C2c. Other
OTRHYTH2	C2c.c1. Specify other

Section D: ECTOPY

D1. Atrial ectopy

a. Isolated YES ..... 1 NO 2

ISOLATED	D1a. Isolated	

b. Couplets YES.....1 NO 2

COUPLETS	D1b. Couplets	

c. Non-sustained tachyarrhythmia (3-10 beats/second) YES.....1 NO 2

NSTACHY	D1c. Non-sustained tachyarrhythmia	

d. Sustained tachyarrhythmia (> 10 beats/second) YES.....1 NO 2 (**D2**)

SUSTACHY	D1d. Sustained tachyarrhythmia	

d1. If YES, specify type:

ATRIAL FLUTTER 1
ATRIAL FIBRILLATION 2
ECTOPIC ATRIAL 3
AV RECIPROCATING 4
UNKNOWN..... -8

SPECTACHY	D1d.d1. Specify type

D2. Ventricular ectopy

a. Isolated YES.....1 NO 2

VISOLATE	D2a. Isolated	

b. Couplets YES.....1 NO 2

VCOUPLET	D2b. Couplets	

c. Non-sustained tachyarrhythmia (3-10 beats/second) YES.....1 NO 2

VNSTACHY	D2c. Non-sustained tachyarrhythmia

d. Sustained tachyarrhythmia (>10 beats/second) YES.....1 NO 2

VSTACHY	D2d. Sustained tachyarrhythmia

Section E: RATES/INTERVALS/AXES

E1. Ventricular rate ___ ___ ___ beats/minute

VRATE	E1. Ventricular rate (beats/minute)

E2. PR interval ___ ___ ___ msec NOT APPLICABLE* ..... -1

PRINTRVL	E2. PR interval (msec)

E3. QRS duration ___ ___ ___ msec

QRSDURTN	E3. QRS duration (msec)

E4. QT interval ___ ___ ___ msec

QTINTRVL	E4. QT interval (msec)

E5. QTc interval ___ ___ ___ msec

	Sign (+ or -)	**Axis (range is –180 to + 180)**
QTCINTRV		E5. QTc interval

E6. P axis __ ___ ___ ___ degrees NOT APPLICABLE* ..... -888

PAXIS	E6. P axis (degrees)

E7. R axis __ ___ ___ ___ degrees

RAXIS	E7. R axis (degrees)

E8. T axis __ ___ ___ ___ degrees

TAXIS	E8. T axis (degrees)

Section F: FINDINGS

F1. Right bundle branch block (RBBB) YES ..... 1 NO 2

RBBB	F1. Right bundle branch block

F2. Left bundle branch block (LBBB) YES ..... 1 NO 2

LBBB	F2. Left bundle branch block

F3. Right atrial enlargement (RAE) YES .... 1 NO ..... 2 NOT APPLICABLE* ..... -1

RAE	F3. Right atrial enlargement

F4. Left atrial enlargement (LAE) YES..... 1 NO..... 2 NOT APPLICABLE* .....-1

LAE	F4. Left atrial enlargement

F5. Right ventricular hypertrophy (RVH) YES .... 1 NO..... 2 NOT APPLICABLE*.....-1

RVH	F5. Right ventricular hypertrophy

F6. Left ventricular hypertrophy (LVH) YES .... 1 NO..... 2 NOT APPLICABLE* .... -1

LVH	F6. Left ventricular hypertrophy

F7. Non-specific ventricular hypertrophy (VH) YES .... 1 NO..... 2 NOT APPLICABLE* .....-1

NSVH	F7. Non-specific ventricular hypertrophy

F8. ST elevation (strain) YES..... 1 NO.....2 (**F9**) NOT APPLICABLE* .....-1 (**F9**)

STSTRAIN	F8. ST elevation	

a. Inferior YES.....1 NO.....2

b. Anterior YES.....1 NO.....2

c. Lateral YES.....1 NO.....2

INFERIOR	F8a. Inferior
ANTERIOR	F8b. Anterior
LATERAL	F8c. Lateral

*** Questions E2, E6, F3, and F4 are NOT APPLICABLE if patient is atrially paced or has no p wave**
Questions F5, F6, F7, F8, and F9, are NOT APPLICABLE if RBBB or LBBB is present

F9. ST depression (ischemia) YES... 1 NO.....2 (**F10**) NOT APPLICABLE*.....-1 (**F10**)

STISCHEM	F9. ST depression	

a. Inferior YES.....1 NO 2
b. Anterior YES.....1 NO.....2
c. Lateral YES.....1 NO 2

STISCHEM	F9. ST depression
ANTERIO2	F9b. Anterior
LATERAL2	F9c. Lateral

F10. T wave inversion YES... 1 NO.....2 (**F11**)

TWAVEINV	F10. T wave inversion	

a. Inferior YES.....1 NO.....2
b. Anterior YES ..... 1 NO.....2
c. Lateral YES ..... 1 NO.....2

INFERIO3	F10a. Inferior
ANTERIO3	F10b. Anterior
LATERAL3	F10c. Lateral

F11. Non-specific ST-T changes YES ...1 NO.....2

NSPECSTT	F11. Non-specific ST-T changes

EXERCISE	<old form> G1. Did patient perform exercise immediately following ECG
NOEXRCSE	<old form> G1a. Specify primary reason
NOEXRCS2	<old form> G1a.a1. Specify other

FORMSTAT_ID	Unique form/subject ID
FORM_ID	4 letter code for the form
VER_ID	1 letter code added to form code to make unique form/version
DESTATUS	Form completion

PLEASE AFFIX STUDY LABEL TO A COPY OF BLINDED ECG AND MAIL TO PHN FONTAN DATA MANAGER AT THE DATA COORDINATING CENTER