

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____

Replaced by blinded subject ID

subj_id	Blinded subject ID
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Blinded site ID <created var>

site_id	Blinded site ID
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A2. Acrostic Identifier _____

*Removed to protect privacy*A3. Date of echocardiogram _____ / _____ / _____
M M D D Y Y Y Y*Replaced by age*

ECHO_AGE	<created var> Age (yrs) of the subject at A3. Date of echocardiogram
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A4. Type of echocardiogram TTE 1 TEE 2 BOTH 3

ECHOTYPE	A4. Type of echocardiogram
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A5. 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 A5. Date of form completion
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A6. Name of person completing form _____
PRINT FULL NAME INITIALS*Removed to protect privacy*

Section B: CLINICAL ASSESSMENT AT ECHOCARDIOGRAM**Record the following information collected on the same day as the study echocardiogram:**

B1. Height at echocardiogram ____ ____ ____ cm

ECHOHGHT	B1. Height at echocardiogram (cm)
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B2. Weight at echocardiogram ____ ____ ____ . ____ kg

ECHOWEIGHT	B2. Weight at echocardiogram (kg)
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echobsa	<created var> BSA(m**2)=0.024265 x Echo ht(cm)**0.3964 x Echo wt(kg)**0.5378
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B3. Systolic Blood Pressure ____ ____ ____ mmHg

SYSTOLBP	B3. Systolic blood pressure (mmHg)
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B4. Diastolic Blood Pressure ____ ____ ____ mmHg

DIASTBP	B4. Diastolic blood pressure (mmHg)
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B5. Sinus rhythm YES.....1 NO..... 2 INDETERMINATE -8

IF YES – STOP FORM COMPLETE
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IF INDETERMINATE – STOP FORM COMPLETE
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SINUSRHM	B5. Sinus rhythm
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a. Complete heart block YES.....1 NO..... 2 INDETERMINATE-8

HEARTBLK	B5a. Complete heart block
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b. Paced rhythm YES.....1 NO..... 2 INDETERMINATE-8

PACEDRHM	B5b. Paced rhythm
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c. Atrial flutter/fibrillation YES.....1 NO..... 2 INDETERMINATE-8

AFLTRFIB	B5c. Atrial flutter/fibrillation
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Data Manual for Form F12A: Fontan Clinical Assessment at Time of Echocardiography
(Not All Dataset Variables are Shown)

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