

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

Replaced by blinded subject ID

blind_id	Blinded ID
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A2. Acrostic Identifier _____

Removed to protect privacy

A3. Study Visit

BASELINE	0
STUDY VISIT 1 (NORWOOD)	1
STUDY VISIT 2 (STAGE II)	2
STUDY VISIT 4 (14 MONTHS)	4

VISIT	A3. Study visit
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A4. Acquired at PHN Center? YES.....1 NO.....2

PHN_CENTER	A4. Acquired at PHN Center?
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A5. Date of form completion

_____ / _____ / _____

M M / D D / Y Y Y Y

r300_age	A5. <created var>Age (days) at form completion date
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A6. Name of person completing form

_____ PRINT FULL NAME _____ INITIALS _____

Removed to protect privacy

Section B: CLINICAL ASSESSMENT AT ECHOCARDIOGRAM

B1. Date of echocardiogram

_____ / _____ / _____

M M / D D / Y Y Y Y

echo_age	B1. <created var> Age at echo, days
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B2. Length _____ . _____ cm

HT_ECHO	B2. Length
Echo_haz_who	<created var>Length/Height-for-age z-score (WHO)

B3. Weight _____ . _____ kg

Pediatric Heart Network: Single Ventricle Reconstruction Trial (Extension Study)

Form R300: Clinical Assessment at Time of Echocardiography
(Not All Variables are Shown)

WT_ECHO	B3. Weight
Echo_waz_who	<created var>Weight-for-age z-score (WHO)

B4. Head Circumference _____ . ____ cm

HC_ECHO	B4. Head circumference
Echo_hcaz_who	<created var>Head circumference-for-age z-score (WHO)

B5. Systolic Blood Pressure _____ mmHg

SBP	B5. Systolic blood pressure, mmHg
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B6. Diastolic Blood Pressure _____ mmHg

DBP	B6. Diastolic blood pressure, mmHg
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B7. Mean Blood Pressure _____ mmHg

MBP	B7. Mean blood pressure, mmHg
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B8. Sedation
 GENERAL ANESTHESIA 1
 MODERATE SEDATION 2
 NO SEDATION 3

SEDATION	B8. Sedation
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B9. Sinus or ectopic atrial rhythm YES..... 1 **(C1)** NO..... 2 INDETERMINATE ... -8 **(C1)**

 a. Complete heart block YES..... 1 NO..... 2 INDETERMINATE ... -8

 b. Paced rhythm YES..... 1 NO..... 2 INDETERMINATE ... -8

 c. Atrial flutter/fibrillation YES..... 1 NO..... 2 INDETERMINATE ... -8

SINUSR	B9. Sinus or ectopic atrial rhythm
HEARTBLK	B9a. Complete heart block
PACEDRHY	B9b. Paced rhythm
ATRIALF	B9c. Atrial flutter/fibrillation

Section C: DIGITAL CONVERSION

Pediatric Heart Network: Single Ventricle Reconstruction Trial (Extension Study)

Form R300: Clinical Assessment at Time of Echocardiography
(Not All Variables are Shown)

C1. Was the 3D echo performed?
(not required for SVR extension) YES.....1 NO..... 2

DONE3D	C1. Was the 3D echo performed
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CONVERSION DISCS #1 and 2

C2. (Blinded) Echo ID - **2D** _____ - _____ - _____ - _____

Removed to protect privacy Affix Echo ID label and use this ID to anonymize the 2D disc

C3. (Blinded) Echo ID - **3D** _____ - _____ - _____ - _____

Removed to protect privacy Affix Echo ID label and use this ID to anonymize the 3D disc

CONVERSION DISCS #3 and 4

C4. Visit selected for echo quality control? YES.....1 NO..... 2 **(END)**

QCVISIT	C4. Visit selected for QC control
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a. QC ID - **2D** _____ - _____ - _____ - _____

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b. QC ID - **3D** _____ - _____ - _____ - _____

Removed to protect privacy Affix QC ID label and use this ID to anonymize the 3D disc

NAME OF TECHNICIAN
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