Section A: KEY IDENTIFYING INFORMATION

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

Replaced by blinded ID

blind_id	Blinded ID

A2. Acrostic Identifier ___ ___ ___ ___ ___

Removed to protect privacy

A3. Study Visit

Baseline 0
Study Visit 3 (Pre-Glenn).....3
Study Visit 6 (Age 14 mo).....6

VISIT	A3. Visit

A4. Date of echocardiogram ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Replaced by age at echocardiogram

echo_age	A4. <created var>Age at echocardiogram, days

A5. Type of echocardiogram TTE.....1 TEE .....2 BOTH.....3

ECHOTYPE	A5. Type of echocardiogram: 1=TTE 2=TEE 3=BOTH

A6. Date of form completion ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Removed by age at form completion

comp_age	A6. <created var>Age at form completion, days

A7. Name of person completing form _____ ___ ___ ___
PRINT FULL NAME INITIALS

Removed to protect privacy

Section B: ECHOCARDIOGRAM RESULTS

B1. Left atrioventricular valve regurgitation

YES.....1
NO 2 (**B2**)
STRUCTURE NOT PRESENT.....-1 (**B2**)
INDETERMINATE.....-8 (**B2**)

a. Severity MILD.....1 MODERATE .....2 SEVERE.....3

LLAVREG	B1. Left atrioventricular valve regurgitation

a. Severity MILD.....1 MODERATE.....2 SEVERE 3

LLAVRSEV	B1a. Severity

b. Lateral proximal jet width ___ **.** ___ ___ cm

LLLPJET	[Added Version B] B1b. Lateral proximal jet width (cm)
LLAVRJET	[Version A Only] B1b. Proximal jet width, if echo is post-baseline (cm)

c. Anteroposterior proximal jet width ___ **.** ___ ___ cm

LLAPJET	[Added Version B] B1c. Anteroposterior proximal jet width (cm)

B2. Right atrioventricular valve regurgitation

YES.....1
NO 2 (**B3**)
STRUCTURE NOT PRESENT..... -1 (**B3**)
INDETERMINATE..... -8 (**B3**)

LRAVREG	B2. Right atrioventricular valve regurgitation

a. Severity MILD.....1 MODERATE..... 2 SEVERE 3

LRAVRSEV	B2a. Severity

If the Echo is post-baseline (i.e., pre-Glenn or 14 mo), complete the shaded area below

b. Lateral proximal jet width ___ . ___ ___ cm

LRLPJET	[Added Version B] B2b. Lateral proximal jet width (cm)
LRAVRJET	[Version A Only] B2b. Proximal jet width, if echo is post-baseline (cm)

c. Anteroposterior proximal jet width ___ . ___ ___ cm

LRAPJET	[Added Version B] B2c. Anteroposterior proximal jet width (cm)

B3. Common atrioventricular valve regurgitation

YES 1
NO 2 (**B4**)
STRUCTURE NOT PRESENT .....-1 (**B4**)
INDETERMINATE .....-8 (**B4**)

LCAVREG	B3. Common atrioventricular valve regurgitation

a. Severity MILD .....1 MODERATE ..... 2 SEVERE.....3

LCAVRSEV	B3a. Severity

If the Echo is post-baseline (i.e., pre-Glenn or 14 mo), complete the shaded area below

b. Lateral proximal jet width ___ . ___ ___ cm

LCLPJET	[Added Version B] B3b. Lateral proximal jet width (cm)
LCAVRJET	[Version A Only] B3b. Proximal jet width, if echo is post-baseline (cm)

c. Anteroposterior proximal jet width ___ . ___ ___ cm

LCAPJET	[Added Version B] B3c. Anteroposterior proximal jet width (cm)

B4. Systemic ventricular dysfunction

NONE.....1
MILD.....2
MODERATE.....3
SEVERE.....4
INDETERMINATE.....-8

LSVD	B4. Systemic ventricular dysfunction

IF BASELINE (ENROLLMENT) ECHO, STOP – FORM COMPLETE

B5. Native aortic valve regurgitation

YES.....1
NO.....2 (**B6**)
STRUCTURE NOT PRESENT.....-1 (**B6**)
INDETERMINATE.....-8 (**B6**)

LNAVREG	B5. Native aortic valve regurgitation

a. Severity MILD.....1 MODERATE.....2 SEVERE.....3

LNAVRSEV	B5a. Severity

b. Proximal jet width ___ . ___ ___ cm

LNAVRJET	B5b. Proximal jet width (cm)

B6. Native pulmonary valve regurgitation

YES.....1
NO.....2 (**B7**)
STRUCTURE NOT PRESENT.....-1 (**B7**)
INDETERMINATE.....-8 (**B7**)

LNPVREG	B6. Native pulmonary valve regurgitation

a. Severity MILD.....1 MODERATE.....2 SEVERE.....3

LNPVRSEV	B6a. Severity

b. Proximal jet width ___ . ___ ___ cm

LNPVRJET	B6b. Proximal jet width (cm)

B7. Mitral inflow velocity

RECORDED..... 1
NOT RECORDED 2 (**B8**)
INADEQUATE..... 3 (**B8**)

LMIV	B7. Mitral inflow velocity

a. Rhythm SINUS.....1 PACED .....2 OTHER.....99

LMIVRH	B7a. Rhythm

a1. If OTHER, specify: _____

LMIVRHO	B7a1. Specify

B8. Tricuspid inflow velocity

RECORDED.....1
NOT RECORDED 2 (**B9**)
INADEQUATE..... 3 (**B9**)
STRUCTURE NOT PRESENT.....-1 (**B9**)

LTIV	B8. Tricuspid inflow velocity

a. Rhythm SINUS.....1 PACED.....2 OTHER.....99

LTIVRH	B8a. Rhythm

a1. If OTHER, specify: _____

LTIVRHO	B8a1. Specify

B9. Common atrioventricular valve inflow velocity

RECORDED..... 1
NOT RECORDED 2 (**B10**)
INADEQUATE..... 3 (**B10**)
STRUCTURE NOT PRESENT ..... -1 (**B10**)

LCAVIV	B9. Common atrioventricular valve inflow velocity

a. Rhythm SINUS.....1 PACED.....2 OTHER..... 99

LCAVRH	B9a. Rhythm

a1. If OTHER, specify: _____

LCAVRHO	B9a1. Specify

B10. Pulmonary vein Doppler

RECORDED 1
NOT RECORDED..... 2
TECHNICALLY INADEQUATE 3

LPVD	B10. Pulmonary vein Doppler

B11. Left lateral atrioventricular valve annulus velocity (tissue Doppler)

RECORDED 1
NOT RECORDED..... 2 (**B12**)
INADEQUATE..... 3 (**B12**)
STRUCTURE NOT PRESENT..... -1 (**B12**)

LLLAVAV	B11. Left lateral AV valve annulus velocity (tissue Doppler)

a. Rhythm SINUS.....1 PACED.....2 OTHER..... 99

LLLAVRH	B11a. Rhythm

a1. If OTHER, specify: _____

LLLAVRHO	B11a1. Specify

B12. Septal atrioventricular valve annulus velocity (tissue Doppler)

RECORDED 1
NOT RECORDED 2 (**B13**)
INADEQUATE 3 (**B13**)
STRUCTURE NOT PRESENT ..... -1 (**B13**)

LSAVAV	B12. Septal AV valve annulus velocity (tissue Doppler)

a. Rhythm SINUS ..... 1 PACED ..... 2 OTHER 99

LSAVRH	B12a. Rhythm

a1. If OTHER, specify: _____

LSAVRHO	B12a1. Specify

B13. Right lateral atrioventricular valve annulus velocity (tissue Doppler)

RECORDED 1
NOT RECORDED 2 (**B14**)
INADEQUATE 3 (**B14**)
STRUCTURE NOT PRESENT ..... -1 (**B14**)

LRLAVAV	B13. Right lateral AV valve annulus velocity (tissue Doppler)

a. Rhythm SINUS ..... 1 PACED ..... 2 OTHER 99

LRLAVRH	B13a. Rhythm

a1. If OTHER, specify: _____

LRLAVRHO	B13a1. Specify

B14. Left ventricular flow propagation rate (M-mode color Doppler)

RECORDED 1
NOT RECORDED 2 (**B15**)
INADEQUATE 3 (**B15**)
STRUCTURE NOT PRESENT ..... -1 (**B15**)

LLVFPR	B14. LV flow propagation rate (M-mode color Doppler)

a. Rhythm SINUS.....1 PACED.....2 OTHER.....99

LLVFPRH	B14a. Rhythm

a1. If OTHER, specify: _____

LLVFPRHO	B14a1. Specify

B15. Right ventricular flow propagation rate (M-mode color Doppler)

RECORDED 1
NOT RECORDED 2 (**B16**)
INADEQUATE..... 3 (**B16**)
STRUCTURE NOT PRESENT..... -1 (**B16**)

LRVFPR	B15. RV flow propagation rate (M-mode color Doppler)

a. Rhythm SINUS.....1 PACED.....2 OTHER.....99

LRVFPRH	B15a. Rhythm

a1. If OTHER, specify: _____

LRVFPRHO	B15a1. Specify

B16. Common ventricular flow propagation rate (M-mode color Doppler)

RECORDED 1
NOT RECORDED ..... 2 (**END**)
INADEQUATE..... 3 (**END**)
STRUCTURE NOT PRESENT..... -1 (**END**)

LCVFPR	B16. Common ventricular flow propagation rate (M-mode color Doppler)

a. Rhythm SINUS.....1 PACED.....2 OTHER.....99

LCVFRH	B16a. Rhythm

a1. If OTHER, specify: _____

LCVFRHO	B16a1. Specify