

Section A: KEY IDENTIFYING INFORMATION

- A1. Study Identification Number _____ - _____ - _____
- A2. Acrostic Identifier _____
- A3. Study Visit PRE-FONTAN.....66
- A4. Date of Form Completion: _____ / _____ / _____
M M D D Y Y Y Y
- A5. Name of Person Completing the Form: _____
PRINT FULL NAME INITIALS

INSTRUCTIONS: For Sections B through D, record findings obtained during 24 hour ECG monitoring.

Section B: CARDIAC RHYTHM ASSESSMENT

- B1. Date 24 hour ECG started: _____ / _____ / _____
M M D D Y Y Y Y
- B2. Date 24 hour ECG stopped: _____ / _____ / _____
M M D D Y Y Y Y
- B3. Predominant rhythm, > 50% of beats (**Circle only one**)
- Normal Sinus Rhythm.....1 (B4)
 - Atrial Escape.....2 (B4)
 - Junctional Escape.....3 (B4)
 - Ventricular Escape.....4 (B4)
 - Other.....99
- a. If Other, specify: _____ (B4)
- Paced.....5
- b. If Paced, specify mode:
- DDD.....1 (B4)
 - AAI.....2 (B4)
 - VVI.....3 (B4)
 - Cannot determine.....-8 (B4)
 - Other.....99
1. If Other, specify: _____

2. If YES, specify type:

- Atrial Flutter..... 1 (C2)
- Atrial Fibrillation..... 2 (C2)
- Ectopic Atrial 3 (C2)
- AV Reciprocating 4 (C2)
- Unknown.....-8 (C2)
- Other.....99

i. If Other, specify _____

C2. Ventricular ectopy YES 1 NO..... 2 (D1)

a. Isolated YES 1 NO 2 (C2b)

1. total number of ventricular ectopic beats: ___ ___ ___

b. Couplets YES 1 NO 2 (C2c)

1. total number of couplets: ___ ___ ___

c. Non-sustained tachyarrhythmia (3-30 ventricular beats) YES 1 NO 2 (C2d)

1. total number of non-sustained tachyarrhythmia episodes: ___ ___ ___

d. Sustained tachyarrhythmia (> 30 ventricular beats) YES 1 NO 2

1. total number of sustained tachyarrhythmia episodes: ___ ___

Section D: RATES

- D1. Length of recording _____ . ____ Hours
- D2. Average heart rate (entire recording) _____ beats/minute
- D3. Maximum heart rate (entire recording) _____ beats/minute
- D4. Minimum heart rate (entire recording) _____ beats/minute

END OF FORM