Section A: KEY IDENTIFYING INFORMATION

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

A2. Start of recording ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A3. Duration of recording ___ ___ : ___ ___
H H M M

A4. Recording quality
NON-INTERPRETABLE 1
ADEQUATE 2

A5. Name of person completing form _____
PRINT FULL NAME

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

Section B: DATA

B1. Symptoms: _____

B2. Pacemaker YES .....1 NO .....2 **(B3)**

a. Mode
DDD 1
AAI 2
VVI 3

b. Lower rate ___ ___ ___ bpm

c. Upper rate ___ ___ ___ bpm

B3. Predominant rhythm

SR ….....1 **(B4)**
ATRIAL NON-SINUS .....2 **(B4)**
JUNCTIONAL .....3 **(B4)**
OTHER 99
a. Specify _____

B4. Significant non-predominating rhythms YES .....1 NO .....2 **(B5)**

a. SR YES .....1 NO 2

b. ATRIAL NON-SINUS YES .....1 NO 2

c. JUNCTIONAL YES .....1 NO 2

d. OTHER YES .....1 NO 2
a. Specify _____

B5. Atrial ectopy YES .....1 NO .....2 **(B6)**

a. Isolated

NONE 1
RARE (<1 / HOUR) 2
OCCASIONAL (1-60 / HOUR) 3
FREQUENT (>60 / HOUR) 4

b. Coupled

NONE 1
RARE (<1 / HOUR) 2
OCCASIONAL (1-10 / HOUR) 3
FREQUENT (>10 / HOUR) 4

c. Non-sustained tachyarrhythmia (3-30 beats)

NONE 1
RARE (<1 / HOUR) 2
OCCASIONAL (1-5 / HOUR) 3
FREQUENT (>5 / HOUR) 4

d. Sustained tachyarrhythmia

NONE 1
RARE (<1 / HOUR) 2
OCCASIONAL (1-5 / HOUR) 3
FREQUENT (>5 / HOUR) 4

e. Summary: _____

B6. Ventricular ectopy YES .....1 NO .....2 **(B7)**

a. Isolated

NONE 1
RARE (<1 / HOUR) 2
OCCASIONAL (1-60 / HOUR) 3
FREQUENT (>60 / HOUR) 4

b. Coupled

NONE 1
RARE (<1 / HOUR) 2
OCCASIONAL (1-10 / HOUR) 3
FREQUENT (>10 / HOUR) 4

B6. Ventricular ectopy **(CONTINUED)**

c. Non-sustained tachyarrhythmia (3-30 beats)

NONE 1
RARE (<1 / HOUR) 2
OCCASIONAL (1-5 / HOUR) 3
FREQUENT (>5 / HOUR) 4

d. Sustained tachyarrhythmia

NONE 1
RARE (<1 / HOUR) 2
OCCASIONAL (1-5 / HOUR) 3
FREQUENT (>5 / HOUR) 4

e. Summary: _____

B7. Abnormalities of atrioventricular conduction — YES …. ……...1 NO……...2 **(B8)**

a. 1st degree AV block — YES …. ……..1 NO……...2 **(B7b)**

1. Throughout recording — YES …. ……..1 NO……...2
2. Intermittent — YES …. ……..1 NO……...2

b. 2nd degree AV block — YES …. ……..1 NO……...2 **(B7c)**

1. Mobitz — TYPE I…. ……....1 TYPE II……..…2
2. Rare (<1/hr) — YES …. ……..1 NO……...2
3. Occasional (1-60/hr) — YES …. ……..1 NO……...2
4. Frequent (>60/hr) — YES …. ……..1 NO……...2

c. 3rd degree AV block — YES …. ……..1 NO……...2 **(B8)**

1. Throughout recording — YES …. ……..1 NO……...2
2. Intermittent — YES …. ……..1 NO……...2
3. Escape — NARROW…. …….1 WIDE……2

B8. Heart rate (predominant, non-tachyarrhythmia)

a. Entire recording

1. Mean ___ ___ ___ beats/minute
2. Minimum ___ ___ ___ beats/minute
3. Maximum ___ ___ ___ beats/minute

B9. Longest R-R interval: ___ ___ ___ seconds

B10. Short term variability: _____

B11. Long term variability: _____

B12. Rhythm during symptoms: _____

B13. Summary: _____

_____
_____
_____
_____
_____
_____
_____

END OF FORM