

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Treadmill - Ver. 1.0**Section Title: Treadmill**

Date Completed

Tester ID

☐ Blank**Steady Stage**Was Steady Stage test performed? ☐ Yes

If no, why?

☐ Refused☐ Unable☐ Technical☐ No Tester☐ Not Eligible☐ Not ScheduledWas oxygen consumption
measured during Steady Stage
Test?☐ Yes ☐ No

Borg Score for Steady Stage

TreadmillWas treadmill stress test
performed?☐ Yes ☐ NoReason test not performed, or
unsatisfactory:☐ Contraindication☐ Physical problems☐ Cognitive☐ Physical and cognitive☐ Refused☐ Technical problems☐ Other

Contraindications

- ☐ Aortic stenosis of at least moderate severity
- ☐ Symptoms suspicious for unstable angina
- ☐ Recent (<6 months) myocardial infarction or revascularization
- ☐ LBBB with Hx of previous MI or coronary revascularization
- ☐ High grade AV block on resting EKG (Mobitz Type II 2nd or 3rd degree heart block)
- ☐ Uncontrolled hypertension (SBP >180 or DBP >110)
- ☐ Resting heart rate >120
- ☐ Ate full meal within the past 2 hours
- ☐ Factors that would preclude subject from being able to walk on a treadmill (unsteady gait difficulty with ambulation etc)
- ☐ Poor health status
- ☐ Other medical

Other medical

Oxygen Consumption

Was oxygen consumption
measured during treadmill:

☐ Yes ☐ No

Reason for oxygen consumption
test not performed, or
unsatisfactory

- ☐ Physical problems
- ☐ Cognitive
- ☐ Physical and cognitive
- ☐ Refused mouthpiece (or could not tolerate)
- ☐ Technical problems
- ☐ Other (please specify)

Other please specify

Exercise Stopped

Reason exercise was stopped:

- ☐ Tester request
- ☐ Musculoskeletal pain
- ☐ Dyspnea
- ☐ Chest pain
- ☐ Ischemia
- ☐ Fatigue
- ☐ Nausea
- ☐ Dizziness
- ☐ Arrhythmia
- ☐ Claudication
- ☐ Mouthpiece discomfort
- ☐ Other

Other

Participant complained of chest
pain?

☐ Yes ☐ No

Borg Score