

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID: _____
Interviewer Name: _____
Interview Date: _____

BLSA Holter - Ver. 1.0**Section Title: Holter****Instructions:**

Date Completed

☐ Blank

Tester ID

1. Was Holter done?

- ☐ Yes
☐ 4-Pacemaker
☐ 5-Physical problems
☐ 6-Mental problems
☐ 7-Physical & Mental problems
☐ 8-Refused Holter but could do
☐ 9-Technical problems

1b. Does the participant have a
pacemaker☐ Yes ☐ No**2. Holter Hook-up:**

Begin Time: (hh:mm)

☐ Am ☐ Pm Click to deselect entry

End Time: (hh:mm)

☐ Am ☐ Pm Click to deselect entry

Holter end event

Introduction (Please read this to the Participant):

"This is a Holter monitor; it records your heart rate and rhythm through electrodes that I will attach to your chest. The other end of each wire is attached to this recorder. We would like for you to wear it for approximately 24 hours.

While wearing the recorder, please follow these instructions:"

Do not attempt to open the recorder.

Do not bathe or shower.

Try not to rub or scratch the pads on your chest.

Record the time & date that you go to bed, wake up, take nap (if any), if you experience unusual symptoms (e.g. chest pain) press button for symptoms and record the time and date on the table below.

If the Holter is disconnected temporarily for tests, the tester should record the time and date this occurs.

If an alarm sounds, it probably means a lead has been disconnected. Reattach it and the beeping should stop. If it doesn't, or if you have questions or need help, see a staff member or call us at 410-350-3950.

Tester Instructions: Please Press the Holter button at the start/end of the test and enter the time that is displayed on the Holter equipment.

NOTE: PLEASE DO NOT ENTER TIME FROM THE CLOCK (WALL or HAND)

OGTT**3. OGTT**☐ Not Done ☐ Forgot to Press Holter Button

Tester ID:

Day:

☐ Day 1 ☐ Day 2 Click to deselect entry

Begin Time:

(hh:mm)

Begin Event #:

End Time:

(hh:mm)

End Event #:

Physical Exam**4. Physical Exam**
(lay down/stood)☐ Not Done ☐ Forgot to Press Holter Button

Tester ID:

Day:

☐ Day 1 ☐ Day 2 Click to deselect entry

Begin Time: (hh:mm) ☐ Am ☐ Pm Click to deselect entry Begin Event #:

End Time: (hh:mm) ☐ Am ☐ Pm Click to deselect entry End Event #:

Sleep time (night)

Begin Time: (hh:mm) End Time: (hh:mm)

Begin Event #: End Event #:

Nap time (day)

Begin Time: (hh:mm) End Time: (hh:mm)

Begin Event #: End Event #:

GAIT

Begin Time: (hh:mm) End Time: (hh:mm)

Begin Event #: End Event #:

Finger tapping

Begin Time: (hh:mm) End Time: (hh:mm)

Begin Event #: End Event #:

DEXA scan

Begin Time: (hh:mm) End Time: (hh:mm)

Begin Event #: End Event #:

Treadmill

Treadmill ☐ Not Done ☐ Forgot to Press Holter Button Tester ID:
PRESS HOLTER

Day: ☐ Day 1 ☐ Day 2 Click to deselect entry

Begin Time: (hh:mm) ☐ Am ☐ Pm Click to deselect entry

End Time: (hh:mm) ☐ Am ☐ Pm Click to deselect entry Begin Event #: End Event #:

PFT

Begin Time: (hh:mm)

End Time: (hh:mm) Begin Event #: End Event #:

Comments:

Tester ID: Comment

Tester ID: Comment

Tester ID: Comment

Acquired date Tester ID

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Section Title: Interpretation

Interpreter Tester ID	Date Completed
Rhythm	<input type="radio"/> Sinus rhythm <input type="radio"/> Sinus with sinus arrhythmia <input type="radio"/> Sinus with atrial ectopic beats <input type="radio"/> Rhythm other than sinus <input type="radio"/> Sinus with wandering atrial pacemaker
Detected pacer:	<input type="radio"/> Absent <input type="radio"/> Present Percent Paced:
AV Blocks:	<input type="radio"/> Absent <input type="radio"/> 1st degree AV block <input type="radio"/> 2nd degree AV block (Wenckebach Mobitz Type I) <input type="radio"/> 2nd degree AV (Mobitz Type II) <input type="radio"/> 3rd degree AV block
Distribution of pauses:	<input type="radio"/> Absent <input type="radio"/> Mostly Night <input type="radio"/> Mostly Day <input type="radio"/> Equally Night and Day
Intraventricular blocks:	<input type="radio"/> Absent <input type="radio"/> Present IV Block type: <input type="radio"/> QRS 0.12 <input type="radio"/> RBBB (QRS > 0.12) <input type="radio"/> LBBB (QRS > 0.12) <input type="radio"/> Other IVCD
Supraventricular arrhythmias:	<input type="radio"/> Absent <input type="radio"/> Present Distribution of SV arrhythmias: <input type="radio"/> Mostly night <input type="radio"/> Mostly day <input type="radio"/> Equally night and day
SV symptom:	<input type="radio"/> Absent <input type="radio"/> Present SVT type <input type="radio"/> A. Fib. Continuous <input type="radio"/> A. Fib. single episode <input type="radio"/> A. Fib. more than one episode <input type="radio"/> A. Flutter <input type="radio"/> Other <input type="radio"/> Combination
Ventricular arrhythmias:	<input type="radio"/> Absent <input type="radio"/> Present Distribution of ventricular arrhythmias: <input type="radio"/> Mostly night <input type="radio"/> Mostly day <input type="radio"/> Equally night and day
Ventricular arrhythmias symptom:	<input type="radio"/> Absent <input type="radio"/> Present

Holter recording Quality

- ☐ Very poor
- ☐ Poor but probably usable
- ☐ Good
- ☐ Excellent

Comments

Tester ID

Date / Time

Quality

Tester

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Section Title: Holter

Instructions:
