
FORM:	86 - ECG
Version:	1.1 - July 8, 1994
Description:	Completed by centrally-certified clinical staff or Clinic Practitioner (CP); 1-page form; key-entered at Clinical Center (CC).
When Used:	During screening and at specified annual visits.
Purpose:	To document completion and referral of ECG.

GENERAL INSTRUCTIONS

1. Include a form in the screening and appropriate annual visit participant packets.
2. At the visit, affix the participant barcode label to the form.
3. Perform the ECG and document its completion and any referral on the form.
4. Review the form for completeness.
5. Insert the form in the participant's file and forward to Data Entry.
6. Data Entry: Review form for completeness and return to responsible clinical staff with any problems or questions. Key-enter after you resolve any problems. Initial the front page after key-entry.
7. File the key-entered form in participant's file.

Item Instructions

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| 1. | Date of ECG | Date ECG performed. |
| 2. | Performed by | Standard 3-digit WHI employee ID of clinical staff performing ECG. (See common data items.) |
| 3. | Contact type | Mark appropriate oval or box. (See common data items.) |
| 4. | Visit type | Contact at which you performed the ECG. Mark appropriate oval or box. Provide visit number as appropriate. (See common data items.) |
| 5. | Test completed | No/Yes. |
| 6. | Computer reading | No/Yes. Mark "1 - Yes" only if computer reading shows a WHI alert (see <i>Vol. 2 - Procedures, Section 13 - ECG</i>). |
| 7. | Abnormal physician reading | No/Yes. Mark "1 - Yes" only if physician reading confirms a WHI alert. Specify the type of alert.

Data Entry: Do not key-enter the type of alert. |
| 8. | Referral for follow-up | No/Yes. Referral is based on confirmation of WHI alert. |
| 8.1. | Referred by | Standard 3-digit WHI employee ID of person providing referral. (See common data items.) |
| 8.2. | Date of referral | Date you contacted participant and asked her to seek follow-up care. |
| 8.3. | Referred to | Name, address, and phone number of person to whom you referred the participant.

Data Entry: Do not key-enter text. |