

SPIROMICS-HF ECHO COMPLETION FORM

| ID NUMBER: FORM CODE: ECH VERSION: 2.0 08/07/2020 Eve | nt: |
|---|------------------------------|
| 0a) Date of Collection: | Code: |
| <u>Instructions</u> : This form should be completed during the participant's SPIROMICS-HF study after the echo testing. | ly visit before, during, and |
| Baseline Assessment (to be completed prior to echo) | |
| Save and reload the form to display participant height and weight in CDART. | |
| 1) Height (from ANT form): | cm |
| 2) Weight (from ANT form): | kg |
| 3) Oxygen saturation: | |
| 4) Heart rate: | bpm |
| 5) Omron Blood Pressure | |
| 5a) Systolic blood pressure: | mm Hg |
| 5b) Diastolic blood pressure: | mm Hg |
| 6) Manual Blood Pressure | |
| 6a) Systolic blood pressure: | mm Hg |
| 6b) Diastolic blood pressure: | mm Hg |
| 7) EKG Heart Rhythm (approximate based upon echo leads): Normal Sinus Rhythm Atrial-fibrillation Other ₃ | |
| 7a) Does the participant have an artificial cardiac pacemaker? ☐ No₀ ☐ Yes₁ | |

| | ID NUMBER: | | | | | | | | VERSION: 2.0 08/07/2020 | Event: |
|---------------------------------|--|------|----------|------|--------------------|----------------|-----------------|-----|-----------------------------|--------|
| | | | | | | | | | VERSION. 2.0 00/07/2020 | |
| 8) | | 9 | | | | | | | ng echocardiogram? | |
| | 8a) How many liters of oxygen should be used? liters | | | | | | | | | |
| | seline Echo Fi | | | | | | | | | |
| 9) | Were all require | ed | baseli | ne | echo | vie | ws o | bt | ained? | |
| | ☐ No ₀ | | | | | | | | | |
| | | | | all | requir | ed | base | eli | ne echo views not obtained? | |
| | ☐ Part | icip | ant re | fus | sed ₁ | | | | | |
| | ☐ Ech | o te | ermina | tec | d early | 2 | | | | |
| | ☐ Tech | nnic | cal pro | ble | ems ₃ | | | | | |
| 10 |) Was an urger | nt a | lert su | sp | ected' | ? | | | | |
| | \square No ₀ \rightarrow Go | to 1 | 11 | | | | | | | |
| | Yes ₁ | | <u> </u> | | | | | | | |
| | 10a) What | was | s the ι | ırg | ent ale | ert? |) | | | |
| | | Sus | specte | ed t | tampo | nac | de ₁ | | | |
| | | Aor | tic an | eu | rysm c | or d | lisse | cti | ion ₂ | |
| | | Abs | scess | or | obviou | ıs v | vege | ta | tion ₃ | |
| | | Thr | ombu | s c | or mas | S ₄ | | | | |
| | | | | | urysm | | | | | |
| | | | | | arrhyth | | a ₆ | | | |
| | 10b) Comn | ner | nts to i | rev | iewer | abo | out a | ale | rt: | |
| 11 |) Was a non-ur | ger | nt aler | t sı | uspect | eď | ? | | | |
| | \square No ₀ \rightarrow Go | to | 12 | | | | | | | |
| | ☐ Yes₁ 11a) What | wa | s the | no | n-urge | nt | alert | ? | | |
| | | Мо | derate | 9 0 | r great | er | valvı | ula | ar stenosis ₁ | |
| ☐ Moderate or greater AI or MR₂ | | | | | | | | | | |
| | | Sev | vere T | R | or Pl ₃ | | | | | |
| | | Sev | vere L | V d | or RV | enl | arge | m | ent ₄ | |

| | ID NUMBER: FORM CODE: ECH VERSION: 2.0 08/07/2020 Event: |
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| L | ☐ Moderate or greater LVOT obstruction₅ |
| | ☐ Significant pulmonary hypertension ₆ |
| | ☐ Low EF or WMA ₇ |
| | ☐ Moderate or greater pericardial effusion ₈ |
| | New atrial fibrillations |
| | 11b) Comments to reviewer about alert: |
| Ex | ercise Echo Assessment (to be completed prior to exercise echo) |
| 12 |) Were there any suspected alerts during the baseline echo assessment? |
| | □ No ₀ |
| | ☐ Yes ₁ → DO NOT PROCEED WITH EXERCISE ECHO ASSESSMENT; Go to 24 |
| 13 |) Were there any cardiovascular events (MI, unstable angina, or HF exacerbation) or stable angina in the last 3 months? |
| | □ No ₀ |
| | ☐ Yes ₁ → DO NOT PROCEED WITH EXERCISE ECHO ASSESSMENT; Go to 24 |
| 14 |) Is the participant physically able to perform the bicycle exercise? |
| | \square No ₀ \rightarrow DO NOT PROCEED WITH EXERCISE ECHO ASSESSMENT; Go to 24 |
| | ☐ Yes₁ |
| 15 |) Is the participant's O_2 saturation > 88% at rest? (supplemental oxygen use allowed) |
| | |
| 16 |) Is the participant willing to do the exercise echo assessment? |
| | |
| 20 | Watt Exercise Echo Assessment (record after 3 minutes of exercise) |
| | |
| 17 | a) Manual 20 W systolic blood pressure: mm Hg |
| 17 | b) Manual 20 W diastolic blood pressure: mm Hg |
| 17 | c) 20 W heart rate: |

| ID NUMBER: | | | | | | | | | | |
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| | | | | | | | | | | |
| 17d) 20 W oxygen saturation: | | | | | | | | | | |
| 17e) 20 W supplemental oxygen used? | | | | | | | | | | |
| $ \square No_0 \longrightarrow \boxed{Go to 18} $ $ \square Yes_1 \qquad \qquad$ | | | | | | | | | | |
| 17e1) How many liters of oxygen? Liters | | | | | | | | | | |
| 40 Watt Exercise Echo Assessment (record after 3 minutes of exercise) | | | | | | | | | | |
| 18a) Manual 40 W systolic blood pressure: mm Hg | | | | | | | | | | |
| 18b) Manual 40 W diastolic blood pressure: mm Hg | | | | | | | | | | |
| 18c) 40 W heart rate: bpm | | | | | | | | | | |
| 18d) 40 W oxygen saturation: | | | | | | | | | | |
| 18e) 40 W supplemental oxygen used? | | | | | | | | | | |
| $\square No_0 \longrightarrow \boxed{Go to 19}$ $\square Yes_1$ | | | | | | | | | | |
| 18e1) How many liters of oxygen? liters | | | | | | | | | | |
| 19) Total exercise time: 19a) minutes 19b) seconds | | | | | | | | | | |
| 20) Peak wattage achieved: Watts | | | | | | | | | | |
| Recovery Assessment (record 5 minutes after exercise completion) | | | | | | | | | | |
| 21a) Manual recovery systolic blood pressure: mm Hg | | | | | | | | | | |
| 21b) Manual recovery diastolic blood pressure: mm Hg | | | | | | | | | | |
| 21c) Recovery heart rate: bpm | | | | | | | | | | |
| 21d) Recovery oxygen saturation: | | | | | | | | | | |
| 21e) Supplemental oxygen used during recovery? | | | | | | | | | | |
| $\square No_0 \longrightarrow \boxed{Go to 22}$ $\square Yes_1$ | | | | | | | | | | |
| 21e1) How many liters of oxygen? | | | | | | | | | | |

| FORM CODE: ECH |
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| |
| Exercise Echo Findings |
| 22) Were all required exercise echo views obtained? |
| \square No $_0$ |
| \square Yes ₁ \rightarrow Go to 23 |
| 22a) If No, why were all required exercise echo views not obtained? |
| ☐ Participant refused₁ |
| ☐ Echo terminated early₂ |
| ☐ Technical problems₃ |
| 23) Was a non-urgent alert suspected? (There are no urgent alerts for the exercise portion.) |
| |
| ☐ Yes₁ |
| 23a) What generated the non-urgent alert? |
| New atrial fibrillation during the exercise test₁ |
| ☐ New WMA with exercise₂ |
| ☐ RSVP >70mmHg during exercise ₃ |
| 23b) Comments to reviewer about alert: |
| 24) Echo Sonographer: |

24a) Echo Sonographer Acknowledgement Date: ____ / ___ _ _ _ _ _ _ [

END OF FORM