

**Multi-Ethnic Study of Atherosclerosis  
Exam 5**



**Resting 12-Lead ECG**

**Id#:**

**Acrostic:**

**Technician ID#:**

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**Date:**

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Month

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Day

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Year

**1 Chest-square readings:**

O-E Measurement: 

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O-V6 Measurement: 

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**2 Results of ECG:**

- Done     Incomplete     Not done



Skip to #4

**3 Reason ECG incomplete or not done:**

- Equipment malfunction or lack of supplies  
 Examinee refused or uncooperative  
 Other:

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**4 Time Completed:**

		:			M
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**5 Heart rate (60 second):**

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> 130 → **alert**

**6 Were the following alert conditions noted?**

✓ if present	YES confirmed	YES not confirmed	NO
<input type="checkbox"/> a. Atrial fibrillation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> b. Pacemaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> c. Atrial flutter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> d. Wolf-Parkinson White (WPW) or ventricular pre-excitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> e. Idioventricular rhythm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> f. Ventricular tachycardia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> g. Complete heart block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> h. Left bundle branch block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> i. Acute pericarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> j. Any reference to <i>injury, infarct</i> or <i>ischemia</i> , characterized as acute or marked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> k. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clinic/Cart #  
(ECG machine #)

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