# EXERCISE TOLERANCE TEST ABSTRACT

2. Date of test: __ __ / __ __ / __ __
   MONTH DAY YEAR

3. Duration of test: __ __ : __ __
   MINUTES SECONDS

4. Maximum Heart Rate during exercise test: __ __ __ BEATS / MINUTE

5. Maximum ST depression during or after test: __ . __ MILLIMETERS

6. Was Thallium, Persantine or Dobutamine used?

   ☐ NO ☐ THALLIUM ☐ PERSANTINE ☐ DOBUTAMINE

   ☐ OTHER - SPECIFY: _____

7. Did the participant experience chest pain during the test?

   ○ 0 NO ○ 1 YES ○ 9 UNKNOWN

8. Did the participant's systolic blood pressure drop 20mm Hg or more during exercise?

   ○ 0 NO ○ 1 YES ○ 9 UNKNOWN

9. Did any arrhythmias more severe than isolated ventricular ectopic beats occur during the test?

   ○ 0 NO ○ 1 YES ○ 9 UNKNOWN

10. In the opinion of the physician reviewing the test, the test was:

    ○ 0 NEGATIVE ○ 1 EQUIVOCAL/ BORDERLINE ○ 2 POSITIVE ○ 3 MARKEDLY POSITIVE

    ○ 9 NONDIAGNOSTIC

Abstractor ID: ☐ Abstraction Date: ☐