

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date: \_\_\_\_\_ Room: \_\_\_\_\_  
 Attending: \_\_\_\_\_ Procedure No.: \_\_\_\_\_  
 Hospital No.: \_\_\_\_\_

**TREADMILL EXERCISE TOLERANCE TEST**

Interpretation: \_\_\_\_\_

TST Attending Physician: \_\_\_\_\_

- |                         |                                   |                                       |                      |                      |
|-------------------------|-----------------------------------|---------------------------------------|----------------------|----------------------|
| Indication for Testing: | 1. Chest pain diagnosis ( )       | 5. Functional capacity evaluation ( ) | Cardiac Medications: | 1. Digitalis ( )     |
|                         | 2. Screening for IHD (Asympt) ( ) | 6. Arrhythmia evaluation ( )          |                      | 2. Beta Blockers ( ) |
|                         | 3. _____ rehabilitation ( )       | 7. PTCA _____                         |                      | 4. Nitrates ( )      |
|                         | 4. Angina pectoris evaluation ( ) | 8. CABG _____                         |                      | 5. Others ( )        |
|                         |                                   | 9. Other _____                        |                      |                      |

Resting ECG: \_\_\_\_\_

STAGE	SMHR	MHR	MPH/Grade	Total Time	Heart Rate	Blood Pressure	ST Segment Changes				Rhythm	Comments: Symptoms, signs, ECG findings
							None	Non-Spec. (+/-)	↓ (mm)	↑ (mm)		
Control Sitting												
Standing												
0	1.71/0%											
1/2	1.75/5%											
1	1.7/10%											
2	2.4/12%											
3	3.4/14%											
4	4.2/16%											
5	5.0/18%											
6	5.5/20%											
Treadmill Duration												
Min. Post ex.												
Min. Post ex.												
Min. Post ex.												
Min. Post ex.												

- |                         |                         |                          |                       |  |  |
|-------------------------|-------------------------|--------------------------|-----------------------|--|--|
| Reason(s) for stopping: | Primary(1)              | Secondary (2)            | Tertiary (3)          |  |  |
| 1. HR achieved ( )      | 6. Vent. arrhythmia ( ) | 11. Leg claudication ( ) | 16. MD discretion ( ) |  |  |
| 2. Fatigue weakness ( ) | 7. Supravent. arr. ( )  | 12. Near syncope ( )     | 17. Tech. problem ( ) |  |  |
| 3. Dyspnea ( )          | 8. General appear. ( )  | 13. Ataxic gait ( )      | 18. Other ( )         |  |  |
| 4. Chest pain ( )       | 9. Hypotensive ( )      | 14. Dizziness ( )        |                       |  |  |
| 5. ST changes ( )       | 10. Hypertensive ( )    | 15. Poor motivation ( )  |                       |  |  |