1. Date of Holter Exam:
2. Duration of Exam (up to 14 days): \_\_\_\_ days
3. Maximum heart rate: bpm
4. Minimum heart rate: bpm
5. Mean heart rate: bpm
6. Cardiac Implant Device placed:  Yes  No  Unknown
   1. Location of the device:
7. Episodes of heart block:

None

First degree

Second degree

Third degree

1. Were any arrhythmias identified?  Yes  No  Unknown
2. If Yes, indicate what arrhythmias were identified (Choose all that apply):

Ventricular tachycardia

Atrial dysrhythmias

Premature ventricular contractions

Premature atrial contractions

## General Instructions

This form contains data elements that are collected to measure heart function.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Date of Holter Exam – The date should be recorded to the level granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.).
* Maximum heart rate – Record the value in beats per minute (bpm)
* Minimum heart rate – Record the value in beats per minutes (bpm)
* Mean heart rate – Record the value in beats per minute (bpm)