

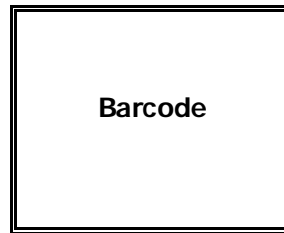


ADDITION *Plus* Participant ID number:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

DATE:

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
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ADDITION *Plus*: Follow-Up Study

ISRCTN99175498

Treadmill Screening + Physical Activity Protocols CRF

version 1.0 15-06-09

This study is supported by the National Institute for Health Research School for Primary Care Research, the Medical Research Council and the University of Cambridge

Rose Angina – Treadmill Screening Questionnaire

(administered)

| Please ask the participant the questions below and put a tick in the most appropriate box | | |
|---|--|---|
| 1 | Has a doctor ever told you that you have heart trouble? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Have you ever had any pain or discomfort in your chest? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <p>If YES, please answer the next question.</p> <p>If NO, please proceed to question A7</p> |
| 3 | Do you get it when you walk uphill or hurry? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Do you get it when you walk at an ordinary pace on the level? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | What do you do if you get it while you are walking? | <input type="checkbox"/> Stop or slow down <input type="checkbox"/> Or, carry on |
| 6 | If you stand still, what happens to it? | <input type="checkbox"/> It goes away <input type="checkbox"/> It remains the same or gets worse |
| 7 | Do you often feel faint or have spells of severe dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | Has a doctor ever told you that your blood pressure was too high? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | If you <u>have</u> been told that your blood pressure was too high, are you now on treatment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Oxygen consumption/heart rate data

*** ADDITION *Plus* TREADMILL PROTOCOL ***

Today's date

2 hours fasted for rest & TM test?

Sex DOB Max HR

90% HR

80% HR

Age

| REST TEST Start, real time: : : | VO ₂ (ml·min ⁻¹ ·kg ⁻¹) | HR From Polar |
|---------------------------------------|--|------------------|
| 01:00 | | |
| 02:00 | | |
| 03:00 | | |
| 04:00 | | |
| 05:00 | | |
| 06:00 | | |

Confirm real time with computer real time using Polar heart rate monitor

Sign on checklist & tick to confirm that the medical check has been completed

TREADMILL – Real time start: : :

| STAGE Km/h % | Slope | RAMP TEST Start, real time: : : | VO ₂ | HR From Polar |
|--------------------|-------|--|-----------------|---------------------|
| 3.2 km/h | 0% | 01:00 | | |
| | | 02:00 | | |
| | | 03:00 | | |
| | | 04:00 | | |
| | | 05:00 | | |
| 4.2 km/h | 0% | 06:00 | | |
| | | 07:00 | | |
| | | 08:00 | | |
| 5.2 km/h | 0% | 09:00 | | |
| 5.2 km/h | 2% | 10:00 | | |
| 5.2 km/h | 4% | 11:00 | | |
| 5.2 km/h | 6% | 12:00 | | |
| 5.4 km/h | 7.4% | 13:00 | | |
| 5.6 km/h | 8.8% | 14:00 | | |
| 5.8km/h | 10.2% | 15:00 | | |

| RECOVERY TEST Start, real time: : : | VO ₂ | HR From Polar |
|---|-----------------|---------------------|
| 00:30 | | |
| 01:00 | | |
| 01:30 | | |
| 02:00 | | |

Database used

Actiheart numbers:
Top:

Bottom:
(FL = 15sec epoch AH4)

COMMENTS: (inc. reason for exclusion where necessary)

Vane number used:

Date of Test:

Measurement Completed by:

Walk Test

200m self-paced walk test:

Real time standing: : :
(stand for 1 min prior to test start)

Standing HR:

200m SELF PACED WALK

Real time start : :

Test Finish Real time : :

200m = 5 laps of 20m course (Tally completed laps (m)) Total no of laps completed:

If 200m not complete,

Distance on final lap m

2 min SEATED recovery

Real time start : :

Recovery end time : :

| |
|--|
| Walking aid? <small>(Delete as appropriate)</small> Yes / No |
| If yes, type? (Frame / Stick) _____ |

| |
|-----------------|
| COMMENTS |
|-----------------|

| |
|-----------------------------------|
| Measurements Completed by: |
|-----------------------------------|