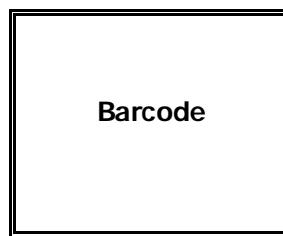


**ADDITION Plus** Participant ID number:

<input type="text"/>						
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DATE:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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)

<b>Please ask the participant the questions below and put a tick in the most appropriate box</b>			
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	If YES, please answer the next question.
		<input type="checkbox"/> No	If NO, please proceed to question A7
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 <sub>2</sub> (ml·min <sup>-1</sup> ·kg <sup>-1</sup> )	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 <sub>2</sub>	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		
5.8 km/h	10.2%	15:00		

RECOVERY TEST Start, real time: : :	VO <sub>2</sub>	HR From Polar
00:30		
01:00		
01:30		
02:00		

Database used

Actiheart numbers:

Top:

Bottom:  
(FL = 15sec epoch AH4)

Vane number used:

COMMENTS: (inc. reason for exclusion where necessary)

Date of Test:

Measurement  
Completed by:

# Walk Test

## ***200m self-paced walk test:***

Real time standing: 

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 : 

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(stand for 1 min prior to test start)

Standing HR: 

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### **200m SELF PACED WALK**

Real time start 

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 : 

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 : 

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Test Finish Real time 

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 : 

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 : 

--	--

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 

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 : 

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 : 

--	--

Recovery end time 

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 : 

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 : 

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**Walking aid?** (Delete as appropriate) **Yes / No**

**If yes, type? (Frame / Stick)** \_\_\_\_\_

### **COMMENTS**

**Measurements Completed by:**