

Instructions: Please answer all questions on pages 1, 2, and 3 using black or blue pen only. Fill in circles completely. Do not make extra marks outside of the circle. If you make a mistake, cross out the wrong answer with X and fill in the correct circle. Do not write in STAFF ONLY sections.

Participant Information

Print home ZIP code (example

Age (Y) <10 10 11 12 13 14 15 16 17
 18 19 20 21 22 23 24 25 >25

Sex at birth Male Female Hispanic/Latino Yes No

Race American Indian or Alaska Native Native Hawaiian or Pacific Islander
 Asian White/Caucasian
 Black or African American Other

Do you have an allergy to latex? Yes No Unsure

Please write in your weight and height in the boxes *and* fill in corresponding circles



Weight (lbs)

1 1 1
 2 2 2
 3 3 3
 4 4
 5 5
 6 6
 7 7
 8 8
 9 9
 0 0 0

Height (ft,in)

3ft 1in
 4ft 2in
 5ft 3in
 6ft 4in
 6in
 7in
 8in
 9in
 10in
 11in

STAFF USE ONLY

SCREENING SITE ZIP CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LAST NAME	PARTICIPANT ID CODES  
FIRST NAME		

Health Information

Have you had COVID? Yes No Unsure

If you had COVID, was it more or less than six months ago? <6mo >6mo Unsure

If you had COVID, were you hospitalized? Yes No N/A

If you had COVID, do you *currently* have any symptoms that you did not have *before* having COVID like chest pain, shortness of breath, or fatigue (very tired)? Yes No N/A

Do you have any ongoing medical illnesses? Yes No Unsure

Do you have asthma? Yes No Unsure

Do you have sickle cell disease or sickle trait? Yes No Unsure

Do you have a seizure disorder? Yes No Unsure

Please list any other medical problems (write only in box)

YYMMDD-SCGP_UIIDHEXX

Do you have any active heart problems? Yes No Unsure

Have you ever been told you have a heart murmur? Yes No Unsure

Have you been restricted from exercise due to a heart problem? Yes No Unsure

Have you ever had any of the following? (check all that apply)

- | | | |
|---|---|--|
| <input type="radio"/> Kawasaki Disease | <input type="radio"/> High blood pressure | <input type="radio"/> Long QT Syndrome |
| <input type="radio"/> Rheumatic Fever | <input type="radio"/> Congenital heart disease | <input type="radio"/> Cardiomyopathy (hypertrophic, dilated, or other) |
| <input type="radio"/> Myocarditis | <input type="radio"/> Heart rhythm problem | <input type="radio"/> Marfan Syndrome |
| <input type="radio"/> Cholesterol problem | <input type="radio"/> Wolff Parkinson White (WPW) | <input type="radio"/> Prior heart surgery |

Do you currently take any of these types of medications or supplements?(check all that apply)

- | | | |
|-------------------------------------|--------------------------------------|--|
| <input type="radio"/> Asthma | <input type="radio"/> Blood pressure | <input type="radio"/> Anxiety/Depression/Seizure |
| <input type="radio"/> Heart problem | <input type="radio"/> ADD/ADHD | <input type="radio"/> Energy drinks/supplements |

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Health Information (continued)

- Do you get chest pain with exercise? Yes No Unsure
- Do you get tired more easily than others during exercise? Yes No Unsure
- Do you get very short of breath with exercise (not asthma)? Yes No Unsure
- Does your heart race or skip beats with exercise? Yes No Unsure
- Does your heart race or skip beats when you are at rest? Yes No Unsure
- Have you ever had a seizure? Yes No Unsure
- Have you every passed out, or nearly passed out, during or right after exercise? Yes No Unsure
- Any relative <40 years old die suddenly from a heart problem? Yes No Unsure
- Any relative <40 years old survive a sudden cardiac arrest? Yes No Unsure
- Any relative die from SIDS (Sudden Infant Death Syndrome)? Yes No Unsure
- Any relative die from drowning or unexplained solo car accident? Yes No Unsure

Do you have any immediate family member or blood relative with any of the following?

- | | | |
|---|---|--|
| <input type="radio"/> Cardiomyopathy (HCM or other) | <input type="radio"/> Brugada Syndrome | <input type="radio"/> Abnormal Heart Rhythm |
| <input type="radio"/> ARVC | <input type="radio"/> CPVT | <input type="radio"/> Pacemaker or defibrillator |
| <input type="radio"/> Long QT Syndrome | <input type="radio"/> Wolff Parkinson White (WPW) | |

Do you play organized sports on a team? Yes No

Check all levels of current sports

<input type="radio"/> Recreational	<input type="radio"/> High School Team	<input type="radio"/> Club/Select
<input type="radio"/> Middle School Team	<input type="radio"/> College Team	<input type="radio"/> Pro/Elite

Do you exercise more than 4 hours per week? Yes No Unsure

Check all activities in which you spend more than 4 hours per week exercising:

- | | | | |
|-----------------------------------|-------------------------------------|----------------------------------|--|
| <input type="radio"/> Band | <input type="radio"/> Cross country | <input type="radio"/> Gymnastics | <input type="radio"/> Swimming |
| <input type="radio"/> Baseball | <input type="radio"/> Drill/ROTC | <input type="radio"/> Lacrosse | <input type="radio"/> Track/Field |
| <input type="radio"/> Basketball | <input type="radio"/> Field Hockey | <input type="radio"/> Other | <input type="radio"/> Volleyball |
| <input type="radio"/> Cheer/Dance | <input type="radio"/> Football | <input type="radio"/> Soccer | <input type="radio"/> Weightlifting |
| <input type="radio"/> Crew | <input type="radio"/> Gym/PE | <input type="radio"/> Softball | <input type="radio"/> Workout/Running/Aerobics |

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U U I D H E X X

Duke University is conducting an important study to follow individuals after heart screening. To participate, please check yes below and enter a cell phone number. You will receive a text message within one to three weeks which will guide you to the study site to register. After registering, you will be contacted one month and three months after the screening to answer simple questions about your heart health.

May we contact you to participate? >>>>>>>>>>>>>>>> **Yes** **No**

Is the number below for a parent/guardian? >>>>>>> **Yes** **No**

Carefully print 10 digit cell phone number in box below
(Example: enter (123) 456-7890 as **123-456-7890**)
***and* fill in the corresponding circle below each number**

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<div style="display: flex; justify-content: space-between; width: 100%; border: none;"> <div style="width: 30%; border: none;"> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td><td><input type="radio"/> 1</td></tr> <tr><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td><td><input type="radio"/> 2</td></tr> <tr><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td><td><input type="radio"/> 3</td></tr> <tr><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td><td><input type="radio"/> 4</td></tr> <tr><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td><td><input type="radio"/> 5</td></tr> <tr><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td><td><input type="radio"/> 6</td></tr> <tr><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td><td><input type="radio"/> 7</td></tr> <tr><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td><td><input type="radio"/> 8</td></tr> <tr><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td><td><input type="radio"/> 9</td></tr> <tr><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td><td><input type="radio"/> 0</td></tr> </table> </div> <div style="width: 30%; 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STAFF USE ONLY


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Physical Exam (Staff use only)

- Murmur heard?** Yes No Not assessed
- Point of maximum impulse?** Norm Abnl Not assessed
- Marfan appearance/stigmata?** Yes No Not assessed
- Brachial/Femoral pulses?** Norm Abnl Not assessed

Arm systolic blood pressure

- | | | |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| | <input type="radio"/> 3 | <input type="radio"/> 3 |
| | <input type="radio"/> 4 | <input type="radio"/> 4 |
| | <input type="radio"/> 5 | <input type="radio"/> 5 |
| | <input type="radio"/> 6 | <input type="radio"/> 6 |
| | <input type="radio"/> 7 | <input type="radio"/> 7 |
| | <input type="radio"/> 8 | <input type="radio"/> 8 |
| | <input type="radio"/> 9 | <input type="radio"/> 9 |
| | <input type="radio"/> 0 | <input type="radio"/> 0 |

**Enter measured
height and weight
in either standard
or metric units**

Height (cm)

- | | | |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| | <input type="radio"/> 3 | <input type="radio"/> 3 |
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| | <input type="radio"/> 8 | <input type="radio"/> 8 |
| | <input type="radio"/> 9 | <input type="radio"/> 9 |
| | <input type="radio"/> 0 | <input type="radio"/> 0 |

Weight (kg)

- | | | |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| | <input type="radio"/> 3 | <input type="radio"/> 3 |
| | <input type="radio"/> 4 | <input type="radio"/> 4 |
| | <input type="radio"/> 5 | <input type="radio"/> 5 |
| | <input type="radio"/> 6 | <input type="radio"/> 6 |
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| | <input type="radio"/> 8 | <input type="radio"/> 8 |
| | <input type="radio"/> 9 | <input type="radio"/> 9 |
| | <input type="radio"/> 0 | <input type="radio"/> 0 |

Height (ft,in)

- | |
|----------------------------|
| <input type="radio"/> 1in |
| <input type="radio"/> 2in |
| <input type="radio"/> 3in |
| <input type="radio"/> 4in |
| <input type="radio"/> 5in |
| <input type="radio"/> 6in |
| <input type="radio"/> 7in |
| <input type="radio"/> 8in |
| <input type="radio"/> 9in |
| <input type="radio"/> 10in |
| <input type="radio"/> 11in |

Weight (lbs)

- | | | |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
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STAFF USE ONLY NOTES



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Screening Results (Staff use only)

Interpretation of history data: Normal Abnl Indeterminate

Interpretation of physical data: Normal Abnl Indeterminate

Was an ECG interpreted on site? Yes No

Was the ECG determined as normal or abnormal? Normal Abnl Indeterminate

What method was used to interpret the ECG?
 Provider interpretation Both
 International criteria

Select all reasons the ECG was abnormal:

- Arrhythmia Conduction abnormal (eg LBBB) WPW Other
 Voltages T waves QT interval

Who interpreted the ECG?

- Pediatric Cardiologist Pediatrician Other
 Adult Cardiologist Nurse Practitioner or Physician Asst.
 Family Medicine physician Sports Medicine physician

Was an echocardiogram performed on site? Yes No

Was the echo limited or full/complete? Limited Full

Was the echo normal or abnormal? Normal Abnl Indeterminate

Select all reasons the echo was abnormal:

- Ventricular function Coronary abnormality Ventricular dilatation
 Valve abnormality Hypertrophy Aorta abnormality

Who interpreted the echocardiogram?

- Pediatric Cardiologist Pediatrician Other
 Adult Cardiologist Nurse Practitioner or Physician Asst.
 Family Medicine physician Sports Medicine physician

Final Screening Result: Normal Abnormal Indeterminate

STAFF NOTES (scanned)

