Duke Children's
Pediatric & Congenital Heart Center

NATIONAL PILOT STUDY SCREENING FORM

Instructions: Use ONLY Adobe Acrobat to fill in and then print this form or use Adobe Acrobat to print this form and fill in using black or blue pen

CLICK HERE TO CLEAR SELECTIONS ON ALL PAGES

Print home ZIP code (example 12345) [ ][ ][ ][ ][ ]

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
○ Asian
○ Black or African American
○ Native Hawaiian or Pacific Islander
○ White/Caucasian
○ Other

Do you have an allergy to latex? ○ Yes ○ No ○ Unsure

Select each Weight and Height value using the buttons

Weight (lbs) [0][0][0]

○ 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)

[0]

○ 3ft
○ 4ft
○ 5ft
○ 6ft

[0]

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

STAFF USE ONLY

SCREENING SITE ZIP CODE [1][1][7][3][3]

LAST NAME

FIRST NAME

PARTICIPANT ID CODES

PASTE ID LABEL HERE

00B

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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_UUIDHEXX

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

Clear Section

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

○ Kawasaki Disease	○ High blood pressure	○ Long QT Syndrome
○ Rheumatic Fever	○ Congenital heart disease	○ Cardiomyopathy (hypertrophic, dilated, or other)
○ Myocarditis	○ Heart rhythm problem	○ Marfan Syndrome
○ Cholesterol problem	○ Wolff Parkinson White (WPW)	○ Prior heart surgery

Clear Section

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

○ Asthma	○ Blood pressure	○ Anxiety/Depression/Seizure
○ Heart problem	○ ADD/ADHD	○ Energy drinks/supplements

STAFF USE ONLY NOTES

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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? Clear Section

- ○ Cardiomyopathy (HCM or other)
- ○ Brugada Syndrome
- ○ Abnormal Heart Rhythm
- ○ ARVC
- ○ CPVT
- ○ Pacemaker or defibrillator
- ○ Long QT Syndrome
- ○ Wolff Parkinson White (WPW)

Do you play organized sports on a team? ○ Yes ○ No Clear Section

Check all levels of current sports

- ○ Recreational
- ○ High School Team
- ○ Club/Select
- ○ Middle School Team
- ○ College Team
- ○ Pro/Elite

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

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

- ○ Band
- ○ Cross country
- ○ Gymnastics
- ○ Swimming
- ○ Baseball
- ○ Drill/ROTC
- ○ Lacrosse
- ○ Track/Field
- ○ Basketball
- ○ Field Hockey
- ○ Other
- ○ Volleyball
- ○ Cheer/Dance
- ○ Football
- ○ Soccer
- ○ Weightlifting
- ○ Crew
- ○ Gym/PE
- ○ Softball
- ○ Workout/Running/Aerobics

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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

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

Enter measured height and weight in either standard or metric units

Height (cm)

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

Weight (kg)

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

Height (ft,in)

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

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

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Screening Results (Staff use only)

Interpretation of history data: ○ Normal ○ Abnl ○ Indeterminate

Interpretation of physical data: ○ Normal ○ Abnl ○ Indeterminate

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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)



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