

**HEART HEALTH SURVEY**

**CONTACT INFORMATION**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Student Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian BEST Contact Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your email will be added to the KEVS Foundation, Inc. database for newsletters and event updates;*

*\*\*We will not provide or sell your email address to third parties for marketing purposes*.

The KEVS Foundation is providing this Heart Screening at no cost or obligation.

We hope that you will take the time to visit our website at [www.KEVSFoundation.com](http://www.KEVSFoundation.com) to learn more about us and what we do, as well as information on Sudden Cardiac Arrest in youth.

Please make sure to like us on Facebook and follow us on twitter.

Please complete the following questions regarding the individual being screened:

**DEMOGRAPHICS**

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female

Race/ethnicity: (check all that apply)

African-American/Black

Caucasian/White

Hispanic/Latino

Asian/Pacific Islander

Native American

Other: please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPORTS & PHYSICAL ACTIVITY**

1. Do you play on an organized sports team or compete in an individual sport? Yes No

If yes, what level: Club/Select Recreational/Intramural

High School College Professional

If yes, what sport(s) do you play? (Check all that apply)

Baseball Golf Skiing

Basketball Gymnastics Squash

Cheer Hockey Swimming/Diving

Cross Country Lacrosse Tennis

Cycling Martial Arts Track

Dance Rowing Volleyball

Football Rugby Wrestling

Field Hockey Soccer Other\_\_\_\_\_\_\_\_\_\_

Frisbee Softball

1. Exercise and physical activity per week. On average, I get…(check one)

More than 10 hours of exercise or physical activity per week

5-10 hours of exercise or physical activity per week

2-5 hours of exercise or physical activity per week

Less than 2 hours of exercise or physical activity per week

**PAST MEDICAL HISTORY**

Do you have any ongoing medical illnesses? Yes No

If yes, what illness? Asthma ADHD Diabetes High Blood Pressure

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking any medication? Yes No

If yes, what medication?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HEART HEALTH QUESTIONS** | **Yes** | **No** |
| 1. Do you get chest pain when you exercise? |  |  |
| 1. Have you ever passed out during or immediately after exercise? |  |  |
| 1. Do you have difficulty breathing or unexplained fatigue during exercise that is new or getting worse? |  |  |
| 1. Does your heart ever race (suddenly beat fast) without good reason? |  |  |
| 1. Have you ever had a seizure? |  |  |
| 1. Have you ever been diagnosed with: (if yes, check all that apply)   High Blood Pressure A heart infection  High Cholesterol Another heart problem  Kawasaki Disease |  |  |
| 1. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)? |  |  |
| 1. Has anyone in your family died from a heart problem before the age of 50? |  |  |
| 1. Has anyone in your family died suddenly for an unknown reason before the age of 50 including Sudden Infant Death Syndrome (SIDS), unexplained car accident, or drowning? |  |  |
| 1. Does anyone in your family have any of the following medical problems:   (if yes, please circle)  Hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic, Right ventricular cardiomyopathy (ARVC), long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia (CPVT), Brugada syndrome, or Marfan syndrome |  |  |