

Heart Health Questionnaire for Young Athletes

Parents, please assist your child in completing this form.

	YES	NO
Have you ever passed out or nearly passed out DURING or AFTER exercise?	_____	_____
Have you ever had more than mild discomfort, pain, tightness or pressure in your chest during exercise?	_____	_____
Does your heart ever go unexpectedly fast or skip beats during exercise?	_____	_____
Has your doctor ever told you that you have heart problems? If so, check all that apply: _____ High blood pressure _____ High cholesterol _____ Heart murmur _____ Heart infection _____ Other: _____	_____	_____
Has a doctor ever ordered a test for your heart? If so, what test and why? _____	_____	_____
Do you get light-headed or feel more short of breath than expected with exercise?	_____	_____
Has any close relative died of heart problems or had an unexpected or unexplained sudden death before age 50?	_____	_____
Does any close relative have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?	_____	_____
Does any close relative have serious heart problems, a pacemaker or an implanted defibrillator?	_____	_____
Has any close relative had unexplained fainting, unexplained seizures or near drowning?	_____	_____
Please add details as needed:		