

Patient Name _____

DOB _____

Date _____

Sudden Cardiac Death

10 Year Sports Questionnaire

Uncovering a patient at risk of SCD

To assess the risk of sudden cardiac death, ask these questions (or have parents complete this form) at periodic well-child visits: neonatal, preschool, before and during middle school, and before and during high school.

Patient History	Yes	No
Has your child fainted or passed out DURING exercise, emotion, or startle?		
Has your child fainted or passed out AFTER exercise?		
Has your child had extreme fatigue associated with exercise,(different from other children)?		
Has your child ever had unusual or extreme shortness of breath during exercise?		
Has your child ever had discomfort or pain in his chest or complained of his heart racing or skipping beats?		
Has a doctor ever told you your child had (check which one if yes any "yes" answer) <input type="checkbox"/> high blood pressure <input type="checkbox"/> high cholesterol <input type="checkbox"/> heart murmur <input type="checkbox"/> heart infection		
Has a doctor ever ordered a test for your child's heart?		
Has your child ever been diagnosed with an unexplained seizure disorder or exercise induced asthma?		
Family History		
Has any family member had a sudden, unexpected, unexplained death before age 50? (including from sudden infant death syndrome [SIDS], car accident, drowning?)		
Has any family member died suddenly of a "heart problem" before age 50?		
Has any family member had unexplained fainting or seizures?		
Do any relatives have a heart condition, such as:		
<input type="checkbox"/> Hypertrophic cardiomyopathy		
<input type="checkbox"/> Dilated cardiomyopathy		
<input type="checkbox"/> Aortic rupture or Marfan's Syndrome or Ehlers-Danlos Syndrome		
<input type="checkbox"/> Coronary artery atherosclerotic disease (heart attack, age 50 years or younger)		
<input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy		
<input type="checkbox"/> Long QT Syndrome		
<input type="checkbox"/> Short QT Syndrome		
<input type="checkbox"/> Brugada Syndrome		
<input type="checkbox"/> Catecholaminergic ventricular tachycardia		
<input type="checkbox"/> Primary Pulmonary Hypertension		
<input type="checkbox"/> Pacemaker or implanted cardiac defibrillator		
<input type="checkbox"/> Congenital deafness (deaf at birth)		

Please explain any yes answers here:
