



Dear Parent

Thank you for being part of Screening 4 Your Health mission to save young lives to raise the awareness of Sudden Cardiac Arrest (SCA) through youth heart screenings. Our goal is to screen 10,000 youth by the year 2020. The screening process takes approximately 45 minutes and you can expect to get the results of the screening immediately following the screening process. We strongly urge you to share the results of your screening with your family doctor to establish a baseline that will become a part of your youth's medical chart.

The following forms must be completed and brought to the screening

NO ONE WILL BE SCREENED WITHOUT THE SIGNED FORMS LISTED BELOW

1. Cardiac Screening Consent Form (signed by parent or guardian) Waiver
2. Youth Medical History Questionnaire

On the day of the screening, teens should wear a t-shirt, sweat pants or sport shorts. Girls should wear a sports bra. Girls will be asked to remove the t-shirt but will keep the sports bra on at all times, and will be screened by female health professionals in an area separate from boys. We want to assure you that students' confidentiality, privacy and individual modesty will be respected throughout all aspects of the program.

The screening is completely painless and non-invasive (no needles or x-ray exposure) and consists of:

3. Review of medical history questionnaire
4. EKG Screening (Small patches with a mild adhesive will be placed on the student's chest, legs and arms. Electrodes are attached to the patches, and the heart's electrical activity is recorded)
5. Some students may also have a limited echocardiogram (ultrasound) of their heart

A simple EKG, when used to screen physically active young persons, can detect certain serious heart conditions that cannot be detected by a stethoscope, including approximately 60% of the abnormalities or "markers" that are associated with Sudden Cardiac Death. Please note that EKG screenings result in approximately 2% of the tests being falsely positive. This may require additional evaluation and testing by your physician. We believe that the benefit of this potentially life-saving screening outweighs this concern.

Thank you for your participation.

YOUTH HEART SCREENING MEDICAL QUESTIONNAIRE

ID Number: _____

Name: _____ Date of Birth: _____

Guardian Name: _____ Guardian Email: _____

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 sport (s) do you play competitively or on an organized team?

(Check all that apply)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Cheer | <input type="checkbox"/> Hockey | <input type="checkbox"/> Swimming/Diving |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Martial arts | <input type="checkbox"/> Track |
| <input type="checkbox"/> Football | <input type="checkbox"/> Rowing | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Rugby | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Frisbee | <input type="checkbox"/> Softball | |

2. 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

1. Do you have any ongoing medical illnesses? Yes No
- IF YES**, what illness? Asthma ADHD Diabetes High blood pressure
- Pre-existing heart condition _____
- Other: _____

Are you taking any medication? Yes No

IF YES, what medication(s) _____

Have you/has your child ever:	YES	NO
1. passed out AFTER exercise?		
2. passed out DURING exercise, emotion, or startle?		
3. had extreme fatigue associated with exercise (different from peers)?		
4. ever had unusual or extreme shortness of breath during exercise?		
5. ever had discomfort, pain, or pressure in his/her chest during exercise or complained of his/her heart "racing or skipping beats?"		
6. ever had a doctor identify..		
7. high blood pressure <input type="checkbox"/>		
8. ever had a test ordered by a doctor on their heart? Name of Test:		
9. ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma?		
10. used cocaine or strong stimulants more than once		

Family History Questions: Has any family member...	YES	NO
1. had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning, or others)?	<input type="radio"/>	<input type="radio"/>
2. died suddenly of "heart problems" before age 50?	<input type="radio"/>	<input type="radio"/>
3. had unexplained fainting or seizures?	<input type="radio"/>	<input type="radio"/>
Been identified with certain conditions such as:		
Hypertrophic cardiomyopathy (HCM)	<input type="radio"/>	<input type="radio"/>
Dilated cardiomyopathy (DCM)	<input type="radio"/>	<input type="radio"/>
Aortic rupture or Marfan syndrome	<input type="radio"/>	<input type="radio"/>
Coronary artery atherosclerotic disease	<input type="radio"/>	<input type="radio"/>
Heart attack, age 50 years or younger	<input type="radio"/>	<input type="radio"/>
Arrhythmogenic right ventricular cardiomyopathy	<input type="radio"/>	<input type="radio"/>
Catecholaminergic polymorphic v. tachycardia	<input type="radio"/>	<input type="radio"/>
Long QT syndrome	<input type="radio"/>	<input type="radio"/>
Short QT syndrome	<input type="radio"/>	<input type="radio"/>
Brugada syndrome	<input type="radio"/>	<input type="radio"/>
Pacemaker or implanted cardiac defibrillator	<input type="radio"/>	<input type="radio"/>
Primary pulmonary hypertension	<input type="radio"/>	<input type="radio"/>
Congenital deafness (deaf at birth)	<input type="radio"/>	<input type="radio"/>

Causes of SCD and the ability to detect them by 3 methods

Underlying Condition responsible for Sudden Death	Frequency of Occurrence	ECG	Echocardiogram	Treadmill
Hypertrophic Cardiomyopathy	36%	Helpful	Extremely Helpful	Helpful
Coronary anomalies	19%	Rarely Helpful	Occasionally Helpful, but sometimes misleading	Sometimes Helpful
Mild Cardiac Hypertrophy	10%	Helpful	Helpful	Sometimes Helpful
Conduction System Abnormality	6%	Sometimes Helpful	Not Helpful	Sometimes Helpful
Aortic aneurism	5%	Not Helpful	Very Helpful	Sometimes Helpful
Tunneled LAD coronary artery	5%	Rarely Helpful	Sometimes Helpful, Sometimes misleading	Sometimes Helpful
Aortic Stenosis	4%	Helpful	Extremely Helpful	Helpful
Myocarditis	3%	This is an acute illness. Screening is only helpful if having the illness at the time of screening.		

Dilated cardiomyopathy	3%	Helpful	Extremely Helpful	Helpful
Arrhythmogenic right ventricular dysplasia	3%	Sometimes Helpful	Not Helpful	Sometimes Helpful
Mitral Valve Prolapse	2%	Not Helpful	Very Helpful	Not Helpful
Coronary Artery Disease	2%	Occasionally Helpful	Not Helpful	Sometimes Helpful
Pulmonary Hypertension	<2%	Helpful	Very Helpful	Helpful
Pulmonary Embolism	<2%	This is an acute event without underlying cardiac disease but often underlying blood disease		