

**Instructions:** Please answer all questions on pages 1, 2, and 3 using black or blue pen only. Fill in circles completely. Do not make extra marks outside of the circle. If you make a mistake, cross out the wrong PRINTX and fill in the correct circle. Do not write in STAFF ONLY sections.

## Participant Information

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

Do you have an allergy to latex?  Yes  No  Unsure

Please write in your weight and height in the boxes \*and\* fill in corresponding circles

<p><b>Weight (lbs)</b></p> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <p> <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1  <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2  <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3  <input type="radio"/> 4 <input type="radio"/> 4  <input type="radio"/> 5 <input type="radio"/> 5  <input type="radio"/> 6 <input type="radio"/> 6  <input type="radio"/> 7 <input type="radio"/> 7  <input type="radio"/> 8 <input type="radio"/> 8  <input type="radio"/> 9 <input type="radio"/> 9  <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0         </p>	<p><b>Height (ft,in)</b></p> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <p> <input type="radio"/> 1in  <input type="radio"/> 2in  <input type="radio"/> 3ft <input type="radio"/> 3in  <input type="radio"/> 4ft <input type="radio"/> 4in  <input type="radio"/> 5ft <input type="radio"/> 5in  <input type="radio"/> 6ft <input type="radio"/> 6in  <input type="radio"/> 7in  <input type="radio"/> 8in  <input type="radio"/> 9in  <input type="radio"/> 10in  <input type="radio"/> 11in         </p>
--	---

### STAFF USE ONLY

<p>SCREENING SITE ZIP CODE <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span></p>	<p style="text-align: center;">PARTICIPANT ID CODES</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>LAST NAME</p>  <p>Y Y M M D D - S C G P I</p> </div> <div style="text-align: center;"> <p>FIRST NAME</p>  <p>U U I D H E X X</p> </div> </div>
---	---

- 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\_UIIDHEXX

- 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

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

- |   |   |  |
|---|---|--|
| <input type="radio"/> Kawasaki Disease    | <input type="radio"/> High blood pressure         | <input type="radio"/> Long QT Syndrome                                 |
| <input type="radio"/> Rheumatic Fever     | <input type="radio"/> Congenital heart disease    | <input type="radio"/> Cardiomyopathy (hypertrophic, dilated, or other) |
| <input type="radio"/> Myocarditis         | <input type="radio"/> Heart rhythm problem        | <input type="radio"/> Marfan Syndrome                                  |
| <input type="radio"/> Cholesterol problem | <input type="radio"/> Wolff Parkinson White (WPW) | <input type="radio"/> Prior heart surgery                              |

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

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <input type="radio"/> Asthma        | <input type="radio"/> Blood pressure | <input type="radio"/> Anxiety/Depression/Seizure |
| <input type="radio"/> Heart problem | <input type="radio"/> ADD/ADHD       | <input type="radio"/> Energy drinks/supplements  |

STAFF USE ONLY NOTES



Y Y M M D D - S C G P



U U I D H E X X

## 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?**

- |   |   |  |
|---|---|--|
| <input type="radio"/> Cardiomyopathy (HCM or other) | <input type="radio"/> Brugada Syndrome            | <input type="radio"/> Abnormal Heart Rhythm      |
| <input type="radio"/> ARVC                          | <input type="radio"/> CPVT                        | <input type="radio"/> Pacemaker or defibrillator |
| <input type="radio"/> Long QT Syndrome              | <input type="radio"/> Wolff Parkinson White (WPW) |  |

Do you play organized sports on a team?     Yes     No

Check all levels of current sports

<input type="radio"/> Recreational	<input type="radio"/> High School Team	<input type="radio"/> Club/Select
<input type="radio"/> Middle School Team	<input type="radio"/> College Team	<input type="radio"/> Pro/Elite

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

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

- |                                   |                                     |                                  |  |
|-----------------------------------|-------------------------------------|----------------------------------|--|
| <input type="radio"/> Band        | <input type="radio"/> Cross country | <input type="radio"/> Gymnastics | <input type="radio"/> Swimming                 |
| <input type="radio"/> Baseball    | <input type="radio"/> Drill/ROTC    | <input type="radio"/> Lacrosse   | <input type="radio"/> Track/Field              |
| <input type="radio"/> Basketball  | <input type="radio"/> Field Hockey  | <input type="radio"/> Other      | <input type="radio"/> Volleyball               |
| <input type="radio"/> Cheer/Dance | <input type="radio"/> Football      | <input type="radio"/> Soccer     | <input type="radio"/> Weightlifting            |
| <input type="radio"/> Crew        | <input type="radio"/> Gym/PE        | <input type="radio"/> Softball   | <input type="radio"/> Workout/Running/Aerobics |

STAFF  
USE  
ONLY  
NOTES



Y Y M M D D - S C G P



U U I D H E X X