



JTHHF ID Number: \_\_\_\_\_

## 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: \_\_\_\_\_

*Your email will be added to the JTHHF database for newsletters and event updates;*

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

---

The Josh Thibodeau Helping Hearts Foundation is providing this Heart Screening at no cost or obligation.

However to help defer screening costs, and enable future community screening events, there is a suggested donation of \$25.

Donation can be made by cash or check payable to: The Josh Thibodeau Helping Hearts Foundation.

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)

- |  |                                       |  |
|--|---------------------------------------|--|
| <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"/> Dance         | <input type="checkbox"/> Rowing       | <input type="checkbox"/> Volleyball      |
| <input type="checkbox"/> Football      | <input type="checkbox"/> Rugby        | <input type="checkbox"/> Wrestling       |
| <input type="checkbox"/> Field Hockey  | <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**

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? \_\_\_\_\_

<b>HEART HEALTH QUESTIONS</b>	<b>Yes</b>	<b>No</b>
1) Do you get chest pain when you exercise?		
2) Have you ever passed out during or immediately after exercise?		
3) Do you have difficulty breathing or unexplained fatigue during exercise that is new or getting worse?		
4) Does your heart ever race (suddenly beat fast) without good reason?		
5) Have you ever had a seizure?		
6) Have you ever been diagnosed with: (if yes, check all that apply) <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart infection <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Another heart problem <input type="checkbox"/> Kawasaki Disease		
7) Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)?		
8) Has anyone in your family died from a heart problem before the age of 50?		
9) 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?		
10) 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		

