

**CONTACT DETAILS**

Patient

Forename:

Home telephone:

Surname:

Mobile telephone:

Date of Birth:

Email address:

Parent/ Guardian

If patient is under 16 years of age, please provide details of parent/ guardian:

Name:

Relation:

Telephone number:

Emergency Contact

Name:

Relation:

Telephone number:

GP Details

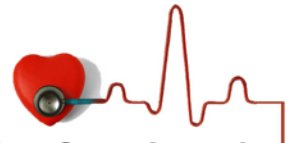
Name:

Address:

Practice:

Telephone number:





## Pre-Participation Cardiac Sports Screening Questionnaire

### PERSONAL DETAILS

Forename:

Gender:

Surname:

Age:

Address:

Height:

Weight:

Postcode:

Main Sports:

Date of Birth:

#### Ethnicity (please tick):

**White:** British  Irish  Turkish/ Cypriot  Greek/ Cypriot  Kurdish  Other

**Mixed:** White & Black Caribbean  White & Black African  White & Asian  Other

**Black:** Caribbean  East African  West African  Other

**Asian:** Indian  Pakistani  Bangladeshi

**Other:** Chinese  Filipino  Vietnamese  Other

If other, please specify:

**Do you have any heart conditions? (please tick)** Yes  No

If yes, please provide details:

**Has a doctor ever advised you not to participate in sport due to a heart problem? (please tick)** Yes  No

If yes, please provide details:

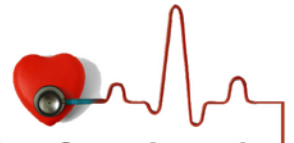
**Have you been screened before? (please tick)** Yes  No

If yes, please provide details:

**Are you taking any medication? (please tick)** Yes  No

If yes, please provide details:





**QUESTIONS**

**1. Have you ever fainted?**

a) When you exercise.    Yes     No   
If yes, please describe your experience.

b) Following exercise.    Yes     No   
If yes, please describe your experience.

c) At any other time.    Yes     No   
If yes, please describe your experience.

**2. Do you experience any form of dizziness?**

a) When you exercise.    Yes     No   
If yes, please describe your experience.

b) Following exercise.    Yes     No   
If yes, please describe your experience.

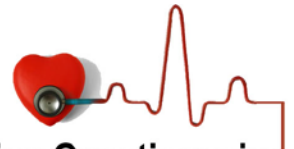
c) At any other time.    Yes     No   
If yes, please describe your experience.

**3. Do you experience palpitations?** (palpitations are when you are aware that your hearts beating whilst resting)

Yes     No

If yes, how recently? Please describe what you experienced.





**4. Do you experience a tightness or heaviness in the chest or alternatively any chest pain?**

a) When you exercise. Yes  No   
If yes, please describe your experience.

b) Following exercise. Yes  No   
If yes, please describe your experience.

c) Any other time. Yes  No   
If yes, please describe your experience.

**5. Have you ever been out of breath or felt tired to a greater extent than your team mates?**

Yes  No

If yes, please describe what you experience.

**6. Have you or any of your family members been told they have any form of heart disease?**

Yes  No

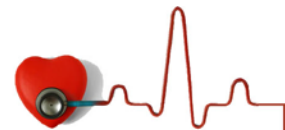
If yes, please state the age of onset.

**7. Has there been an unexplained death or deaths due to heart disease in young family members?**

Yes  No

If yes, please describe the circumstances and at what age the death occurred.





**8. Has anyone ever told you that you have:**

a) High blood pressure? (please tick) **Yes**  **No**

If yes, please give details:

b) Heart infection? (please tick) **Yes**  **No**

If yes, please give details:

c) Heart murmur? (please tick) **Yes**  **No**

If yes, please give details:

**9. Please let us know what sports you play and if this is for leisure or at a competitive level e.g. club, county or international.**

I. Sport:

Level:

II. Sport:

Level:

III. Sport:

Level:

IV. Sport:

Level:

V. Sport:

Level:

a) What would you consider your main sport to be?

b) How many days a week are you physically active playing sport?

c) On average, how many hours per day are you physically active playing sport?

d) Do you do any other training such as weights, aerobics, circuit training etc?

e) If so, how often do you do undertake these activities?

