ATHLETIC QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS. **EXPLAIN “YES” ANSWERS ON THE BACK.**

Has any family member or relative died unexpectedly before the age of 50?

□ Yes □ No

Has anyone in your family ever had a syndrome that can affect the heart (e.g. Hypertrophic cardiomyopathy, Long QT syndrome, Arrhythmogenic right ventricular cardiomyopathy, Marfan syndrome, Short QT syndrome, Brugada syndrome, Catecholamine polymorphic ventricular tachycardia)?

□ Yes □ No

Has anyone in your family had heart problems, a pacemaker, or an implanted defibrillator?

□ Yes □ No

Has anyone in your family had unexplained fainting, seizures, or near drowning?

□ Yes □ No

Do you or anyone in your family have sickle cell trait or sickle disease?

□ Yes □ No

Has a medical provider ever denied or restricted your participation in sports for any reason?

□ Yes □ No

Were you born without or are you missing a kidney, eye, testicle, spleen, or any other organ?

□ Yes □ No

Have you ever passed out, or nearly passed out, during or after exercise?

□ Yes □ No

Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

□ Yes □ No

Does your heart ever race abnormally or skip beats (irregular beats) during exercise?

□ Yes □ No

Has a medical provider ever told you that you have any of the following problems (check those that apply)?

□ High blood pressure □ Heart murmur □ High cholesterol

□ Heart infection □ Kawasaki disease

Have you ever had a test for your heart (e.g. EKG, stress test, echocardiogram)?

□ Yes □ No

Do you get more tired or become short of breath more quickly than your friends during exercise?

□ Yes □ No

Do you cough, wheeze, or have more difficulty breathing than expected during exercise?

□ Yes □ No

Do you have groin pain, a painful bulge, or a hernia in your groin area?

□ Yes □ No

Have you ever had herpes, MRSA, sores, or other skin problems?

□ Yes □ No

Have you ever had a head injury or concussion?

□ Yes □ No

Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?

□ Yes □ No

Have you ever had seizures?

□ Yes □ No

Do you get headaches when you exercise?

□ Yes □ No

Have you ever had numbness, tingling, weakness, or paralysis in your arms or legs after being hit or falling?

□ Yes □ No

Have you ever become ill while exercising in the heat?

□ Yes □ No

Do you get frequent muscle cramps when exercising?

□ Yes □ No

Have you had any problems with your eyes or vision, other than wearing glasses or contacts?

□ Yes □ No

Have you ever had an eye injury?

□ Yes □ No

Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game?

□ Yes □ No

Have you ever had a broken or fractured bone or a dislocated joint?

□ Yes □ No

Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

□ Yes □ No

Have you ever had a stress fracture?

□ Yes □ No

Have you ever been told you have, or have you had an x-ray for, neck instability or atlantoaxial instability?

□ Yes □ No

Do you regularly use a brace, orthotics, or other assistive device?

□ Yes □ No

Do you have a bone, muscle or joint injury that bothers you?

□ Yes □ No

Do any of your joints become painful, swollen, feel warm, or look red?

□ Yes □ No

Do you have any history of juvenile rheumatoid arthritis or other connective tissue disease?

□ Yes □ No

Do you worry about your weight?

□ Yes □ No

Are you trying to lose or gain weight, or has anyone recommended this to you?

□ Yes □ No

Are you on a special diet or do you avoid certain kinds of foods?

□ Yes □ No

Have you ever had an eating disorder?

□ Yes □ No

Do you take any nutritional supplements?

□ Yes □ No

Have you ever used anabolic steroids?

□ Yes □ No

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**WOMEN ONLY**

How old were you when you had your first menstrual period?

_______ years

How many periods have you had in the last 12 months?

_______

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SIGNATURE: ____________________________ Reviewed By: ____________________________

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