

Cardiovascular Genetics Data Repository Annual Follow-up Questionnaire

(for subjects not followed in an OSU clinic on a regular basis)

Name: _____

Date of birth ___/___/___ Age: _____
mm dd yy

Date completed: ___/___/___
mm dd yy

Section I. Symptoms

1. Over the past year, have you experienced any **dizziness**?
 No
 Yes → How many episodes did you experience? _____
2. Over the past year, have you experienced any **palpitations** (irregular heartbeats felt as a skip or momentary stop of the heartbeat)?
 No
 Yes → How many episodes did you experience? _____
3. Over the past year, have you experienced any episodes of **syncope** (fainting)?
 No
 Yes → How many episodes did you experience? _____
4. Over the past year, have you experienced any episodes of **chest pain**?
 No
 Yes → How many episodes did you experience? _____
5. Over the past year, have you experienced **shortness of breath**?
 No
 Yes → How many episodes did you experience? _____
6. Over the past year, have you experienced **swelling** in your ankles, legs and/or abdomen?
 No
 Yes → How many episodes did you experience? _____
7. Over the past year, have you experienced a **limited ability to exercise**?
 No
 Yes → How many episodes did you experience? _____

8. Over the past year, have you experienced **fatigue or weakness**?
- No
- Yes → How many episodes did you experience? _____
9. Over the past year, have you experienced **any other type of cardiovascular symptom(s)**?
- No
- Yes → What symptom(s) did you experience? _____
- How many episodes did you experience? _____

IF THE SUBJECT REPORTED ANY SYMPTOMS, ASK:

10. Over the past year, were you **hospitalized for any symptoms**?
- No
- Yes → Where? _____
- When? _____
- Physician name _____

Section II. Diagnoses

1. Over the past year, have you been diagnosed with **high cholesterol**?
- No
- Yes → Are you on medication?
- No
- Yes → Name of medication(s) _____
- What physician/hospital diagnosed you? _____
2. Over the past year, have you been diagnosed with **hypertension** (high blood pressure)?
- No
- Yes → Are you on medication?
- No
- Yes → Name of medication(s) _____
- What physician/hospital diagnosed you? _____
3. Over the past year, have you been diagnosed with **diabetes**?
- No
- Yes → Are you on medication?
- No
- Yes → Name of medication(s) _____
- What physician/hospital diagnosed you? _____

4. Over the past year, have you been diagnosed with **coronary artery disease** (narrowing or blockage of the blood vessels that supply blood and oxygen to the heart)?
- No
- Yes → Are you on medication?
- No
- Yes → Name of medication(s) _____
- What physician/hospital diagnosed you? _____
5. Over the past year, have you been diagnosed with a **myocardial infarction** (heart attack)?
- No
- Yes → Are you on medication?
- No
- Yes → Name of medication(s) _____
- What physician/hospital diagnosed you? _____
6. Over the past year have you been diagnosed with a **stroke**?
- No
- Yes → Are you on medication?
- No
- Yes → Name of medication(s) _____
- What physician/hospital diagnosed you? _____
7. Over the past year, have you been diagnosed with **peripheral vascular disease** (disease of blood vessels outside the heart and brain; it is often a narrowing of vessels that carry blood to the leg and arm muscles, which may cause pain in exercising or walking)?
- No
- Yes → Are you on medication?
- No
- Yes → Name of medication(s) _____
- What physician/hospital diagnosed you? _____
8. Over the past year, have you been diagnosed with **congestive heart failure** (loss of pumping power by the heart)?
- No
- Yes → Are you on medication?
- No
- Yes → Name of medication(s) _____
- What physician/hospital diagnosed you? _____

9. Over the past year, have you been diagnosed with any type of **cardiomyopathy** (a disease or disorder of the heart muscle)?

No

Yes → Are you on medication?

No

Yes → Name of medication(s) _____

→ What physician/hospital diagnosed you? _____

10. Over the past year, have you been diagnosed with any type of **arrhythmia** (abnormal heart rhythm)?

No

Yes → Are you on medication?

No

Yes → Name of medication(s) _____

→ What physician/hospital diagnosed you? _____

11. Over the past year, have you been diagnosed with any type of **aneurysm** (a dilation or bulging out of a blood vessel caused by a disease or weakening of the blood vessel wall)?

No

Yes → Are you on medication?

No

Yes → Name of medication(s) _____

→ What physician/hospital diagnosed you? _____

12. Over the past year, have you been diagnosed with any **other cardiovascular disorder**?

No

Yes → What were you diagnosed with? _____

Are you on medication?

No

Yes → Name of medication(s) _____

→ What physician/hospital diagnosed you? _____

Section III. Cardiac Tests

1. Over the past year, have you had a **stress test**?
 No
 Yes → Was it abnormal? No
 Yes → What were the findings? _____

- What physician/hospital performed this test? _____

2. Over the past year, have you had an **electrocardiogram (ECG)**?
 No
 Yes → Was it abnormal? No
 Yes → What were the findings? _____

- What physician/hospital performed this test? _____

3. Over the past year, have you had an **echocardiogram** (ultrasound of the heart)?
 No
 Yes → Was it abnormal? No
 Yes → What were the findings? _____

- What physician/hospital performed this test? _____

4. Over the past year, have you had a **cardiac CT**?
 No
 Yes → Was it abnormal? No
 Yes → What were the findings? _____

- What physician/hospital performed this test? _____

5. Over the past year, have you had a **cardiac MRI**?
 No
 Yes → Was it abnormal? No
 Yes → What were the findings? _____

- What physician/hospital performed this test? _____

6. Over the past year, have you had **electrophysiologic testing (EP testing)** (An EP test records the electrical activity and electrical pathways of your heart. This test is used to determine the cause of heart rhythm disturbances. During the test, the doctor reproduces your abnormal heart rhythm to determine the best way to treat it.)?
 No
 Yes → Was it abnormal? No
 Yes → What were the findings? _____
→ What physician/hospital performed this test? _____
7. Over the past year, have you worn a **Holter monitor** (A Holter monitor is a small portable electrocardiogram (ECG) that is worn by a patient in order to keep a record of the heart rhythm, typically over a 24-hour period.)?
 No
 Yes → Was it abnormal? No
 Yes → What were the findings? _____
→ What physician/hospital performed this test? _____
8. Over the past year, have you had any **other type of cardiovascular testing**?
 No
 Yes → What type of testing?
Was it abnormal? No
 Yes → What were the findings? _____
→ What physician/hospital performed this test? _____

Section IV. Procedures

1. Over the past year, have you had a **cardiac catheterization** (During a cardiac catheterization, a thin plastic tube, called a catheter, is inserted into a blood vessel in your groin or arm. The catheter is guided up toward your heart. A special dye is injected into the catheter so X-rays can show if you have any artery blockage or other heart problems.)?
 No
 Yes → What physician/hospital performed this? _____
2. Over the past year, have you had **angioplasty** performed (Angioplasty is a surgical procedure where a balloon-tipped catheter (thin tube) is inserted into a narrowed blood vessel and inflation of a balloon stretches the vessel open, improving blood flow through it.)?
 No
 Yes → What physician/hospital performed this? _____

3. Over the past year, have you had a **stent or stents placed** (Stents are inserted into narrowed blood vessels to help keep them open.)?
 No
 Yes → What physician/hospital performed this? _____

4. Over the past year, have you had **coronary artery bypass graft surgery** (This is surgery to repair or replace blocked arteries and improve blood supply to the heart. It is commonly known as “bypass surgery” and involves the use of a vein (usually from the leg), or a chest artery to form a bridge to bring blood beyond the blockage.)?
 No
 Yes → What physician/hospital performed this? _____

5. Over the past year, have you had a **pacemaker implanted** (A pacemaker is a device that is implanted under your skin and joined to the heart by pacing wires which measures the pulse and corrects too fast or too slow rhythms.)?
 No
 Yes → What physician/hospital performed this? _____

6. Over the past year, have you had an **implantable cardioverter-defibrillator (ICD) implanted** (An ICD is a device that is implanted under the skin and monitors the heartbeat, detects abnormal heart rhythms, and sends electrical charges to the heart to restore the correct, natural rhythm.)?
 No
 Yes → What physician/hospital performed this? _____

7. Over the past year, have you had **any other type of cardiovascular surgery**?
 No
 Yes → What surgery did you have? _____
What physician/hospital performed this? _____

8. Over the past year, have you had **any other type of cardiovascular procedure**?
 No
 Yes → What cardiovascular procedure did you have?
What physician/hospital performed this? _____