

# Sports Participation Questionnaire

1) Have you ever been restricted sports participation in past (Y/N) \_\_\_\_

Explain: \_\_\_\_\_

---

2) Allergies to food, medication, etc. (Y/N) \_\_\_\_ Explain: \_\_\_\_\_

---

3) Ever passed out during or after exercise? (Y/N) \_\_\_\_

If yes, when(mo/year) and what activity: \_\_\_\_\_

---

4) Ever had chest pain and/or pressure during exercise? (Y/N) \_\_\_\_

5) Ever had had palpitations? (Y/N) \_\_\_\_

6) Ever had EKG/ECHO? (Y/N) \_\_\_\_ Results: \_\_\_\_\_

---

7) Ever been told you have a heart problem? (Y/N) \_\_\_\_

8) Family history of sudden death before age 50? (Y/N) \_\_\_\_

If yes, who: \_\_\_\_\_

---

9) Family history of heart disease? (Y/N) \_\_\_\_

10) Family history of Marfan Syndrome? (Y/N) \_\_\_\_

11) Ever had surgery or overnight hospital stay? (Y/N) \_\_\_\_

If yes, when (mo/year) and for what: \_\_\_\_\_

---

12) Ever sustain an injury requiring you to miss a game/practice (including concussions)?

(Y/N) \_\_\_\_

If yes, when (mo/year) and what was the injury: \_\_\_\_\_

---