Heart Screening Questionnaire: Post-Screen FP Result

| <u>Directions</u>: For the following questions, please \checkmark the box that best describes your opinion. | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|----------------------|----------|----------------------------------|-------|-------------------|
| 1. I feel that all athletes should receive a screen like this before playing sports. | | | | | |
| 2. I would recommend this heart screen to other athletes. | | | | | |
| 3. While undergoing the heart screen, I felt anxious. | | | | | |
| 4. I felt anxious or stressed while getting additional testing on my heart | | | | | |
| 5. After I received my results, I felt anxious or stressed. | | | | | |
| 6. I was scared that the heart screen would reveal that I had an abnormal heart. | | | | | |
| 7. I worried that someone would tell me I could not play sports. | | | | | |
| 8. Even though I needed additional testing, I am glad I had this heart screen. | | | | | |
| 9. Compared to other heart screens that I have had, I feel safer playing sports. | | | | | |
| 10. The time period for receiving my results was appropriate. | | | | | |
| 11. I was satisfied with this heart screen. | | | | | |
| 12. Compared to other athletes I think that I am more likely to have a heart condition in the future. | | | | | |

13. The impact that this heart screen will have on my training/competition will be...

□ Strongly Negative

□ Slightly Negative

 \Box Neutral

- □ Slightly Positive
- \Box Strongly Positive

Thank you for your time!