ID	No.		

## **Heart Screening Questionnaire: Post-Screen Negative**

<u>Directions</u> : For the following questions, please ✓ the box that <b>best</b> describes your opinion.		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree			
1.	The time period for receiving my results was appropriate.								
2.	I was satisfied with this heart screen.								
3.	While undergoing the heart screen, I felt anxious.								
4.	Immediately after I received my final results, I felt anxious								
5.	I was scared that the heart screen would reveal that I had an abnormal heart.								
<b>Directions:</b> For the following questions, please ✓ the box that <b>best</b> describes your opinion.		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree			
6.	I worried that someone would tell me I could not play sports.								
7.	Compared to other heart screens that I have had, I feel safer playing sports.								
8.	I feel that all athletes should receive a screen like this before playing sports.								
9.	I would recommend this heart screen to other athletes.								
10.	Compared to other athletes I think that I am more likely to have a heart condition in the future.								
11. The impact that this heart screen will have on my training/competition will be									
	☐ Strongly Negative								
	☐ Slightly Negative								
	☐ Neutral								
	☐ Slightly Positive								
	☐ Strongly Positive								

Thank you for your time!