ID No.	
--------	--

Heart Screening Questionnaire: Post-Screen TP Result

Additional testing was performed due to: \Box **History** \Box **Exam** \Box **ECG**

<u>Directions</u> : For the following questions, please ✓ the box that best describes your opinion.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
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. I felt anxious or stressed while getting additional testing on my heart					
 Immediately after I received my final results, I felt anxious 					
6. I was scared that the heart screen would reveal that I had an abnormal heart.					
7. Even though I needed additional testing, I am glad I had this heart screen.					
8. Compared to other heart screens that I have had, I feel safer playing sports.					
9. I feel that all athletes should receive a screen like this before playing sports.					
10. I would recommend this heart screen to other athletes.					
11. Even though I was found to have a heart condition, I am glad I had this heart screen.					

After all testing, my final diagnosis was

Thank you for your time!