

Congenital Heart Surgeons' Society Data Center: XXX-XXX FOLLOW UP FORM YEAR 20XX

IDENTIFYING & PERSONAL HEALTH INFORMATION (PAGE 1&2) WILL BE STORED SEPARATELY FROM THE QUESTIONNAIRES AND KEPT PRIVATE & CONFIDENTIAL

Name:
INFORMATION PREVIOUSLY GATHERED. PLEASE UPDATE OR CORRECT
Current Address:
Telephone Number:
E-mail:
Updated Address: (if applicable)
Alternate Number: <input type="checkbox"/> Mobile OR <input type="checkbox"/> Work
Alternate Number: <input type="checkbox"/> Mobile OR <input type="checkbox"/> Work

Do you currently live with your parent(s)/guardian(s)? YES NO

Please list friends and/or relatives NOT living in your household that we may contact if we cannot locate you (e.g., change of address and/or telephone number).

When we contact them, we will ask them to provide us with your updated contact information (e.g., new address and/or telephone number) if they can.

NOTE: We will NOT be asking them to complete the follow-up form/questionnaires on your behalf.

You may provide up to 3 people:

Name _____ Relationship _____

Telephone Number: _____ Mobile/Work Number: _____

Name _____ Relationship _____

Telephone Number: _____ Mobile/Work Number: _____

Name _____ Relationship _____

Telephone Number: _____ Mobile/Work Number: _____

PLEASE COMPLETE BOTH SIDES OF THIS PAGE

PLEASE COMPLETE AND RETURN TO:

CHSS Data Center
The Hospital for Sick Children
555 University Ave., Rm. 4433, Black Wing
Toronto, ON M5G 1X8, Canada
Toll Free: 1-866-477-2477
Fax: (416) 813-8776

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HEALTHCARE PROVIDER CONTACT INFORMATION

Name of your Cardiologist _____

Institution/Hospital Name _____

Street Address _____

City, State/Province, ZIP/Postal Code _____

Telephone Number: _____ Fax Number: _____

Name of your Family Doctor _____

Street Address _____

City, State/Province, ZIP/Postal Code _____

Telephone Number: _____ Fax Number: _____

1. Since your last **CHSS Data Center** follow up <DATE> have you:

a) Had any **operations, catheterizations or "balloon" procedures**? YES NO If YES, please list

DATE (MM/DD/YYYY)	HOSPITAL NAME City, State/Province	OPERATION
□□/□□/□□□□	_____	_____
□□/□□/□□□□	_____	_____

b) Had any **echocardiograms**? YES NO If YES, please include reason (e.g. routine follow up, because of symptoms, or other reason)

DATE (MM/DD/YYYY)	HOSPITAL NAME City, State/Province	REASON
□□/□□/□□□□	_____	_____
□□/□□/□□□□	_____	_____

c) Been **hospitalized** for any other reason? YES NO If YES, please list reason

DATE (MM/DD/YYYY)	HOSPITAL NAME City, State/Province	REASON
□□/□□/□□□□	_____	_____

I (participant name), _____, give permission for the CHSS Data Center to obtain copies of medical reports relating to my heart procedures. I understand that all the information provided will be kept confidential.

Signature: _____ Date Signed: _____

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PLEASE DO NOT WRITE YOUR NAME ON THIS PAGE

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GENERAL QUESTIONNAIRE

DATE COMPLETED: / /
(MM/DD/YYYY)

1. How has your health been over the past year?

Excellent Very Good Good Fair Poor

2. Your current **height** _____ and **weight** _____

3. List all of your current medications: _____

4. Do you have an artificial heart pacemaker? YES NO

If YES, date of first placement: / /
(MM/DD/YYYY)

5. During the past year, have you had any of the following symptoms?

a. Chest Pain YES NO

b. Fainting YES NO

c. Palpitations YES NO

6. Employment? I am a part-time student I am a full-time student I am not enrolled in school
 I am working part-time I am working full-time I am not currently working
 I am on disability Other (please specify): _____

7. Who do you see for your heart check-ups? Cardiologist Family Doctor Pediatrician No One
 Other (please specify): _____

8. How long ago was your last heart check-up? months **OR** year(s)

9. Please complete the attached questionnaires: PedsQL™ Quality of Life and Cardiac Module.
(PLEASE DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRES)

Thank you very much for your participation. Is there any additional information you want to share with us about your overall health?

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STUDY #:
STUDY # will be indicated by CHSS
Data Center upon receipt of this
completed page/form