

Congenital Heart Surgeons' Society Data Center Study: AAOCA FOLLOW-UP FORM YEAR 2015

| | | |
|----------------------|------------------------|--------------------------|
| Patient Name: | Physician Name: | Institution Code: |
|----------------------|------------------------|--------------------------|

| |
|---|
| INFORMATION PREVIOUSLY GATHERED. PLEASE UPDATE OR CORRECT. |
| Name of Parent or Guardian: |
| Current address: |
| Telephone number: |
| E-Mail: |
| Updated Address, if any: |
| Parent/Guardian alternate number (cell/work): |
| * Whose number is this? |
| Parent/Guardian alternate number (cell/work): |
| * Whose number is this? |

| | |
|---|---------------|
| Name of a friend or relative not living in your household that we may contact in case you move: | |
| Name: | Relationship: |
| Street Address: | |
| City, State, Zip/Postal Code: | |
| Telephone Number: | |

PLEASE COMPLETE BOTH SIDES AND RETURN TO:
 CHSS Data Center
 The Hospital for Sick Children
 Rm. 4433, Gerrard Wing
 555 University Avenue, Toronto, ON, M5G 1X8, Canada
 Toll free #: 1-866-477-2477
 Fax: (416) 813-8776

Study Number:

Version Date: 2009 11 20

Congenital Heart Surgeons' Society Data Center Study: AAOCA FOLLOW-UP FORM YEAR 2015

Date Completed: / / (mm/dd/yyyy)

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

Excellent Very good Good Poor

2. How long ago was your child's last check-up for his/her heart? months

3. How often does your child see a heart doctor? Every year(s)

4. Is your child currently taking any medications for his/her heart? Yes No

If yes, please list _____

5. Has your child's activity been restricted because of his/her heart? Yes No

If no, does he/she participate in organized sports? Yes No

If yes, what sport(s)? _____

6. Since your child's diagnosis, has he/she had any of these symptoms **with exercise**?

Chest Pain Dizziness Fainting

7. Except for the testing (and surgery, if applicable) your child had at his/her initial diagnosis, has your child needed any **additional** tests (e.g., exercise test, perfusion scan, echocardiogram) or procedures (catheterization, operation)?

Yes No If yes, please describe below.

For Reason, please indicate if it was (1) for routine follow-up ordered by the cardiologist, (2) because of symptoms, or (3) for any other reason (please describe).

| <u>Date (mm/dd/yyyy)</u> | <u>Procedure</u> | <u>Reason</u> |
|--|------------------|---------------|
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> | _____ | _____ |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> | _____ | _____ |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> | _____ | _____ |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> | _____ | _____ |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> | _____ | _____ |

8. Would you be interested in becoming a member of a web-based community sponsored by the Congenital Heart Surgeons Society to communicate with other people with anomalous coronary artery?

Yes No

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