

Name _____

Date _____

Uncovering a patient at risk of SCD

To assess the risk of sudden cardiac death, ask these questions (or have parents complete this form) at periodic well-child visits: neonatal, preschool, before and during middle school, and before and during high school.

Patient history

	Yes	No
Has your child fainted or passed out DURING exercise, emotion, or startle?		
Has your child fainted or passed out AFTER exercise?		
Has your child had extreme fatigue associated with exercise (different from other children)?		
Has your child ever had unusual or extreme shortness of breath during exercise?		
Has your child ever had discomfort, pain, or pressure in his chest during exercise, or complained of his heart "racing" or "skipping beats"?		
Has a doctor ever told you that your child has: _____ high blood pressure _____ high cholesterol _____ heart murmur or _____ heart infection? <i>(Check which one, if any "yes" answer.)</i>		
Has a doctor ever ordered a test for your child's heart?		
Has your child ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma?		

Family history

Has any family member had a sudden, unexpected, unexplained death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?		
Has any family member died suddenly of a "heart problem" before age 50?		
Has any family member had unexplained fainting or seizures?		
Do any relatives have a heart condition, such as:		
Hypertrophic cardiomyopathy		
Dilated cardiomyopathy		
Aortic rupture or Marfan syndrome or Ehlers-Danlos syndrome		
Coronary artery atherosclerotic disease (heart attack, age 50 years or younger)		
Arrhythmogenic right ventricular cardiomyopathy		
Long QT syndrome		
Short QT syndrome		
Brugada syndrome		
Catecholaminergic ventricular tachycardia		
Primary pulmonary hypertension		
Pacemaker or implanted cardiac defibrillator		
Congenital deafness (deaf at birth)		

Please explain any "Yes" answers here.

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Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
When completing this form, please think about your child's behaviors in the past **6 months**.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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National Initiative for Children's Healthcare Quality

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Today's Date: _____ Child's Name: _____ Date of Birth: _____
 Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	
				Problematic	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____
 Total number of questions scored 2 or 3 in questions 10–18: _____
 Total Symptom Score for questions 1–18: _____
 Total number of questions scored 2 or 3 in questions 19–26: _____
 Total number of questions scored 2 or 3 in questions 27–40: _____
 Total number of questions scored 2 or 3 in questions 41–47: _____
 Total number of questions scored 4 or 5 in questions 48–55: _____
 Average Performance Score: _____

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