

Patient Name _____

ADHD Cardiovascular Screening Questionnaire

In order to provide the safest and most effective treatment for attention deficit and hyperactivity, there are some questions that need to be reviewed. For children who have underlying cardiovascular problems, there *can* be a risk in using stimulant medications. Because of this risk, we would like to review the following questions before deciding on the appropriate treatment plan.

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| 1. Have you (your child) ever passed out during or after exercise? | YES | NO | N/A |
| 2. Have you (your child) ever been dizzy during or after exercise? | YES | NO | N/A |
| 3. Have you (your child) ever had chest pain during or after exercise? | YES | NO | N/A |
| 4. Do you (your child) get tired more quickly than others around you? | YES | NO | N/A |
| 5. Have you (your child) ever had a racing or skipped heartbeat? | YES | NO | N/A |
| 6. Have you (your child) been told you have high blood pressure or cholesterol? | YES | NO | N/A |
| 7. Have you (your child) been told you have a heart murmur? | YES | NO | N/A |
| 8. Has any family member/relative died before the age of 50 from sudden death or heart failure? | YES | NO | N/A |
| 9. Have you (your child) been restricted from sports participation for heart problems? | YES | NO | N/A |