

## Sports participation of patients with Long QT Syndrome

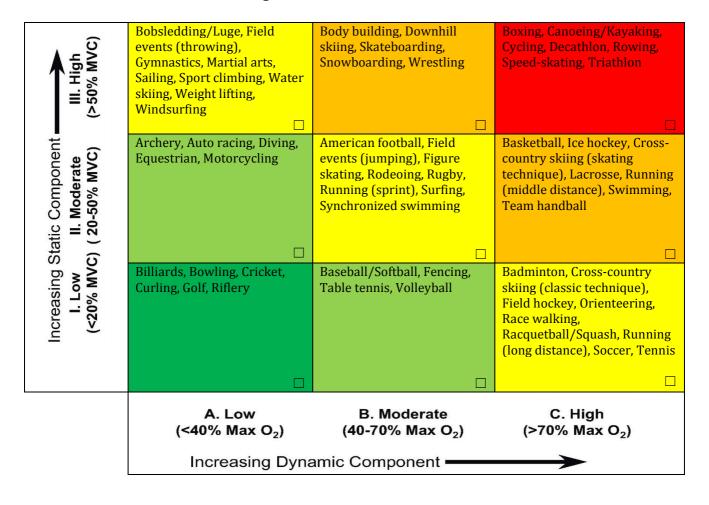
Case Report Form

Pseudonomized ID
Gender:  □ Male
☐ Female
Year of Birth:
1a. Has genetic testing been performed?
□ Yes □ No
1b. If yes:
which genes have been tested?  ☐ KCNQ1, KCNH2, SCN5A
☐ KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2
☐ AKAP9, ANK2, CACNA1C, CALM1, CALM2, CALM3, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNJ5, KCNQ1, SCN4B, SCN5A, SNTA1, TRDN. ☐ Other:
Was deletion/duplication analysis performed:
☐ Yes
□ No
2. Results of genetic testing:
(please include affected gene, variant and assignment)
3a. Has the patient experienced symptoms?
□ Yes □ No
3b. If yes: please specify and include circumstances (e.g. cardiac arrest, syncope, documented arrhythmia, palpitations)

4a. Does family history include (aborted) sudden death or cardiac arrest at age < 45?  ☐ Yes ☐ No
4b. If yes: please specify age during event and family relation to patient:
4c. If yes: what were the circumstances during the cardiac arrest?
5a. Does the patient use any cardiac drugs?  ☐ Yes ☐ No
5b. If yes: please specify:
6a. Does the patient use any non-cardiac drugs? □ Yes □ No
6b. If yes: please specify:
7a. Which sports does the patient primarily perform?
7b. How many hours per week does the patient respectively train and compete?
Training:
Competitive:
7c. How many years has the patient been training at a comparable level?

7d. The patient trains at the following level (multiple choice)
$\square$ Recreational
$\square$ Recreational with competitions
$\square$ Competitive national
$\square$ Competitive international

7e. Please fill in the following table



8a. Does the patient perform any secondary sports (> 3 hours per week)?
□ Yes
$\square$ No
b. If yes, which?

9. Is the patient on additional treatment? (e.g. ICD, left cardiac sympathetic denervation?
10a. What is the maximal heart rate of the patient during a maximal exercise test?
10b. Was this on treatment?
10c. What is the maximal capacity of the patient during a maximal exercise test? (answer numbers and unit, i.e. Watts, Km/h (or VO2max), and METS).
Consultation requested by (name):
Date:
Additional information: