

Please tick the appropriate boxes and list details where relevant:

17. Have you ever lost consciousness in circumstances not associated with exercise?

Yes  No

If yes, please give details \_\_\_\_\_

18. Have you ever been diagnosed with having any cardiovascular diseases?

Yes  No

(If yes, please give details below)

Name of cardiovascular disease (if known)

High Blood Pressure  High Cholesterol

Coronary Artery Disease  Diabetes

Other (please state) \_\_\_\_\_

How long ago were you diagnosed? \_\_\_\_\_

Who diagnosed you? \_\_\_\_\_

19. Does anyone in you family have a history of any cardiovascular diseases?

Yes  No

(If yes, please give details below)

The person's relationship to you \_\_\_\_\_

Name of cardiovascular disease (if known)

High Blood Pressure  High Cholesterol

Coronary Artery Disease  Diabetes

Other (please state) \_\_\_\_\_

How long ago were they diagnosed? \_\_\_\_\_

20. Are you currently taking any prescribed medication?

Yes  No

Name of medication \_\_\_\_\_

Reason for prescription of medication \_\_\_\_\_

How long have you been taking the medication for? \_\_\_\_\_

**Please hand this form in at the LAMM Information Desk when you register.**

**It will be passed on to Sheena Privett who is carrying out Postgraduate**

**Research at Liverpool John Moores University.**

Regardless of the answers you have given, if you would like to participate in future studies investigating syncope, please give the following details:

Name:

Address:

Phone No:

Email:



## Post-Exercise Presyncope and Syncope

The results obtained from the following questionnaire will be used to investigate the occurrence of pre-syncopal and syncopal episodes, which can occur after exercise. Your help in completing this questionnaire is of great importance in gaining a complete understanding the factors associated with these episodes.

**PRE-SYCNCOPE** is the development of symptoms such as light-headedness, shortness of breath, abnormally fast/slow heart rate and disorientation, which often precede a syncopal episode. Pre-syncopal symptoms may also include collapsing, the inability to stand upright unaided despite being completely conscious.

**SYNCOPE** (fainting) is defined as a loss of postural tone, and the temporary loss of consciousness due to a reduction in blood flow to the brain. Loss of consciousness refers to an incidence when for a period of time; a person is completely unaware of his or her own thoughts and oblivious to their surrounding environment.

**Please do not report signs/symptoms often associated with exhaustive exercise (i.e. cramps, muscle weakness, nausea/vomiting).**

All data obtained is strictly confidential.

Please fill in the relevant details and tick ALL appropriate boxes.

Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Date Today: \_\_\_\_\_

At which sporting level do you participate?

Recreational  Club/University  County  Country/Elite

Competitive Event: \_\_\_\_\_

How long have you been competing in this event: \_\_\_\_\_

Average number of hours training per week: \_\_\_\_\_

From the definitions on page 1, please answer the following

**PRESYNCOPE**

1. Have you ever experienced presyncope post-exercise?  
 Yes   
 No   
 (If no, please go directly to Question 8.)
2. Which of the following do you experience immediately after exercise?  
 Lightheadedness  Extremely Fast Heart Rate   
 Shortness of Breath  Disorientated   
 Extremely Slow Heart Rate  Collapsed
3. Please tick if you have experienced any of these symptoms post-exercise in the following environments.
 

	Hot	Cold	In Water	At Altitude	Normal	Indoors
Lightheadedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely Fast Heart Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disorientated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely Slow Heart Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapsed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How intense was the exercise session(s) prior to when you experienced pre syncope?  

Very Intense	Intense	Neither Intense nor Moderate	Moderate	Less than moderate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What was the duration of the exercise session(s) when you experienced pre syncope?  

<5minutes	5-20 minutes	21-45minutes	46-90minutes	>90minutes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How many presyncopal episodes have you experienced after exercise in:  
**the past 12 months**  

One	Two	Three	Four	> Four
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**the past 24 months**  

Two	Four	Six	Eight	> Eight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When was the last time you experienced a presyncopal episode after exercise?  

In The Last Month	In the Last 6 Months	Over A Year Ago
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SYNCOPE**

8. Have you ever lost consciousness after collapsing post-exercise?  
 Yes  No   
 (If no, please go directly to Question Number 17.)
9. Do you know how long you lost consciousness for?  
 Yes  No  Not Sure   
 (If no, please go directly to Question Number 11.)
10. Approximately how long were you unconscious for?  

0-5 seconds	6-30 seconds	31-60 seconds	>60 seconds	Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In which of the following environments have you experienced syncope post-exercise?  

Hot	Cold	In Water	At Altitude	Normal	Indoors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How intense would you consider the exercise session(s) in question:  

Very Intense	Intense	Neither Intense nor Moderate	Moderate	Less than moderate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. What was the duration of the exercise session(s) in question?  

<5minutes	5-20 minutes	21-45minutes	46-90minutes	>90minutes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How many syncopal episodes have you experienced after exercise in:  
**the past 12 months**  

One	Two	Three	Four	> Four
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**the past 24 months**  

Two	Four	Six	Eight	> Eight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When was the last time you experienced a syncopal episode after exercise?  

In The Last Month	In the last 6 Months	Over A Year Ago
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Were you taking any medication at the time of the last syncopal episode?  
 Yes  No   
 If yes, please give details \_\_\_\_\_