**Young Persons Clinic**

**Congenital Heart Disease**

**Patient Questionnaire - Early Stage (Age 13 – 14 years)**

**Name:** Click or tap here to enter text.

**Hospital Number:** Click or tap here to enter text.

**Location of clinic:**Click or tap here to enter text.

**Date of Clinic:** Click or tap to enter a date.

|  |  |  |
| --- | --- | --- |
|  | **Yes, I can do this on my own and don’t feel I need any extra help** | **I would like extra help with this** |
| I can describe my heart condition |  |  |
| I know what operations I have had |  |  |
| I know what medication I take and what they are for |  |  |
| I understand about endocarditis and how to reduce my risk of getting it |  |  |
| I understand how important exercise and activity is for my health |  |  |
| I Understand the risks of alcohol, drugs and smoking to my health |  |  |
| I would like to see someone on my own without my parents |  |  |
| I am managing at school |  |  |
| I know what I want to do when I leave school |  |  |
| I see my friends outside of school |  |  |
| I have someone I can talk to when I feel sad/fed up |  |  |
| I often feel sad/fed up and would welcome the chance to talk about it |  |  |
| Is there something else you would like help or advice with? | | |