



My Health			
<i>Please check the box that applies to you right now.</i>	<i>Yes, I know this</i>	<i>I need to learn more</i>	<i>Not applicable</i>
I understand the long term potential issues associated with my heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what cardiac symptoms require more urgent medical attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what my typical vital signs are (heart rate, blood pressure, oxygen saturation) and I have a copy of my electrocardiogram (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wear a medical alert bracelet or tag to indicate my cardiac condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know why I should take my medications (what they are supposed to do.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the possible side effects associated with my medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the risks of missing medication doses or taking more than I should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know about medicines or supplements that could interfere with my heart medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know if and when I should take antibiotics prior to dental procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what types of activities or exercises are safe and healthy for me to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the impact of high-risk behaviors (tobacco, alcohol and illicit drug use and unprotected sex) on my heart and overall health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I know that I should talk to my heart doctor before I start having sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the risk of passing on my heart condition to future children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Females Only			
<i>Please check the box that applies to you right now.</i>			
	<i>Yes, I know this</i>	<i>I need to learn more</i>	<i>Not applicable</i>
I understand what types of contraception (strategies to prevent pregnancy) are safe for me based on my heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the risk of pregnancy and the need for pre-pregnancy counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>