Supplement File 2. Exercise & Athletic Recommendations Survey
Survey originally designed to be administered to individuals with a variety of cardiovascular disease.
Through this study we hope to better understand how exercise recommendations affect people with inherited cardiovascular conditions and how healthcare providers can help. Please answer the questions to the best of your ability. This survey is confidential. Your healthcare providers will not know how you responded.

I have:  □ Hypertrophic cardiomyopathy (HCM)  □ Long QT syndrome (LQTS)  □ Left ventricular non-compaction cardiomyopathy (LVNC)  □ Catecholaminergic polymorphic ventricular tachycardia (CPVT)  □ Arrhythmogenic right ventricular cardiomyopathy/dysplasia (ARVC/D)  □ Other: ____________________________

Current Age: ____________________________
Age at Diagnosis: _______________________

Exercise Recommendations
Because of your inherited heart condition, has a healthcare provider ever recommended that you stop, reduce or modify your exercise or sports activities in any way?  □ Yes  ➔ Continue  □ No  ➔ Go to “Athletic Activity” below

If yes, at what age were you first given these recommendations? ____________________

If you are following the exercise recommendations from your healthcare provider either partially or completely, at what age did you begin to follow them? ____________________

Please read the statement below and rate the degree to which you follow your exercise restrictions:

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Partially</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>I follow the recommendations from my healthcare providers</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Have you made any changes to your exercise or sports activities based on the recommendations from your healthcare provider?  □ Yes  □ No

Please read the statements below and rate the degree to which you agree or disagree with them:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The changes to my exercise and sports activities that my healthcare provider recommended were difficult for me to adjust to.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I found the changes to my exercise and sports activities upsetting or stressful.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Athletic Activity
Please read the statements below and rate the degree to which you agree or disagree with them:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to my diagnosis, I viewed myself as an athlete</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Prior to my diagnosis, I viewed myself as an active individual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Prior to my diagnosis, others viewed me as an athlete</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Prior to my diagnosis, others viewed me as an active individual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Currently, I view myself as an athlete

Currently, I view myself as an active individual

Currently, others view me as an athlete

Currently, others view me as an active individual

Have you ever participated in competitive athletics of any kind at any time in your life? □ Yes, currently □ Yes, previously □ No

At what level of competition have you participated? Check all that apply.

□ Grade/Middle School □ Junior Varsity High School □ Semi-professional
□ Recreational League or Club □ Varsity High School □ Professional
□ Individual Sports (i.e. road running, cycling, swimming, triathlons) □ Club College □ International/Olympic
□ Club High School □ Junior Varsity College □ Other: ____________________
□ Varsity College

Please list the sports and exercise activities that you participated in most before your diagnosis:_____________________________________

Please list the sports and exercise activities that you participated in most after your diagnosis:_____________________________________

In the two years prior to your diagnosis, how many hours did you spend, on average, exercising or doing athletic activities per week? __________

At the most active point in your life, how many hours did you spend, on average, exercising or doing athletic activities per week? __________

How many hours do you currently spend, on average, exercising or doing athletic activities per week? __________________________

Contact Information Your contact information will be kept separately from your answers. Your answers to this survey will be kept confidential.

Are you willing to take part in a ~1 hour phone interview discussing your experiences with exercise recommendations? □ Yes □ No

To set up an interview, would you prefer to be contacted by phone or email? □ Phone:__________________________ □ Email:__________________________

Best times to contact you: __________________________ Name: __________________________今天’s date: __________________________

Can we contact you for other studies about exercise modifications? □ Yes □ No

Sex: □ Male □ Female Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino □ Prefer Not to Answer

Race: □ American Indian/Alaska Native □ Asian
□ African American/Black □ Pacific Islander/Native Hawaiian □ White
□ Other: __________________________ □ Prefer Not to Answer