FHkids
Screening for familial elevated cholesterol in children

3 QUESTIONS:

1) Do you (biological mother or father) or close relatives (siblings, grandparents, aunts, uncles) have elevated blood fats (=total cholesterol, triglycerides, LDL-cholesterol) or do you take cholesterol-lowering medication (statins)?
O Yes O No if yes: indicate about you/ relatives: _____

2) Do you (biological mother or father) have fatty skin growths/ deposits (=xanthomas) in particular in the areas of the Achilles tendon/hands/knees or eyes (=xanthelasms)?
O Yes O No

3) Do you (biological mother or father) or close relatives (siblings, grandparents, aunts, uncles) suffered a heart attack or stroke before the age of 55?
O Yes O No if yes: indicate about you/ relatives with age at the event: _____

RESULT: If **one question is "yes"** or remains **unanswered**, a measurement of blood lipids in your child is indicated!
CHOLESTEROL SCREENING TEST: the measurement of lipid parameters takes place at the Department of Pediatrics of Adolescent Medicine – For appointment: Tel. 01 40400 21482 or 01 40400 21483 or email:
claudia.melek@meduniwien.ac.at or suman.valiaparampil@meduniwien.ac.at

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