

FHkids

Screening for familial elevated cholesterol in children



3 QUESTIONS:

1) Do you have a family history of high blood lipids or have you been prescribed lipid-lowering medication (e.g. statins)?

Yes 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)?

Yes 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?

Yes 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: + 43 (0)512 9003 71246 oder email: FHkids-innsbruck@i-med.ac.at

Research project „FHkids“

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