

# THE LANCET

## Child & Adolescent Health

### Supplementary appendix 2

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Kracalik I, Oster ME, Broder KR, et al. Outcomes at least 90 days since onset of myocarditis after mRNA COVID-19 vaccination in adolescents and young adults in the USA: a follow-up surveillance study. *Lancet Child Adolesc Health* 2022; published online Sept 21. [https://doi.org/10.1016/S2352-4642\(22\)00244-9](https://doi.org/10.1016/S2352-4642(22)00244-9).

# **Outcomes at least 90 days since onset of myocarditis after mRNA COVID-19 vaccination in adolescents and young adults in the USA: a follow-up surveillance study**

## **Appendix 2**

### **Supplemental Materials Table of Contents**

<b>Healthcare provider survey.....</b>	<b>1–18</b>
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# Part 1 Clinical Followup

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## Section A. Interviewer information

Date of Interview with Cardiologist (or provider) \_\_\_\_\_

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Date range error: Date of interview may not be a future date. Please verify date entered.

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Interviewer Name  
(Last, First) \_\_\_\_\_

---

## Section B. Physician information

Hello. I am [interviewer's name] calling from the Centers for Disease Control and Prevention Immunization Safety Office Program. I am calling to following-up on reported cases of myocarditis, pericarditis and myopericarditis after COVID-19 vaccine administration.

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May I please speak with Dr. [physician's name]?  Yes  
 No

---

Hello Dr. [physician's name]. Thank you for taking my call. We believe this case is a patient under your care, and I'll provide the patient's name and date of birth in a moment.

As you may know, as part of monitoring the safety of COVID-19 vaccines, healthcare providers are required to report any serious conditions that occur after the vaccinations to the vaccine safety monitoring system here at CDC , which is called VAERS (which stands for the Vaccine Adverse Event Monitoring System). As part of our public health surveillance, CDC is following up on myocarditis and pericarditis cases reported to VAERS through a phone survey with the providers.

We are contacting you because your name was identified either by the patient (or "parent", as appropriate) or though the VAERS report.

We want you to know that for public health surveillance, HIPAA allows sharing of protected health information ("PHI") with CDC without patient authorization. [If provider requests to see more documentation, fax or email the HIPAA letters.]

This telephone survey takes about 15 to 25 minutes to complete. It asks about your patient's health and tests that have been performed, so you will need to have access to the medical record.

If this is a good time to complete this survey, I can give you the patient's name and date of birth:

[Look up patient's name and DOB in DCIPHER and verify that you have the record with the correct MOVING ID open before proceeding.]

Name: [patient name]

Date of birth: [patient date-of-birth]

---

[If the provider is not available, read the following:]

No problem. Is there a better time or way to reach them to complete this survey?

[Follow procedures for recording callback time in DCIPHER call log]

---

Is this a good time to discuss the patient?  Yes  
 No

---

[If the provider is not available or not able to conduct the interview at this time, read the following:]

No problem. Is there a time that would work better for this survey?

[Follow procedures for recording callback time in DCIPHER call log]

---

MOVING Code Number \_\_\_\_\_

---

Can you please give me your first and last name and degree(s) (e.g. MD)?

Last name First name Degree(s)  
\_\_\_\_\_

---

Can you please confirm, are you a cardiologist?  Yes  
 No

---

As a cardiologist, are the majority of your patients children or adults?  Children  
 Adults  
 Do not know/Unsure  
 Declined to answer

---

If we needed to call you back, what is the preferred phone number to use? \_\_\_\_\_

---

What is your preferred email address for us to use, if needed? \_\_\_\_\_

---

Thank you.

Now, I want to give some information and a few instructions .

[Omit this line if appropriate]: I am not a medical doctor but I have been trained in administering this survey.

I will read the questions and then provide response options. Please choose your best answer. We will always have an option that is "Don't know" if you truly don't know the answer. You can decline to answer any questions that you don't feel comfortable answering.

I want you to know that I myself do not have the details about [patient name] myocarditis illness. The questions I will ask are the same for all the patients on whom we are doing this follow-up survey.

Lastly, I will be using the term "initial diagnosis" to refer to the myocarditis, pericarditis or myopericarditis illness that began AFTER the receipt of the COVID-19 vaccine. Previous diagnoses of myocarditis, pericarditis or myopericarditis will be captured in the history portion of this survey.

[Interviewer: If the patient had pericarditis only, then substitute "pericarditis" for any instance of the word "myocarditis" in questions that follow.]

Now we can start with the first question.

### Part C. Patient follow-up appointment

Based on the information you know now about this patient's illness, which of the following diagnoses best describes what your patient had?

The options are: Myocarditis, Myopericarditis, Pericarditis, None of these, Do not know/unsure?

- Myocarditis
- Myopericarditis
- Pericarditis
- None of these
- Do not know/unsure
- Declined to answer

Was the patient admitted to the hospital for diagnosis or treatment of the myocarditis?.

The options are Yes, No, Don't Know/Not Sure.

- Yes
- No
- Don't know/Not sure
- Declined to answer

Which of the following best describes the severity level of care required during your patient's initial myocarditis hospitalization or care?

[Read aloud list of options from drop-down menu]

- Not hospitalized; managed only as an outpatient
- Hospitalized with no ICU care
- Hospitalized with ICU care
- Hospitalized with ICU care AND required LVAD, ECMO or cardiac transplant
- Do not know/unsure
- Declined to answer

Since the initial myocarditis diagnosis, has the patient been seen by you (or this practice) for a follow-up appointment or a phone consultation?

- Yes
- No
- Do Not Know/Unsure
- Declined to Answer

What was the date of the most recent follow-up visit or phone consultation? \_\_\_\_\_

Date range error: Date of most recent follow-up visit or consultation should not be a future date. Please verify date entered.

Is a follow-up appointment or phone consultation scheduled?

- Yes
- No
- Unknown
- Declined to answer

What date is that follow-up appointment or phone consultation scheduled for? \_\_\_\_\_

OK, thank you. We may contact you again in the future to see if the patient has been seen. Thank you for your time.

[Proceed with instructions for recording follow-up information in DCIPHER]

Date range error: Date of follow-up appointment or phone consultation should not be a past date. Please verify date entered.

Thank you. I will be referring to this date as the "date of your last visit or consultation" in the subsequent questions.

Thank you.

So just to confirm, you have not yet seen this patient or had a phone consultation with the patient, nor has any other provider in your office?

- yes, correct
- no
- do not know/unsure
- declined to answer

---

Based on your clinical assessment and any testing information, please describe the patient's cardiac recovery status as of date of your last visit or consultation, which you told me was on [date\_follow\_up\_past], compared to the time of initial myocarditis diagnosis.

The options are... (Read aloud the response options from drop-down menu).

- Fully recovered
- Probably fully recovered, but I'm awaiting additional information
- Improved, but not fully recovered
- Same cardiac status as at the initial myocarditis diagnosis (that is, not improved and not worsened)
- Worsened
- Do not know/Unsure
- Declined to answer

---

Based on the information you have, at the time of initial myocarditis diagnosis was there a clinical recommendation that this patient be restricted from strenuous physical activity?

The options are: Yes, No, Not applicable due to child's age, Do not know.

- Yes
- No
- Not applicable due to child's age
- Do not know/unsure
- Declined to answer

---

As of date of your last visit or consultation, has the patient been cleared for all levels of physical activity?

The options are: Yes, No, Not applicable because of child's age, and Do not know.

- Yes
- No
- Not applicable because of child's age
- Do Not Know
- Declined to Answer

---

Do you know the date that the patient was cleared for all levels of physical activity?

- Yes
- No

---

What date was patient was cleared for all levels of physical activity? Please give me your best guess if you don't know exact date.

\_\_\_\_\_

---

As of the date of your last visit or consultation, and based on the information you have, did the patient ever have a syncopal episode, that is, ever fainted, during physical activity since the myocarditis was first diagnosed?

The options are: Yes, No, Do not know.

- Yes
- No
- Do not know/unsure
- Declined to answer

---

## Part D. Specific Symptoms

I will now ask you about 4 specific symptoms, one by one, that your patient (or parent/guardian) may still be having.

I would like to know, at your last visit or consultation, whether or not your patient (or parent/guardian) reported that he/she is having the specific symptom? For each symptom, the response options are Yes, No, Don't know.

If you answer Yes, I will then ask you if the patient (or parent/guardian) was reporting the symptom was present at rest, and the options are Yes, No, Don't know.

I will then ask if the patient (or parent/guardian) was reporting the symptom was present during physical activity, and the options are Yes, No, Don't know.

So now we will start with the specific symptoms. This first one has a few different terms that can mean the same thing, so we just need one answer for this set of terms.

---

At your last visit or consultation, did the patient (or parent/guardian) report he/she was having Chest discomfort or Chest pressure or Chest pain? For this, we need please one answer for these terms combined.

- Yes
- No
- Do Not Know/Unsure
- Declined to answer

The options are: Yes, No, Do not know.

---

Was it present at rest?

- Yes
- No
- Do not know/unsure
- Declined to answer

The options are: Yes, No, Do not know.

---

Was it present with physical activity?

- yes
- No
- Do not know/unsure
- Declined to answer

The options are: Yes, No, Do not know.

---

At your last visit or consultation, did the patient (or parent/guardian) report he/she was having Shortness of Breath?

- Yes
- No
- Do Not Know/Unsure
- Declined to Answer

Was it present at rest?

- Yes
- No
- Do not know/unsure
- Declined to answer

The options are Yes, No, Don't know

---

Was it present with physical activity?

- yes
- No
- Do not know/unsure
- Declined to answer

The options are Yes, No, Don't know

---

At your last visit or consultation, did the patient (or parent/guardian) report he/she was having Palpitations?

- Yes
- No
- Do not know/unsure
- Declined to answer

Was it present at rest?

- Yes
- No
- Do not know/unsure
- Declined to answer

The options are: Yes, No, Do not know.

---

Was it present with physical activity?

- yes
- No
- Do not know/unsure
- Declined to answer

The options are: Yes, No, Don't know.

---

At your last visit or consultation, did the patient (or parent/guardian) report he/she was experiencing Fatigue or decreased energy level?

- Yes
- No
- Do Not Know/Unsure
- Declined to answer

The options are: Yes, No, Do not know.

---

Was it present at rest?

- Yes
- No
- Do not know/unsure
- Declined to answer

The options are: Yes, No, Don't know

---

Was it present with physical activity?

- yes
- No
- Do not know/unsure
- Declined to answer

The options are: Yes, No, Don't know.

---

At your last visit or consultation, did the patient (or parent/guardian) report he/she was experiencing decreased appetite?

- Yes
- No
- Do Not Know/Unsure
- Declined to answer

The options are: Yes, No, Do not know.

---

Please describe other symptoms:

---



## Part 2 Cardiology Survey Medications

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### Part A. Medications

As of the date of your last visit or consultation, was the patient recommended to be taking any DAILY medications related to the diagnosis of myocarditis?

- Yes
- No
- Do not know/unsure
- Declined to answer

The response options are: Yes, No, Do not know.

Thank you. I will now ask a few more details about the medications. I won't be asking for specific names of medications, but I will read different classes or types of medications.

After each class of medication, please respond Yes, No or Don't Know.

### Which of the following medication classes was the patient recommended to be taking DAILY as of the date of your last contact with the patient?

	Yes	No	Do not know/Unsure
Non-steroidal anti-inflammatory drugs (NSAID)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colchicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corticosteroid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diuretic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACE inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin II receptor blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cardiac medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are the name(s) of those medications? \_\_\_\_\_

Thank you.

# Part 3 Tests Procedures

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## Part A. Tests or procedures

I will now ask about any tests or procedures that may have been performed. Unless I mention otherwise, I am asking about those performed after the initial hospitalization (so beginning with the time after the discharge from the initial hospitalization)

[if patient was not hospitalized, say....AFTER the time of initial diagnosis]

For these questions we would like you to respond based on the test results you have, including those that may have been performed at another facility:

- We know some tests may not be performed at each visit.
- In addition, some may become normal or return to baseline before others.
- Remember, we are asking about tests performed after the initial hospitalization, unless I mention otherwise.
- So for each type of test, I would like you to tell me whether or not it was performed (or if you don't know if it was performed)
- If it was performed, then I would like you to tell me, based on the most recent test, whether the results were normal (or back to baseline, which we will consider as the same category), or abnormal. And then based on that answer, I will have some further questions.

Note that these are general screening questions. For abnormal findings, we may follow up to request copies of the relevant medical records at a later date.

ECG

Since the patient's discharge from the initial hospitalization [If patient was not hospitalized, say....AFTER the time of initial diagnosis] , has an Electrocardiogram (ECG) been performed? Response options are Yes, No or Don't know :

- Yes
- No
- Do not know/unsure
- Declined to answer

At the most recent ECG, was it Normal (or back to baseline), Borderline, Abnormal, or you Don't know?

- Normal or back to baseline
- Borderline
- Abnormal
- Don't know

Based on the results you have, please tell me the date when the ECG first became normal (or returned to baseline).

\_\_\_\_\_

Please tell me the date of that most recent ECG that was borderline.

\_\_\_\_\_

Please tell me the date of that most recent ECG that was abnormal.

\_\_\_\_\_

I will now read some types of ECG abnormalities, one by one. Based on that last ECG on [tests\_ecg\_abnormal], please tell me Yes or No if this specific abnormality was present:

Yes

No

Don't know/unsure

ST elevation or ST abnormalities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T-wave abnormalities or abnormal repolarization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PR depression without reciprocal ST depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrial, supraventricular or ventricular arrhythmia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduction delays or blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent atrial or ventricular ectopy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Echocardiogram (ECHO)

Since the patient's discharge from the initial hospitalization [If patient was not hospitalized, say....AFTER the time of initial diagnosis] ,has an Echocardiogram (ECHO) been performed?

- Yes
- No
- Do not know/unsure
- Declined to answer

Response options are Yes, No or Don't know.

Was the most recent ECHO result Normal (or back to baseline), Abnormal, or you Don't know?

- Normal (or back to baseline)
- Abnormal
- Don't know

Do you plan to perform an ECHO in the future?

- Yes
- No
- Do not know/unsure
- Declined to answer

Can you tell me the planned or approximate date for this ECHO to be performed?

\_\_\_\_\_

Based on the results you have, please tell me the date when the ECHO first became normal (or returned to baseline):

\_\_\_\_\_

Please tell me the date of that most recent ECHO that was abnormal.

\_\_\_\_\_

In the abnormal ECHO, was the Assessment of Function normal or abnormal?

- Normal
- Abnormal
- Don't know

Do you have the results of an ECHO performed during the time of the patient's initial diagnosis?

- Yes
- No
- Don't know/unsure
- Declined to answer

The options are Yes, No, Don't know.

What was the date of the latest ECHO you have?

\_\_\_\_\_

In that ECHO, was the ECHO result Normal (or back to baseline), Abnormal, or you Don't know?

- Normal (or back to baseline)
- Abnormal
- Don't know

---

In the abnormal ECHO, was the Assessment of Function normal or abnormal?

- Normal
- Abnormal
- Don't know

---

### Cardiac MRI

---

Now I will ask about a cardiac MRI.

- Yes
- No
- Do not know/unsure
- Declined to answer

After the patient left the hospital [If patient was not hospitalized, substitute "after the initial diagnosis" in place of "after the patient left the hospital"] was a cardiac MRI performed?

The options are Yes, No, or Don't Know.

---

Do you plan to perform a cardiac MRI in the future?

- Yes
- No
- Do not know/unsure
- Declined to answer

---

Can you tell me the planned or approximate date for this future cardiac MRI to be performed?

\_\_\_\_\_

---

Based on the MOST RECENT MRI, were the results Normal, Abnormal, or you Don't know?

- Normal
- Abnormal
- Don't know

---

Based on the results you have, please tell me the date when the MRI first became normal (or returned to baseline):

\_\_\_\_\_

---

Please tell me the date of that most recent MRI that was abnormal.

\_\_\_\_\_

---

Was the Assessment of Function, Normal or Abnormal?

- Normal
- Abnormal
- Do not know/Unsure

---

I will now ask about some specific features of that most recent abnormal MRI on [tests\_cardiac\_mri\_yes\_abnormal]:

---

	Yes	No	Do not know/Unsure
Were there Wall Motion Abnormalities:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there Late gadolinium enhancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[SKIP THIS ROW. NO LONGER USED] Was there Evidence of fibrosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Was there Evidence of continued inflammation or edema, using either T2-weighted imaging or parametric mapping?

Do you have the results of any previous cardiac MRI performed during the time of the patient's initial diagnosis?  Yes  No  Do not know/unsure  Declined to answer

What was the date of the initial diagnostic cardiac MRI you have? \_\_\_\_\_

What were the results of that initial diagnosis cardiac MRI?  Normal (or back to baseline)  Abnormal  Don't know

The options are Normal (or back to baseline), Abnormal or Don't know.

In that initial diagnosis cardiac MRI that was abnormal, was the Assessment of Function, Normal or Abnormal?  Normal  Abnormal  Do not know/Unsure

I will now ask about some specific features of that initial diagnosis cardiac MRI that was abnormal on [tests\_cardiac\_mri\_initial\_date].

	Yes	No	Do not know/Unsure
Were there Wall Motion Abnormalities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there Late gadolinium enhancement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[SKIP THIS ROW. NO LONGER USED] Was there Evidence of fibrosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there Evidence of continued inflammation or edema, using either T2-weighted imaging or parametric mapping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Coronary Angiography

**\*If patient is 5-11 years, skip to exercise stress test section\***

Now I will ask about a "Coronary Angiography (via cardiac catheterization or computed tomography)". Since the patient left the hospital [If patient was not hospitalized, substitute "after the initial Declined to answer diagnosis" in place of "after the patient left the hospital"] was a cardiac Coronary Angiography performed?  Yes  No  Do not know/Not sure  Declined to Answer

---

Do you plan to perform a Coronary Angiography in the future?

- Yes
- No
- Do not know/Not sure
- Declined to Answer

---

Can you tell me the planned or approximate date for this future Coronary Angiography to be performed?

\_\_\_\_\_

---

Based on the MOST RECENT Coronary Angiography, were the results normal, abnormal, or you don't know?

- Normal
- Abnormal
- Do not know/Unsure

---

Please tell me the date of that most recent Coronary Angiography that was abnormal:

\_\_\_\_\_

---

### Exercise Stress Test

Since the patient left the hospital [as relevant, substitute...after the initial diagnosis] has an Exercise Stress Test been performed?

- Yes
- No
- Don't know

Options are Yes, No or Don't know.

---

Do you plan to perform an Exercise Stress Test in the future?

- Yes
- No
- Do not know/unsure
- Declined to answer

---

Can you tell me the planned or approximate date for the Exercise Stress Test to be performed?

\_\_\_\_\_

---

Based on the most recent Exercise Stress Test, were the results Normal (or back to baseline), Abnormal, or you Don't know?

- Normal (or back to baseline)
- Abnormal
- Don't know

---

Based on the results you have, please tell me the date when the Exercise Stress Test FIRST became normal (or returned to baseline):

\_\_\_\_\_

---

Please tell me the date of that most recent Exercise Stress Test that was abnormal:

\_\_\_\_\_

---

I will now ask about some specific features of that MOST RECENT Abnormal Stress Test on [tests\_exercise\_yes\_normal]. For each, the response options are Yes, No or Don't know

---

	Yes	No	Don't know
Was there an Arrhythmia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there a Coronary perfusion abnormality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there another cardiac concern on exercise test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Was there a non-cardiac concern on exercise test?

### Ambulatory Rhythm Monitoring

Since the patient left the hospital [or if not hospitalized "after the initial diagnosis"] has Ambulatory Rhythm Monitoring (such as Holter monitor or Zio Patch) been performed?  Yes  
 No  
 Do not know/unsure  
 Declined to answer

The options are Yes, No or Don't know.

Do you plan to perform Ambulatory Rhythm Monitoring in the future?  Yes  
 No  
 Do not know/unsure  
 Declined to answer

Can you tell me the planned or approximate date for this to be performed? \_\_\_\_\_

Based on the MOST RECENT Ambulatory Rhythm Monitoring, were the results Normal (or back to baseline), Abnormal, or you Don't know?  Normal (or back to baseline)  
 Abnormal  
 Don't know

Based on the results you have, please tell me the date when the Ambulatory Monitoring FIRST became normal (or returned to baseline) \_\_\_\_\_

Please tell me the date of the most recent Ambulatory Rhythm Monitoring that was abnormal: \_\_\_\_\_

I will now ask about some specific features of that most recent abnormal Ambulatory Rhythm Monitoring on [tests\_ambulatory\_yes\_abnormal]:

	Yes	No	Don't know
Was there an atrial, supraventricular OR ventricular arrhythmia (1 response only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there a conduction delay or block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there frequent atrial or ventricular ectopy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Troponin

Since the patient left the hospital [as relevant..substitute...after the initial diagnosis], has a troponin level been measured?  Yes  
 No  
 Do not know/unsure  
 Declined to answer

The options are Yes, No or Don't know.

Based on the MOST RECENT results that you have available, was the troponin level normal, elevated, or you don't know/unsure:  Normal  
 Elevated  
 Don't know/unsure

---

What was the date of sample collection for that most recent level?

\_\_\_\_\_ (if unknown, leave blank)

---

Do you have the results of troponin level(s) measured during the time of the patient's initial diagnosis (e.g., during hospitalization)?

- Yes
- No
- Do not know/unsure
- Declined to answer

---

What was the date of the latest troponin level you have from the original episode (e.g., during hospitalization)?

\_\_\_\_\_

---

Was that latest troponin level measured, Normal, Elevated or you don't know/unsure?

- Normal
- Elevated
- Do not know/unsure



# Part 4 Etiology

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## Part A. Etiology

Thank you for answering our questions about Testing. We are now entering a short portion of the survey on Etiology.

As you know, some of these myocarditis cases may be due to COVID-19 vaccine. For some cases, a specific alternate etiology may have been identified.

---

Based on the information you have available at this time, has a specific alternate etiology or cause been identified for the myocarditis in this patient?

- Yes
- No
- Don't know/Not sure
- Declined to answer

The options are Yes, No or Don't Know.

---

Please tell me which category best captures the etiology for your patient:

[Read aloud list of drop down menu options]

- Infectious
- Immunological or autoimmune (such as lupus)
- Toxin (such as anthracyclines, cocaine)
- Hypersensitivity (such as cephalosporins, diuretics)
- Radiation-therapy induced
- Other

---

If other etiology, please specify:

---

---

I'll list 6 pathogens or related categories that cause myocarditis.

Please tell me which category of pathogens captures the etiology for your patient:

[Read aloud list of drop down menu options]

- Enterovirus (e.g., Coxsackie B)
- Adenovirus
- Parvovirus
- Acute SARS-CoV-2 infection but not MIS-C ("Multisystem inflammatory syndrome in Children") or MIS-A
- MIS-C (or MIS-A) as a complication of SARS-CoV-2 infection
- Other infection

---

If other infection, please specify:

---

# Part 5 Additional Medical History

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## Part A. Additional medical history

If you have a few more minutes, we would like to obtain some additional information about the patient's initial myocarditis and previous health history that you may have accessible. May I continue now with these additional questions?

---

Prior to, or at the time of the initial myocarditis episode, had your patient had laboratory confirmed SARS-CoV-2 infection?

- Yes
- No
- Do not know/Not sure
- Declined to Answer

---

Previous myocarditis or myopericarditis (prior to the episode we are discussing)?

- Yes
- No
- Do not know/unsure
- Declined to answer

---

Was the myocarditis completely resolved before the receipt of COVID-19 vaccine?

- Yes
- No
- Do not know/unsure
- Declined to Answer

---

Previous pericarditis only?

- Yes
- No
- Do not know/unsure
- Declined to Answer

---

Was the pericarditis completely resolved before receipt of COVID-19 vaccine?

- Yes
- No
- Do not know/unsure
- Declined to answer

---

Structural congenital heart disease?

- Yes
- No
- Do not know/unsure
- Declined to answer

---

With just a few terms, please specify the type of structural congenital heart disease.

---

---

Kawasaki Disease?

- Yes
- No
- Do not know/unsure
- Declined to answer

---

Hypertension?

- Yes
- No
- Do not know/Not sure
- Declined to Answer

---

Hyperlipidemia?

- Yes
- No
- Do not know/Not sure
- Declined to Answer

---

Coronary artery disease?

- Yes
- No
- Do not know/Not sure
- Declined to Answer

---

Myocardial infarction?

- Yes
- No
- Do not know/Not sure
- Declined to Answer

---

History of coronary revascularization (i.e. percutaneous intervention or bypass surgery)?

- Yes
- No
- Do not know/Not sure
- Declined to Answer

---

Valvular heart disease?

- Yes
- No
- Do not know/Not sure
- Declined to Answer

---

Heart failure from causes other than from those mentioned above?

- Yes
- No
- Do not know/unsure
- Declined to answer

---

Arrhythmia?

- Yes
- No
- Do not know/Unsure
- Declined to Answer

---

With just a few terms, please specify the type of arrhythmia.

\_\_\_\_\_

---

Asthma with medication use in the past 2 years (other than only exercise-induced)?

- Yes
- No
- Do not know/Unsure
- Declined to Answer

---

Diabetes type 1?

- Yes
- No
- Do not know/Unsure
- Declined to Answer

---

Diabetes type 2 (not "pre-diabetes")?

- Yes
- No
- Do not know/Unsure
- Declined to Answer

---

Rheumatologic or (other) autoimmune disease?

- Yes
- No
- Do not know/Unsure
- Declined to Answer

---

With just a few terms, please specify the type of rheumatologic or (other) autoimmune disease.

---

Genetic or chromosomal disorder?

- Yes
  - No
  - Do not know/Unsure
  - Declined to Answer
- 

With just a few terms, please specify the type of genetic or chromosomal disorder.

---

Cancer or current treatment for cancer?

- Yes
  - No
  - Do not know/Unsure
  - Declined to Answer
- 

With just a few terms, please specify the type of cancer of current treatment for cancer.

---

Immunosuppressive condition other than those previously mentioned?

- Yes
  - No
  - Do not know/Unsure
  - Declined to Answer
- 

With just a few terms, please specify the type of other immunosuppressive condition.

---

Any ONGOING underlying medical conditions other than those previously mentioned?

- Yes
  - No
  - Do not know/Unsure
  - Declined to Answer
- 

With just a few terms, please specify the type of other ongoing condition.

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### **Part C. Patient height and weight**

At the patient's first visit with you after the initial myocarditis diagnosis, what was the patient's height and weight? If you don't have this information from the first visit, please use the earliest visit from where you measured both height and weight or the earliest measurements available from the hospitalization or subsequent visits.

---

Is the patient's height known?

- Yes
  - Do not know/do not have
  - Declined to answer
- 

What date was the patient's height measured?

---

What units is the patient's height measured in?

- Total Inches
  - Feet and Inches
  - Centimeters
- 

What is the patient's height in total inches?

---

What is the patient's height in feet and inches?

Feet Inches

---

What is the patient's height in centimeters?

\_\_\_\_\_

---

Is the patient's weight known?

- Yes
- Do not know/do not have
- Declined to answer

---

What date was the patient's weight measured?

\_\_\_\_\_

---

What units is the patient's weight measured in?

- Pounds (lbs)
- Kilograms (kg)

---

What is the patient's weight in pounds?

\_\_\_\_\_

---

What is the patient's weight in kilograms?

\_\_\_\_\_

---

List any additional unsolicited concerns, including if provider specifically asked to speak to a CDC medical officer/cardiologist.

\_\_\_\_\_

---

Thank you for your time. This concludes our interview. Do you have any other questions?

[If they express any other concerns or questions, add them to the box above.]

[If they have requested to speak with a medical officer, say: ]

We will pass along your question and contact you again within **one week** [to be discussed]