

# Performance of a Complete Cardiac Ultrasound using a novel Autonomous Robotic Quantitative Ultrasound System (ARQUS) Screening Questionnaire

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## Participant Information

Name: \_\_\_\_\_

DoB: \_\_\_\_\_

- I am over 18 years of age.  
 Yes       No
- I agree to voluntarily participate in this study and understand that there is no financial compensation or incentive for my participation.  
 Yes, I agree       No, I do not agree
- I am aware that my data will be used in an anonymous manner in publications, conferences, theses, and presentations.  
 Yes       No
- I am aware that my data will be used in an anonymous manner towards an online, open-source cardiac echography library.  
 Yes       No
- Have you been diagnosed or suffered from any of the following health condition(s):

Condition	Response	
Abnormal heart rhythms or arrhythmias	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congenital heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coronary artery disease (narrowing of the arteries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deep vein thrombosis and pulmonary embolism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cardiomyopathy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vascular Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Valvular Regurgitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____		

- Have you undergone cardiac surgery and/or have a pacemaker?  
 Yes       No
- Do you have a family doctor  
 Yes       No

If yes, please provide their name and contact details

\_\_\_\_\_ (name)

\_\_\_\_\_ (phone number)

8. In the case of incidental findings, do you give the permission to Principal Investigator to communicate and transfer your data to the assigned physician and/or your family doctor?

Yes, I give permission       No, I do not give permission

### **Participant**

\_\_\_\_\_  
(participant's signature)

\_\_\_\_\_  
(date of agreement)

\_\_\_\_\_  
(location of agreement)

### **Researcher**

\_\_\_\_\_  
(researcher's signature)

\_\_\_\_\_  
(date of agreement)

\_\_\_\_\_  
(location of agreement)