

HEART QUESTIONNAIRE ©

NAME _____ **DATE** _____

1. I have been diagnosed with or told I might have:

- | | | |
|-----------------------------|-------------------------------|---|
| Diabetes _____ | High blood pressure _____ | High cholesterol or triglycerides _____ |
| Fluid accumulation _____ | Angina _____ | Peripheral arterial disease (PAD) _____ |
| Hardening of arteries _____ | Leaky heart valve _____ | A large heart _____ |
| Not enough blood flow _____ | Hiatus Hernia _____ | Spastic or Irritable Colon _____ |
| Peptic ulcer _____ | Heart failure _____ | Excess stomach acidity _____ |
| Abnormal heart rhythm _____ | Blocked coronary artery _____ | Gall bladder stones _____ |
| Extra heart beats _____ | Water retention (edema) _____ | GERD (heartburn) _____ |
| Myocarditis _____ | Pericarditis _____ | Erectile dysfunction _____ |
| | Stroke or "TIA" _____ | Kidney disease _____ |
| | | Other _____ |

Date first began: _____

2. If pertinent, please check all that apply:

	Occasionally	Once every 2 weeks	Once a week	Several times a week	Daily	Severe/always
Chest pain						
Chest pain on effort/exercise only						
Chest pain when excited or worked-up, eg, sports on TV						
Chest pain that disappears when I stop what I am doing						
Pain in the arms						
Unexplained indigestion						
Pain in the leg or buttocks during effort						
Swelling of ankles, other						
Palpitation						
Have to prop up on a pillow to breathe at night						
Get up at night unable to breathe						
Have to go to the window to breathe						
Lightheaded or dizzy, with or without loss of consciousness						
I experience fatigue, generalized weakness						
I have varicose veins or phlebitis						
I am limited in the exercise that I can do						

If you have chest pain:

- Where does the pain begin? _____ Where does the pain go or radiate? _____
- _____ How long does it last? _____
- Does it vary according to your position? Yes _____ No _____ Which is best? _____
- Does it vary with exercise or exertion? Yes _____ No _____ Does it get better or worse? Better _____ Worse _____
- Does it vary with emotional stress? Yes _____ No _____ Describe _____
- Does it get worse or better after eating? Yes _____ No _____ How long after your eat? _____ minutes
- Is the pain lancinating like lightning or an electric shock? Yes _____ No _____ or,
- Is it strong and dull? Yes _____ No _____ Is it a burning or searing pain? Yes _____ No _____

3. Things I can do to provoke the chest pain are _____

4. Things I can do to stop the chest pain are _____

5. Have you ever had a "heart attack"? Yes _____ No _____

What hospital? _____ Where _____

6. Have you ever had a cardiac catheterization? Yes _____ No _____

If so, what type? _____ When was it done? _____

What hospital? _____ Where _____

7. Have you ever attended a cardiac rehabilitation program? Yes _____ No _____ If so, where _____

8. Please list the prescribed drugs you have been given or took/take (Diuretics, ACE, ARB, digitalis, persantine, aspirin, Plavix, coumadin, Lipitor, Crestor, nitroglycerin, etc).

- a. _____ f. _____
- b. _____ g. _____
- c. _____ h. _____
- d. _____ i. _____
- e. _____ j. _____

9. I have taken these supplements/OTC at one time or another. (Check all that apply.)

- | | | |
|--------------------|----------------------|-----------------------------|
| Coenzyme Q10 _____ | Fish oil _____ | Garlic _____ |
| Hawthorne _____ | Pantethine _____ | Plant stanols/sterols _____ |
| Taurine _____ | Red yeast rice _____ | Niacin _____ |
- Other(s) _____

10. I become short of breath when walking _____ blocks, or up _____ flights of stairs.

11. I have had special procedures and imaging of the heart in the past. Yes _____ No _____. If so, please describe below.

- Cardiac catheterization/coronary angiography _____ When _____ Where _____
- Echocardiogram _____ When _____ Where _____
- Exercise treadmill test _____ When _____ Where _____
- Nuclear perfusion test ("SPECT, Thallium, other) _____ When _____ Where _____
- Coronary Artery Calcium artery score (CAC) _____ When _____ Where _____
- PET or MRI scan of the heart _____ When _____ Where _____

12. Have you had problems with your heart rhythm? Yes _____ No _____

13. If so, have you had an e-CARDIO monitoring (formerly called Holter monitoring) done? When _____
Where _____ An event recorder? _____

Are you taking any drugs for this? Please list

- a. _____ b. _____
- c. _____ d. _____

14. Have you ever had a PCI (percutaneous coronary intervention, [previously called angioplasty, percutaneous transluminal coronary (PTCA), or balloon angioplasty]? Yes _____ No _____

If yes, when _____ where _____ results _____

If yes, when _____ where _____ results _____

15. When was your last electrocardiogram?

Date _____ where _____ results _____

16. Have you ever had coronary artery bypass graft (CABG) _____ When _____ Where _____

How many artery segments were bypassed, and where, if you know? _____

17. Have you ever had tests for any other aspect of heart disease (electrophysiological testing, biopsy?)

If yes, when _____ where _____ results _____

18. Do you have a pacemaker or ICD implanted? If yes, when _____ where _____
_____ what kind is it (are they) _____

18. Please describe anything not mentioned above which you feel is important on the other side of this page in detail. Thank you.