

<i>(office use)</i>

CARDIAC QUESTIONNAIRE

Name:		Date:	
Height (in.):		Medical Record # or Date of Birth:	
Weight (lbs.):			

Ethnicity: Caucasian African-American Hispanic Asian Other _____

HISTORY

Have you ever had chest discomfort? Yes No

If yes, please answer the following questions:

Is it triggered by exertion or emotional stress? Yes No

Is it relieved by rest or nitroglycerin? Yes No

Does it occur when you walk at an ordinary pace on level ground? Yes No

Does it occur when you walk uphill or hurry? Yes No

Why are you having this study?

Chest Discomfort Shortness of Breath Abnormal Stress Test Other: _____

Do you have a personal history of the following?

High blood pressure or medication for blood pressure? Yes No

High cholesterol or medication for high cholesterol? Yes No

Diabetes or medication for diabetes? Yes No

Current smoker? Yes Never Past

Parents or siblings with heart attacks before age 60? Yes No

Have you ever had any of the following?

Heart attack? Yes No

Congestive Heart Failure? Yes No

Heart bypass surgery? Yes No

Heart balloon angioplasty or stent? Yes No

Pacemaker or defibrillator implant? Yes No