

# Cardiovascular Questionnaire

Name \_\_\_\_\_

Date \_\_\_\_\_

INSTRUCTIONS: Please circle the number which best describes the frequency or severity of your complaints.  
 Leave the question blank if it does not apply to you.  
 0 = RARELY OR NEVER EXPERIENCE SYMPTOM 1 = MILD 2 = MODERATE 3 = SEVERE

## PART 1: Cardiovascular Function

### Section A:

- 1 Chest pain radiating to left arm and/or left neck 0 1 2 3
- 2 Frequent leg cramps 0 1 2 3
- 3 Dizziness 0 1 2 3
- 4 Heartburn 0 1 2 3
- 5 Breathing difficulties 0 1 2 3
- 6 Minor exercise causes exhaustion 0 1 2 3
- 7 Feel anxious or uptight frequently 0 1 2 3
- 8 Feet and ankles swell 0 1 2 3
- 9 Heart sometimes "flip-flops" in chest 0 1 2 3
- 10 Hacking cough 0 1 2 3
- 11 Sweating with no exercise 0 1 2 3
- 12 Do you have high blood pressure? NO YES  
(Press 0 for NO, 1 for YES)
- 13 Rapid heartbeat (>90 beats/minute) NO YES  
(Press 0 for NO, 1 for YES)
- 14 Have you been diagnosed with a heart condition (Press 0 for NO, 1 for YES) NO YES
- 15 Diagonal crease in earlobe NO YES  
(Press 0 for NO, 1 for YES)

### Section B:

- 1 Extremities often "fall asleep" 0 1 2 3
- 2 Fingers and toes are often cold 0 1 2 3
- 3 Ankles swell during the afternoon 0 1 2 3
- 4 Out of breath after slight exertion 0 1 2 3
- 5 Difficult to breathe when lying down 0 1 2 3
- 6 Numbness/heaviness in arms and/or legs 0 1 2 3
- 7 Frequent tingling sensation in legs/fingers 0 1 2 3
- 8 Frequent cramps in legs when walking 0 1 2 3
- 9 Difficulty concentrating 0 1 2 3
- 10 Frequent headaches 0 1 2 3
- 11 Frequent ringing in your ears 0 1 2 3
- 12 Fluid retention 0 1 2 3
- 13 Toes are blue or discolored 0 1 2 3
- 14 Diagonal crease in earlobe NO YES  
(Press 0 for NO, 1 for YES)
- 15 Nose and/or face have tiny "spider veins" (Press 0 for NO, 1 for YES) NO YES

### Section C:

- 1 Frequent headaches, especially in the morning 0 1 2 3
- 2 Dizziness 0 1 2 3
- 3 Fatigued often 0 1 2 3
- 4 Difficulty breathing 0 1 2 3

- 5 Insomnia 0 1 2 3
- 6 Suffer from restlessness or emotional instability 0 1 2 3
- 7 Intestinal complaints 0 1 2 3
- 8 Ringing in the ears 0 1 2 3
- 9 Nosebleeds often 0 1 2 3
- 10 Diagnosed with high blood pressure (>140/90 mm/Hg) (Press 0 for NO, 1 for YES) NO YES