

Name: _____ DOB: _____ Today's Date: _____

Echocardiogram Questionnaire

- | | | |
|---|-----------|--------------|
| 1. Do you have shortness of breath with rest or with exercise? | Yes | No |
| Caused by: | | |
| Stress | Yes | No |
| Exercise | Yes | No |
| Stairs | Yes | No |
| Pollen or Allergy | Yes | No |
| <hr/> | | |
| 2. Do you have chest pain? | Yes | No |
| What makes it worse? | | |
| Stress | Yes | No |
| Exercise | Yes | No |
| Spicy Foods | Yes | No |
| Sinus & Allergy Infections | Yes | No |
| What makes it better? | | |
| Rest | Yes | No |
| Medication | Yes | No |
| <hr/> | | |
| 3. Have you ever had an EKG that required further testing? | Yes | No |
| 4. Is your heart racing? | Yes | No |
| 4b. Do you have extra beats? | Yes | No |
| 4c. Have you had a heart attack, heart murmur, heart surgery or admission to the hospital for chest pain? | Yes | No |
| <hr/> | | |
| 5. Do you have leg swelling? | Yes | No |
| 6. Do you have leg pain? | Yes | No |
| 7. Do you have high blood pressure? | Yes | No |
| How long have you been on high blood pressure medication? | | |
| <hr/> | | |
| 8. Are you a diabetic or do you have borderline sugar or do you have a history of diabetic issues? | Yes | No |
| 9. Do you have high cholesterol? | Yes | No |
| How long have you been on high cholesterol medication? | | |
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| 10. Do you manage cholesterol with diet & exercise? | Yes | No |
| 11. Do you have a family history of heart attacks? Who and what age? | Unknown | Yes No |
| <hr/> | | |
| 12. Do you have a family history of stroke? Who and what age? | Unknown | Yes No |
| <hr/> | | |
| 13. Have you ever had abnormal heart sounds? Who and what age? | Unknown | Yes No |
| 14. Do you have a family history of stent angioplasty? Who and what age? | Unknown | Yes No |
| <hr/> | | |
| 15. Are you tired or fatigued? | Sometimes | Often Rarely |
| 16. Do you feel weak, lightheaded, or faint? | | Yes No |
| 17. Do you have tingling in your fingers or toes? | | Yes No |
| 18. Do you have pain or discomfort in the arms or shoulders? | | Yes No |