Cardiac Screening Medical Questionnaire

WELSH HEARTS CALONNAU CYMRU
THE HEART CHARITY FOR WALES
ELUSEN Y GALON DROS GYMRU

Cardiac Health Diagnostics Ltd

This is a medical questionnaire for all individuals who would like to participate in the cardiac health screening event hosted by Cardiac Health Diagnostics Limited, on behalf of Welsh Hearts (Calonnau Cymru). This medical questionnaire must be completed before your screening appointment and brought with you on the day. Individuals CANNOT be screened without handing in their medical questionnaire. Information on this questionnaire is confidential and only accessed by the relevant staff and medical professionals.

Personal Details

Full Name		**Date of Screening**	
If you are under 16, please also include parent/guardian name			
Parent/Guardian Full Name			
Home Address incl. Post code			
Date of Birth		**Gender**	
Contact Telephone Number			
Email address			

Ethnicity. Please tick one.

British		Irish		Turkish/Cypriot		Greek/Cypriot		White and black Caribbean	
White and Asian		Caribbean		White and black African		East African		West African	
North African		Indian		Pakistani		Bangladeshi		Vietnamese	
Other (please specify)									

Height	**cm**	**Weight**	**kg**

Do you consider yourself to have any of the following disabilities or learning difficulties? Please mark as Y (Yes) or N (No)

Visual impairment		**Other physical disability**		**Temporary disability after illness**	
Hearing impairment		**Disability affecting mobility/wheelchair user**		**Profound / complex disabilities**	
Other (please specify)					

Do you require any special assistance on the day of your screening appointment? YES / NO If YES, please specify below.

Doctor Details

Doctors Name	
Doctor Address incl. Post code	
Contact Telephone Number	

Please answer the following questions honestly, providing as much information as possible.

1. Do you often experience ‘dizzy spells’?

Dizzy spells can be described as feeling faint, woozy, weak or unsteady.

Please mark as Y (Yes) or N (No)

During Exercise		**If Y. How often?**		**When was your most recent?**	
Following Exercise		**If Y. How often?**		**When was your most recent?**	
Unrelated to Exercise		**If Y. How often?**		**When was your most recent?**	

Please describe your experience when having a ‘dizzy spell’ if you said YES to any of the above questions. If you said NO to the above questions, please move on to question 2.

During Exercise	
Following Exercise	
Unrelated to Exercise	

2. Have you ever fainted?

Please mark as Y (Yes) or N (No)

During Exercise		**If Y. How often?**		**When was your most recent?**	
Following Exercise		**If Y. How often?**		**When was your most recent?**	
Unrelated to Exercise		**If Y. How often?**		**When was your most recent?**	

Please describe your experience when fainting if you said YES to any of the above questions. If you said NO to the above questions, please move on to question 3.

During Exercise	
Following Exercise	
Unrelated to Exercise	

3. Do you experience palpitations?

Palpitations can be described as the feeling of the heart racing, pounding and the heartbeat feels irregular or rapid.

Please mark as Y (Yes) or N (No)

During Exercise		**If Y. How often?**		**When was your most recent?**	
Following Exercise		**If Y. How often?**		**When was your most recent?**	
Unrelated to Exercise		**If Y. How often?**		**When was your most recent?**	

Please describe your experience when having palpitations if you said YES to any of the above questions. If you said NO to the above questions, please move on to question 4.

During Exercise	
Following Exercise	
Unrelated to Exercise	

4. Do you ever experience chest pain, heaviness or tightness?

Please mark as Y (Yes) or N (No)

During Exercise		**If Y. How often?**		**When was your most recent?**	
Following Exercise		**If Y. How often?**		**When was your most recent?**	
Unrelated to Exercise		**If Y. How often?**		**When was your most recent?**	

Please describe your experience when feeling chest pain, heaviness or tightness if you said YES to any of the above questions. If you said NO to the above questions, please move on to question 5.

During Exercise	
Following Exercise	
Unrelated to Exercise	

5. Do you exercise regularly? YES / NO (please circle correct response)

If YES, how many hours per week do you exercise? _____

If YES, how many days per week do you exercise? _____

Please describe the types of exercise you participate in below:

_____

_____

_____

_____

6. Do you play sport as part of a team? YES / NO (please circle correct response)

Please explain what sport you play as part of a team below:

_____

_____

_____

7. **Are you a competitive athlete?** YES / NO (please circle correct response)

A *competitive athlete can be described as a person who is trained in physical exercise or sport to participate in competitions.*

If YES, in which sport? _____

8. **Do you aspire to become a competitive athlete?** YES / NO (please circle correct response)

If YES, in which sport? _____

9. **Do you ever feel more out of breath or easily tired than other people/members of your team when you exercise**? YES / NO (please circle correct response)

If YES, please describe your experience below:

_____

_____

_____

10. **How many years have you been regularly excising/participating in sport**? _____

Do you have a family history of any of the following? Please mark as Y (Yes) or N (No)

High Blood Pressure		**High Cholesterol**		**Diabetes**	

11. **Is there anyone in your family who has heart disease under the age of 50?**
YES / NO (please circle correct response)

If you have ticked any of the above boxes, can you please describe a) the relation to you b) age of onset

High Blood Pressure	
High Cholesterol	
Diabetes	

12. Has anyone in your family suddenly died under the age of 50?

YES / NO (please circle correct response)

If YES, could you please describe a) the circumstances in which this occurred b) age the death occurred and c) how the individual(s) were related to you.

_____

_____

_____

_____

Thank you for taking the time to complete this questionnaire. Please bring this with you to your cardiac screening appointment.