

Mission Hospital  
CARDIOPULMONARY REHABILITATION CENTER

About You

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please answer the following questions. There may be more than one answer.

NATURE OF HEART DISEASE

- Coronary Heart Disease  Occurs all of a sudden  May be reversible
- Is progressive  Is cured by angioplasty (balloon), bypass or stent

All of the following are risk factors for heart disease. Identify YOUR RISK FACTORS

- Blood fat levels (lipids/cholesterol)
- Hypertension (High blood pressure)
- Overweight
- Stress and how you cope
- Type-A personality (intense, driven, find it hard to relax, inappropriate anger/hostility, hold in emotions)
- Sedentary (inactive) lifestyle
- Sleep Apnea
- High fat diet
- Smoking
- Gender (Male)
- Family history
- Diabetes/Pre-Diabetes

What exercise were you doing prior to your cardiac event?

Type \_\_\_\_\_ Minutes \_\_\_\_\_ Times per week \_\_\_\_\_

Changing some of your behaviors such as diet, exercise, or smoking can help prevent future cardiac event or procedures.  TRUE  FALSE

SIGNS & SYMPTOMS/MEDICATIONS

All of the following can be symptoms of angina or associated with angina. Which ones have YOU experienced?

- Chest Discomfort  Palpitations  Fatigue
- Shoulder Discomfort  Abdomen Discomfort  Sweating
- Arm/Arms Discomfort  Back Discomfort  Nausea
- Neck Discomfort  Shortness of Breath  Anxiety

What do you do if symptoms of angina should occur?

- Stop any activity in which I am engaged and sit down for 5 minutes of rest
- Sit or lay down, take nitroglycerin (tablet or spray) every 3-5 minutes up to a total of no greater than 3 times. If angina persists, call the paramedics (911). If angina is relieved, call my physician and inform of this incident.
- Continue activity and try to work through it
- If angina persists, drive myself to the hospital

Check off the statements concerning medications that are TRUE:

- If I forget to take my medication, I should increase the amount taken with the next dose
- I should not stop or change the dose of medications without consulting my physician(s)
- I should carry written information stating each medication I take, the dose, and how often I take it each day.

**PSYCH/SOCIAL/SPIRITUAL**

- It is important to learn to:  Appropriately assess priorities  
 Utilize activities that promote relaxation  
 Approach my work and lifestyle very intensely

Over the past 2 weeks, have you been bothered by any of the following things?

- Little or no interest or pleasure in doing things  
 Feeling down, depressed or hopeless  
 None of the above

**EDUCATION**

**Please check off lifestyle changes that you have made**

- |  |   |
|--|---|
| <input type="checkbox"/> Stopped smoking                                   | <input type="checkbox"/> Lost weight  |
| <input type="checkbox"/> Learned relaxation techniques                     | <input type="checkbox"/> Joined a support group   |
| <input type="checkbox"/> Decreased food portions or total calories in diet | <input type="checkbox"/> Made a new commitment to a healthy lifestyle change                  |
| <input type="checkbox"/> Decreased saturated fats in diet                  | <input type="checkbox"/> Obtained/read literature/books on<br>how to decrease my risk factors |
| <input type="checkbox"/> Started exercising regularly                      | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Started/improved diabetes management              |   |

Would you like to schedule a diet consult?  Yes  No

**HEART ATTACK**

It is very common that a person will deny that he/she is actually having a heart attack.  True  False

After a heart attack, a scar forms in the heart where the heart muscle damage occurred. This process takes 4-6 weeks.

True  False

**HEART SURGERY/CARDIAC INTERVENTIONAL PROCEDURES**

You can ignore angina-type symptoms if you have had cardiac surgery or an intervention such as angioplasty (balloon) or stent.  True  False

**REHAB INFORMATION**

Do you drink alcohol?  Yes  No If yes, how many oz per day? \_\_\_\_\_

Do you drink caffeine?  Yes  No If yes, how many 6 oz cups of coffee/tea/colas per day? \_\_\_\_\_

Do you have any orthopedic (muscle, joint or bone problems)?  Yes  No

If yes, describe: \_\_\_\_\_

What are your specific goals for cardiac rehab? \_\_\_\_\_

Do you have an Advanced Directive (i.e., Durable Power of Attorney for Health Care Decisions)?  Yes  No

If No, do you want information?  Yes  No