

# WOMEN'S HEART DISEASE — SELF-SURVEY —



## Are you at risk?

Every year, more women die from cardiovascular disease than from all forms of cancer. Yet, most cardiac events in women can be prevented with early detection, good lifestyle choices, and a physician's care.

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

Daytime Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Preferred method to receive results:

- Mail to your mailing address  E-Mail

Do you have a Primary Care Physician?

- Yes, Name: \_\_\_\_\_  
 No

Are you under the care of a Cardiologist?

- Yes, Name: \_\_\_\_\_  
 No

If yes, would you like a copy of this screening survey to be sent to your:

- Primary Care Physician  Cardiologist

Address: \_\_\_\_\_

### Instructions: Please answer the following questions. Please print clearly.

- What is your age?
- Do you smoke?  
 Yes  No, Never  Quit
- Is your blood pressure over 120/80 mmHg?  
 Yes  No  I don't know
- What is your blood pressure?  
   /     
 Self Reported by Patient
- Has your cholesterol ever been checked?  
 Yes  No  Don't know
- Is your cholesterol more than 200 mg/dl?  
 Yes  No  I don't know
- What is your cholesterol?  
     
 Self Reported by Patient
- Is your HDL (good cholesterol) less than 45 mg/dl?  
 Yes  No  I don't know
- What is your HDL (good cholesterol?)  
     
 Self Reported by Patient
- Are you currently taking medicine for high cholesterol?  
 Yes  No  
 I don't know  Not applicable
- Which of these medicines are you currently taking for high cholesterol?  
 Statin  Fibrate  Niacin  
 Other  
 I don't know  
 Not applicable  
Name of cholesterol medication:  
\_\_\_\_\_

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HAWAII PACIFIC HEALTH

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## Are you at risk?

12. Has your father/brother had a heart attack, stroke, or other heart problem before age 65?  
 Yes  No  I don't know
13. Has your mother/sister had a heart attack, stroke, or other heart problem before age 65?  
 Yes  No  I don't know
14. Have you ever had your blood sugar checked?  
 Yes  No  I don't know
15. Do you have diabetes OR a fasting blood sugar of more than 126 mg/dl?  
 Yes  No  I don't know
16. Are you currently taking medicine to control blood sugar?  
 Yes  No  I don't know
- Name of medication: \_\_\_\_\_
17. Do you get LESS than 30 minutes of exercise on most days?  
 Yes  No
18. Have you had a heart attack or have you been told that you have angina?  
 Yes  No  I don't know
19. Do you experience any of the following?  
 Chest, jaw, shoulder or neck discomfort with activity  
 Chest, jaw, shoulder or neck discomfort at rest  
 Shortness of breath  
 Fainting without explanation  
 Palpitations (fluttering feeling in chest)  
 Fatigue (excessive tiredness)  
 Leg pain with walking  
 Stroke or mini-stroke (CVA or TIA)
20. Are you pregnant?  
 Yes  No  I don't know  
 Not applicable
21. Did you have high blood sugar (gestational diabetes) during your pregnancy?  
 Yes  No  I don't know  
 Not applicable
22. Did you have high blood pressure during your pregnancy?  
 Yes  No  I don't know  
 Not applicable
23. Did you have pre-eclampsia during your pregnancy?  
 Yes  No  I don't know  
 Not applicable
24. Are you menopausal?  
 Yes  No  I don't know  
If so, at what age?
25. Has your uterus been removed?  
 Yes  No  I don't know  
If so, at what age?
26. Have your ovaries been removed?  
 Yes  No  I don't know
27. Are you on hormone replacement treatment?  
 Yes  No  I don't know  
If so, for how long (in years)?

Every year, more women die from cardiovascular disease than from all forms of cancer. Yet, most cardiac events in women can be prevented with early detection, good lifestyle choices, and a physician's care.

Yes, I would like to participate in the Women's Heart Disease Screening Program:

I understand that:

- This screening survey will be sent to the health care professionals associated with this program.
- I agree to be contacted for scheduling and possible follow-up appointment(s).
- Tests consist of:
  - Lab (blood) tests
  - EKG
  - ABI (to check for arterial blockage in the legs)
  - BMI (calculated using height & weight)
  - Waist circumference measurement

Patient's signature

X

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**If you answered YES to questions 2,3,6 or 10, we recommend a follow-up with your Primary Care Physician. If you also answered yes to questions 12, 13, 15, 18, or 19, please follow up with a Cardiologist. If you do not have a Primary Care Physician or Cardiologist, please ask for a referral today or call Straub at 522-4777.**

Disclaimer: This screening tool is intended to be used solely for the purpose of identifying and evaluating risk factors for cardiac or peripheral vascular disease. It is not intended to provide a medical diagnosis or constitute medical advice. An accurate diagnosis for cardiac or peripheral vascular disease can only be made by a physician after a complete evaluation, including physical exam.