

Bridge Cottage - CHD Review

Patient	
Name: _____	NHS Number: _____
Address: _____ _____	Date of Birth: _____
Telephone: _____	Mobile Tel.: _____
Done By	
Name: _____	Date: _____

Bridge Cottage - CHD Review

Cardiovascular Review

All questions marked with a * should be answered.

1. Cardiovascular Review

Please only complete the following questionnaire if requested by your GP practice as part of your routine cardiovascular review.

This questionnaire is for a routine review of your symptoms. If you are experiencing chest pain, severe shortness of breath or other concerning symptoms, please follow your care plan (if you have one) or ring your GP or 999 immediately.

- Are you having any chest pain? If yes, phone 999 if necessary for further assessment
 - No - No chest pain present
 - Yes - Chest pain present
- Are you having any shortness of breath? If yes and severe, please phone 999 if necessary for further assessment
 - No - No breathlessness
 - Yes - Breathlessness on mild exertion
 - Yes - Breathlessness on moderate exertion
 - Yes - Breathlessness on strenuous exertion
- Do you have any new or recent leg swelling?
 - No - No foot, ankle or leg swelling
 - Yes - swelling of feet only
 - Yes - swelling of ankles
 - Yes - swelling up legs
- How is your mood?
 - Fine - Normal mood
 - Low - Depressed mood
- How is your memory?
 - Fine - Normal memory
 - Reduced - Memory impairment
- Do you eat five portions of fruit or vegetables a day?
 - Yes
 - Sometimes
 - No

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7. How often do you exercise?
- Never
 - Occasionally
 - Regularly
 - All the time
 - I'm not able to exercise

2. Recordings

Home Blood Pressure Recordings

Please complete this section if you have a blood pressure monitor at home. Otherwise, please leave this blank and skip to next section.

In the morning, ensure that you are rested and have taken no exercise in the last 30 minutes. Then sit in a chair comfortably upright with your arm supported on a table beside you, with both feet on the ground. Put the cuff on your upper arm (5cm above your elbow) resting on the table, the cuff should be roughly at the level of your heart. Press the on/start button on the BP monitor and take two readings at least 1 minute apart. Record the readings with your pulse rate and any comments and repeat that evening & for a total of 7 days using alternate arms.

Calculate your average blood pressure by ignoring the first day of readings (as this was when you were getting used to the monitor) and take an average of the remaining readings. Add up all the top systolic blood pressures & divide by the number of blood pressures done, then repeat with the bottom diastolic blood pressures.

For further information, please see: http://www.bloodpressureuk.org/BloodPressureandyou/Homemonitoring/main_content/hnWi/downloadPublication

1. My average home SYSTOLIC blood pressure recording is: (mmHg)

2. My average home DIASTOLIC blood pressure recording is: (mmHg)

3. My pulse rate per minute is: (bpm)

4. The rhythm of my pulse is:

- Regular
- Irregular

5. My current weight is: (Kg)

6. My current height is: (m)

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3. Lifestyle - Alcohol

- How often do you have a drink containing alcohol?
 - Never
 - Monthly or less
 - 2-4 times a month
 - 2-3 times a week
 - 4 times or more a week
- How many units of alcohol do you drink on a typical day drinking? Please see: <https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator>
 - 1-2
 - 3-4
 - 5-6
 - 7-9
 - 10+
- How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily

4. Lifestyle - Smoking

- Do you smoke?
 - Never smoked
 - Ex-smoker
 - Trivial smoker (less than 1 cigarette per day)
 - Light smoker (1-9 cigarettes per day)
 - Moderate smoker (10-19 cigarettes per day)
 - Heavy smoker (20-39 cigarettes per day)
 - Very heavy smoker (40 or more cigarettes per day)
- Do you use an e-cigarette?
 - No
 - Ex-User
 - Yes
- If you smoke, would you like help to quit smoking? (For further information, please see: www.nhs.uk/smokefree)
 - Yes
 - No

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5. Further Questions

1. I have the following questions that I would like to raise with my Nurse or Doctor:

Please see the following links for further information on cardiovascular disease that you may find useful:

NHS - <https://www.nhs.uk/conditions/cardiovascular-disease>

Patient.Info - <https://patient.info/health/cardiovascular-disease-atheroma>

British Heart Foundation - <https://www.bhf.org.uk>

When you are happy with all your above answers, please click 'Submit' below and the questionnaire will be automatically sent to your GP practice. Depending upon your answers and your other medical conditions, you will be contacted if you need to be seen in clinic for a further assessment. Should your symptoms change, please seek medical advice and book an appointment if required.