

CARDIAC REHABILITATION RISK FACTOR ID AND QUESTIONNAIRE

Patient Name: _____ Procedure Type /Date: _____

RISK FACTOR IDENTIFICATION

Identify your risk factors by checking the boxes and providing further information as indicated.

- Sedentary lifestyle.** Most of my day is spent seated and I do not follow an exercise routine.
Comments: _____
- Diabetes.** Type 1 Type 2 Year diagnosed: _____
 Oral medication Insulin Diabetes Education: Yes No
I test my blood sugar ____ per day week. Blood sugar range: _____
Date/result of last A1C: _____
(Bring testing supplies for the first two weeks of the program.)
- Stress.** I feel I experience a high level of stress on a daily/near daily basis. Rate your stress on a scale of 1-10 (ten being the most stress), I rate my stress: _____ .
- Reduced Interest/ Feelings of Depression.** More than half of the time I feel a reduced interest or have a hard time concentrating on activities I previously enjoyed, and feel down.
- Cholesterol:** Last tested: _____ Total Cholesterol: _____ HDL: _____ LDL: _____ Triglycerides: _____
- Family History of Cardiac Disease.**
 Heart attack High Blood Pressure High Cholesterol Stroke
Specify relation to, their approximate age at diagnosis, and type of heart disease: _____

- Hypertension.** (high blood pressure or pre-hypertension): Usually over 140/90 Usually over 130/80
- Smoking.** I currently smoke ____ cigarettes/day. I smoked for ____ years, but I quit (year) _____
 I choose not to quit smoking because: _____
- Weight.** Wt: _____ Ht: _____

For staff use only: BMI: _____ Waist Circum. (inches): _____ Weight loss goal: 5% 7% 10% _____

- Alcohol.** Number of drinks/week: _____ I used to drink alcohol but quit (year) _____

WEIGHT HISTORY

Current Wt: _____ Lowest Adult Wt: (last 10 years) _____ Highest Adult Wt: _____
Recent weight change? Yes No If yes, explain: _____



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EXERCISE EXPERIENCE/FUNCTIONAL NEEDS:

Use of walker Use of cane Need assistance

Current home exercise/hobbies (describe activities and how often you participate): _____

Describe your physical activity in the last 6 months to 1 year: _____

Employment plans/physical requirements for employment: _____

Current restrictions specified by MD: _____

Nutrition Questionnaire: (Mark all that apply.)

1. Do you have any questions or need guidance regarding food choices, eating habits, and/or overall nutritional status?

- Implementing the guidelines of a low fat diet. Implementing the guidelines of a low sodium diet.
 I need guidance learning how to read a food label. Implementing more whole grains, fish, fruits, and vegetables.
 Other: _____

2. What is your main goal in making dietary changes?

- Lower blood pressure Lower cholesterol Control blood sugar Weight loss
 Improve energy level Other: _____

3. How frequently do you eat out or pick up food each week while on the go?

- Daily 5 times 2-3 times Once Less than once
Meal(s) typically eaten out/on the run: Breakfast Lunch Dinner Snacks

4. Do you currently consider any of the following when choosing foods to eat?

- low fat low sodium high fiber diabetic carbohydrate counting Other: _____
Please describe: _____

5. How many 8-ounce glasses of water do you drink daily? _____. What other beverages do you drink? _____

6. Select the statement(s) that apply to you:

- I never really watched my dietary choices. I plan my meals ahead of time and try to follow healthy guidelines.
 I read food labels to help guide my food selection. I have recently made changes to my meal patterns/food choices.
 I want to make changes, but do not know where to start

7. Being as specific as possible, identify a goal that you most want to work to improve while in Cardiac Rehab. Use the risk factors identified to determine your goal.

**Please bring your insurance card and list of current medications
(include dose and frequency) to your orientation.**



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