



PATIENT HISTORY

Name _____

Date / / DATE04
Mo. Day Yr.

Birthdate / / Sex: 1 Male 2 Female Race: 1 White 2 Black 3 Other
Mo. Day Yr.

~~SEX04~~

1. Is there a history of angina pectoris or myocardial infarction before age 55 in any of the patient's parents, siblings, aunts, or uncles (related by blood)? HISTORY04
 1 Yes 2 No 3 Unknown If yes, how many? _____

2. Cigarettes CIGRTS04
 1 Presently smokes cigarettes 2 Formerly smoked cigarettes 3 Never smoked cigarettes
 Peak daily consumption of cigarettes. 1 1 pack 2 1-2 packs 3 2 packs CNSMPN04
 How many years has the patient smoked cigarettes? YEARS04 Pack-years PACKYR04
 Year patient quit smoking cigarettes. 19 _____

3. Pipe PIPE04
 1 Presently smokes a pipe 2 Formerly smoked a pipe 3 Never smoked a pipe

4. Cigars CIGARS04
 1 Presently smokes cigars 2 Formerly smoked cigars 3 Never smoked cigars

5. Employment (check one in each group)
 A. 1 Full-time 2 Part-time 3 Retired 4 Quit 5 Other EMPLOY04
 B. 1 Laborer 2 Clerical 3 Professional 4 Homemaker 5 Other OCCUP04

6. Recreational Activity (refers to the last three months) RECRTN04
 1 Strenuous 2 Moderate 3 Mild 4 Sedentary

7. Medical History

		1 Yes	2 No	3 Uncertain
Hypertension	HYPTEN04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	DIABET04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular	CERBRV04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral arterial		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valvular heart disease	VALVHT04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic pulmonary	CHRPUL04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrombophlebitis	THRMBO04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatic	HEPAT04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal	RENAL04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gout	GOUT04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neoplastic	NEOPLS04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peptic ulcer	ULCER04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	OTHILL04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. History of previous myocardial infarction. 1 Yes 2 No PREVMIO4

If yes, 1 Multiple 2 Single MLTSGO4

Date of first MI ___/___/___; or check if silent MI SILFMIO4
Mo. Yr.

Was this MI documented by medical record? 1 Yes 2 No 3 Unknown DOCFMIO4

Date of most recent MI ___/___/___; or check if silent MI SILRMI04
Mo. Day Yr.
DVRMIO4

Was this MI documented by medical record? 1 Yes 2 No 3 Unknown DOCRMIO4

9. History of cardiac arrest. 1 Yes 2 No CARESTO4

If yes, give number of events

Date of most recent event ___/___/___
Mo. Day Yr.

Was most recent event documented by ECG? 1 Yes 2 No 3 Unknown

Was ECG obtained? 1 Yes 2 No

If yes, indicate if ECG showed evidence of the following.

- Ventricular fibrillation Ventricular tachycardia
- Ventricular bradycardia Asystole

Did this cardiac arrest occur immediately before or as a complication of myocardial infarction?

1 Yes 2 No

10. Previous cardiac surgery. 1 Yes 2 No PREVSR04

If yes, note number of procedures and year of most recent procedure(s).

Coronary artery surgery: Number of procedures _____ Most recent, 19 ___CASYR04

If known, indicate whether

VGRAFT04 Vein bypass graft IMA bypass graft IMA04

VINBRG04 Vineberg procedure Coronary endarterectomy ENDART04

Valvular surgery: Number of procedures _____ Most recent, 19 ___VSYEAR04

Myocardial surgery: Number of procedures _____ Most recent, 19 ___MSYEAR04

If known, indicate whether

ANEURO04 Aneurysmectomy Infarctectomy INFARC04

Pacemaker surgery: Number of procedures _____ Most recent, 19 ___PSYEAR04

Pericardial surgery: Number of procedures _____ Most recent, 19 ___PCYEAR04

Vascular surgery: Number of procedures _____ Most recent, 19 ___VASCYR04

If known, indicate whether

THORAC04 Thoracic surgery Abdominal aortic surgery AORTIC04
ABDOML04

PERIPH04 Peripheral arterial Other OTHERV04

Other: Number of procedures _____ Most recent, 19 ___OTHRYR04

Specify (20 - Keystroke limit) _____