

C. Cardiovascular

1. Have you ever been diagnosed with any of the following: Which of the following apply to you now or did apply to you at some time in the past, even if the problem is controlled by medication? Please explain any yes answers (i.e., when problem was diagnosed, length of time on medication).
 - a. High cholesterol or triglyceride level
 - b. Hypertension (high blood pressure)
 - c. Diabetes
 - d. Family history of heart attack, stroke, or blocked arteries
2. Have you ever had chest pain? If so, answer the next five questions.
 - a. What was the quality of the pain (i.e., crushing, stabbing, squeezing)?
 - b. Did the pain go anywhere (i.e., into jaw, left arm)?
 - c. What brought the pain out?
 - d. How long did it last?
 - e. What made the pain go away?
3. Have you ever had heart disease, a heart attack, stroke, aneurysm, or blocked arteries anywhere in your body? Explain (when, treatment).
4. Have you ever had bypass surgery for blocked arteries in your heart or anywhere else? Explain.
5. Have you ever had any other procedures done to open up a blocked artery (balloon angioplasty, carotid endarterectomy, clot-dissolving drug)?