

## CHD Questionnaire

Full Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

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

### **Questions:**

**1. Have you had any recent heart related problems? e.g. chest pain more frequent or shortness of breath.**

**2. Blood pressure reading 1:**

**3. Blood pressure reading 2:**

**4. Please enter your height: (metres)**

**5. Please enter your weight: (kilos)**

**6. Alcohol intake per week: (units)**

**7. How much exercise do you do each week?**

**8. Do you smoke?**

**9. Have you ever smoked?**

**10. Do you take Aspirin?**

Thank you for taking the time to complete this questionnaire. Your responses will provide us with valuable insights to better understand and support your heart care needs.

Once you have finished filling out the questionnaire, we kindly request that you either hand it in to the front desk at the surgery or email it back to us at [frimleyicb.richmondsurgery@nhs.net](mailto:frimleyicb.richmondsurgery@nhs.net). In the email subject line, please write "CHD Questionnaire FAO Care Coordinators" to ensure prompt attention.

Please remember that providing accurate personal information is vital for us to provide you with the best possible care. Your privacy and confidentiality are of utmost importance, and we assure you that all information shared will be handled with the strictest confidence and in accordance with applicable data protection regulations.