



NOVELTY HILL
PHYSICAL THERAPY

Health Readiness Questionnaire

Please answer the following questions to the best of your ability and knowledge.

Section 1 – Have you ever had any of the following?

1. Heart attack or heart failure? Y ___ N ___
2. Heart surgery? Y ___ N ___
3. Metabolic diseases? Y ___ N ___
4. A pacemaker or other heart device? Y ___ N ___
5. A heart valve or congenital heart disease? Y ___ N ___
6. Pulmonary disease? Y ___ N ___
7. A stroke? Y ___ N ___
8. Coronary artery disease? Y ___ N ___
9. If you are a woman, are you pregnant? Y ___ N ___
10. Musculoskeletal or nerve problems? Y ___ N ___

Section 2 – Have you ever experienced any of the following?

1. Pain in your chest, neck or jaw? Y ___ N ___
2. Shortness of breath with mild exertion? Y ___ N ___
3. Palpitations, tachycardia, or irregular heart beat? Y ___ N ___
4. Orthopnea or Paroxysmal Nocturnal Dyspnea? Y ___ N ___
5. Intermittent claudication or thrombosis? Y ___ N ___
6. Ankle swelling? Y ___ N ___
7. Heart murmur? Y ___ N ___
8. Dizziness? Y ___ N ___

Section 3 – Indicate if you have had any of the following or if any apply to you:

1. You are a male older than 45 years of age. Y ___ N ___
2. You are a woman over 55 years of age or have had a hysterectomy or are post menopausal. Y ___ N ___
3. You smoke or have quit smoking in the last 6 months. Y ___ N ___
4. You have blood pressure greater than 140/90. Y ___ N ___
5. You are physically inactive or get less than 30 minutes of physical activity on at least 3 days per week. Y ___ N ___
6. You have total cholesterol greater than 200 mg/dL. Y ___ N ___
7. You have a close male blood relative who had a heart attack before age 55 or a close female relative who had a heart attack before age 65. Y ___ N ___
8. You have diabetes or take medication to control blood sugar. Y ___ N ___
9. You take prescription medication. Y ___ N ___
10. You are more than 20 pounds overweight. Y ___ N ___