RESPIRATORY FUNCTION UNIT
Macquarie University Clinic & Hospital
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CARDIOPULMONARY EXERCISE TESTING PATIENT QUESTIONNAIRE

Please answer the following questions as best you can. If you are uncertain about any answers, please speak to the staff when you do your test.

NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE: _____ ***GENDER: Male / Female*** ***DATE OF BIRTH:*** _____

MEDICARE NUMBER: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ***REF #:***_____ ***EXPIRY:***_____

ETHNICITY (required for lung function predicted values): _____

PLEASE READ CAREFULLY AND TICK YOUR RESPONSES:

1. Do you have any of the following:	***YES***	***NO***
• *High Blood Pressure*		
• *Obesity*		
• *High Cholesterol*		
• *Diabetes*		
Current medications - please list:		

2. Please answer YES/NO to the following:	***YES***	***NO***
Have you had surgery in the last 6 months? If YES please detail:		
Have you had a recent heart attack?		
Do you have unstable chest pain (angina), not settled by medication?		
Do you have an irregular heart beat?		
Do you have a history of fainting or dizziness?		
Do you have endocarditis? (infection of the heart wall)		
Do you have acute myocarditis (infection of the heart muscle) or pericarditis (infection of the surrounding sac of the heart)?		
Do you have aortic stenosis (heart valve narrowing)?		
Do you have uncontrolled heart failure?		
Do you have blood clots in your lungs or legs?		
Do you have tearing of the wall in your aorta?		
Do you have uncontrolled asthma?		
Do you have fluid in your lungs not controlled by medication?		
Do you have respiratory failure?		
Do you have any disabilities (physical or mental) that you feel could prevent you from exercise?		

Continued:	***YES***	***NO***
Do you have narrowing in the main left coronary artery?		
Do you have narrowing of the heart valves?		
Do you experience very fast or very slow heart beats?		
Do you have blockage in the hearts electrical conduction?		
Do you have blockage in the outflow path of left ventricle?		
Do you have pulmonary hypertension?		
Are you currently pregnant?		
Do you have uncorrected medical conditions such as anaemia or electrolyte imbalance or hyperthyroidism?		
Do you have any other conditions that have not been mentioned that may affect your ability to exercise? Please detail below:-		
3. Are you:	***YES***	***NO***
• *A current smoker?*		
• *An ex-smoker?*		
4. Respiratory Medication	***YES***	***NO***
If you are taking inhalers/puffers, have you taken your puffers today?		
If yes, please record time and dose:		
5. Research at Macquarie Respiratory and Sleep	***YES***	***NO***
Do you consent to your anonymous results being used for future research?		
Are you interested in taking part in any future respiratory clinical trials at MQRS?		
IF YOU ANSWERED YES TO QUESTION 5 ~ PLEASE SIGN HERE: _____		

I AM FULLY AWARE OF ANY FEES/CHARGES FOR TESTS PERFORMED

NAME: _____

SIGNATURE: _____

DATE: _____