

Table 9.3a

Interview Questions for Cardiovascular and Peripheral Vascular Systems^[9]

Symptom	Question	Follow-Up Safety Note: If findings indicate current severe symptoms suggestive of myocardial infarction or another critical condition, suspend the remaining cardiovascular assessment and obtain immediate assistance according to agency policy or call 911.
Chest Pain	Have you had any pain or pressure in your chest, neck, or arm?	Review how to assess a patient’s chief complaint using the PQRSTU method in the “Health History” chapter. “P-provocation or palliation—What brings on the pain? What relieves the pain? Q-Quality or quantity—Characteristics, duration R-Region or Radiation—Where is the pain? Does it radiate anywhere? S- Severity—How would you rate the pain on a scale of 0-10? T-Timing—When did the pain start? How long does the pain last? Anything relieve the pain? U-Understanding—What do you think is causing the pain?”
Shortness of Breath (Dyspnea)	Do you ever feel short of breath with activity? Do you ever feel short of breath while sleeping? Do you feel short of breath when lying flat?	What level of activity elicits shortness of breath? How long does it take you to recover? Have you ever woken up from sleeping feeling suddenly short of breath (paroxysmal nocturnal dyspnea)? How many pillows do you need to sleep, or do you sleep in a chair (orthopnea)? Has this recently changed?
Edema	Have you noticed swelling of your feet or ankles? Have you noticed your rings, shoes, or clothing feel tight at the end of the day? Have you noticed any unexplained, sudden weight gain? Have you noticed any new abdominal fullness?	Has this feeling of swelling or restriction gotten worse? Is there anything that makes the swelling better (e.g., sitting with your feet elevated)? How much weight have you gained? Over what time period have you gained this weight?
Palpitations	Have you ever noticed your heart feels as if it is racing or “fluttering” in	Are you currently experiencing palpitations? When did palpitations start? Have you previously been treated for palpitations? If so, what treatment did you receive?

	<p>your chest?</p> <p>Have you ever felt as if your heart “skips” a beat?</p>	
Dizziness (Syncope)	<p>Do you ever feel light-headed?</p> <p>Do you ever feel dizzy?</p> <p>Have you ever fainted?</p>	<p>Can you describe what happened?</p> <p>Did you have any warning signs?</p> <p>Did this occur with position change?</p>
Poor Peripheral Circulation	<p>Do your hands or feet ever feel cold or look pale or bluish?</p> <p>Do you have pain in your feet or lower legs when exercising?</p>	<p>What, if anything, brings on these symptoms?</p> <p>How much activity is needed to cause this pain?</p> <p>Is there anything, such as rest, that makes the pain better?</p>
Calf Pain	<p>Do you currently have any constant pain in your lower legs?</p>	<p>Can you point to the area of pain with one finger?</p>

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