



Health Risk Questionnaire

1. Has your father or other male first degree relative (son or brother) experienced a heart attack, coronary revascularization, or sudden death before the age of 55?
yes _____ no _____
2. Has your mother or other female first degree relative (daughter or sister) experienced a heart attack, coronary revascularization, or sudden death before the age of 55?
yes _____ no _____
3. Do you currently smoke or have you quit smoking within the past 6 months? (cigarette, cigar, pipe, etc.)
yes _____ no _____
4. Has your blood pressure been measured at or above 140/90 on 2 separate occasions?
yes _____ no _____
5. Do have hypercholesterolemia?
Total blood serum > 200 mg/dl yes _____ no _____
LDL > 130 mg/dl yes _____ no _____
HDL < 35 mg/dl yes _____ no _____
On medications to lower cholesterol yes _____ no _____
6. Have you had an impaired fasting glucose test done?
yes _____ no _____

If yes, were the results at or above 110 mg/dl on 2 separate occasions?
yes _____ no _____
7. Do you engage in structured physical activity for at least 30 min. most days per week?

yes _____ no _____

8. Check off if you currently exhibit any of these conditions:

____ Diabetes (Type I or II)

____ Metabolic Syndrome

____ COPD (Chronic Obstructive Pulmonary Disorder)

____ Asthma

____ Heart Disease