CORONARY RISK ASSESSMENT QUESTIONAIRE

| City | Sta | ate | Zip |
|---------------------------------|-----------------------------|---------------------------|-------------------|
| Race (opt □ Asian □ Other | ional for statistical purpo | oses only) □ Caucasian | 🗆 Latino/Hispanic |

1. Family History: Did a parent, brother, or sister ever have a heart attack or stroke before the age of 55?

| □ Yes | 🗆 No |
|-------|------|
|-------|------|

2. Personal History: Has a physician told you that you experienced a heart attack, a stroke, have coronary heart disease or angina or some other blood vessel disease?

□ Yes □ No

- 3. Smoking Status: Mark the appropriate response,
 - \Box 1. Have never smoked
 - \Box 2. Quit smoking, 10 years or more ago
 - \Box 3. Quit smoking, less than 10 years ago
 - □ 4. Smoke pipe or cigar only
 - □ 5. Smoke less than 10 cigarettes a day
 - □ 6. Smoke 10 or more cigarettes per day

4. Aerobic exercises. Please mark the number of days per week you engage in aerobic exercises at least 20 to 30 minutes duration (activities such as cycling, swimming, aerobic dance, jogging, or active sports).

$0\;1\;2\;3\;4\;5\;6\;7$

5. Stress/coping status. Mark the response that best describes how you feel you are currently coping with life.

- □ 1. Seldom feel stressed, coping very well
- □ 2. Sometimes stressed, coping fairly well
- □ 3. Often stressed, trouble coping at times
- □ 4. Heavily stressed, often have trouble coping
- □ 5. Excessively stressed, unable to cope

- 6. Do you have a history of high blood pressure?
 - 1. No
 - 🗆 2. Don't know
 - \Box 3. Yes, very high
 - \Box 4. Yes, moderately high

| ** | Referred t | Medical (| Care | Yes 🗆 | No 🗆 |
|----|------------|-----------|------|-------|------|
| ** | Referred t | Medical (| Care | Yes 🗆 | No 🗆 |

Number of people in household_____

- □ Male □ Female
- Birth Date _____
- 7. Are you taking medication for high blood pressure?
 - □ Yes □ No
- 8. Do you have diabetes?
 - □ No □ Don't Know □ Yes
- 9. Are you on medication for diabetes or high blood sugar?
 - □ 1. No medication for high glucose/diabetes
 - □ 2. Taking insulin
 - □ 3. Taking other medication for high blood pressure
- 10. Do you have high cholesterol?
 - □ 1. No, I do not have high cholesterol
 - 2. Don't know
 - □ 3. Yes, my cholesterol is very high
 - □ 4. Yes, my cholesterol is moderately high
- 11. Are you taking cholesterol medication?

Height





| W | eigl | ht |
|---|------|----|
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