

My Heart Health Questionnaire



Name (print) _____

Age _____ Gender 1 [] Male 2 [] Female

Height _____ ft. _____ in. Weight _____ lb.

Waist circumference _____ in.

Race 1 [] White, 2 [] Black, 3 [] Hispanic, 4 [] Other

1. Family history of early heart disease (heart attack, by-pass surgery, angina) in parents or sibling before the age of 60.

1 [] Yes 2 [] No

2. Has a doctor told you that you have heart disease (heart attack, by-pass surgery, or angina)?

1 [] Yes 2 [] No

3. Has a doctor told you that you have diabetes?

1 [] Yes 2 [] No

4. Has a doctor told you that you have high blood pressure?

1 [] Yes 2 [] No

If yes, do you take blood pressure medication?

1 [] Yes 2 [] No

The following question relates to stress in your life which is defined as "feelings of tension, irritability, and anxiety often resulting in difficulty sleeping."

5. How often do you have feelings of stress?

1 [] Never or rarely

2 [] Sometimes

3 [] Often

4 [] Permanent or continual stress

6. Physical activity. Indicate how much time you spend doing the following activities:

Moderate activities such as walking briskly, biking 8-10 mph, low impact aerobics, swimming at a moderate pace, water aerobics, or active gardening.

_____ Average minutes per day

_____ Number of days you do moderate exercise

Vigorous activities such as jogging, biking (12-15+ mph), active sports, vigorous aerobics, etc.

_____ Average minutes per day

_____ Number of days you do vigorous exercise

7. Strength training. How many days per week do you do strength building exercises such as weight lifting, push-ups, or curl-ups?

_____ Days per week

8. Smoking. Indicate your present smoking status.

1 [] Have never smoked

2 [] Quit smoking

3 [] Currently smoke

Diet. How many servings do you eat **daily?** (Decimals Ok.)

9. _____ Fruits and vegetables (e.g. 1/2 C cooked, 1 C raw)

10. _____ Whole grains (e.g. 1 slice whole grain bread, 1/2 cup cooked oatmeal, brown rice, or whole grain pasta)

_____ Number of times you add salt to your food or eat salty foods (e.g. chips, soy sauce, salsa, etc.)

Diet. How many servings do you eat **weekly?**

12. _____ Nuts/seeds (e.g. 1 oz. of nuts, 2 T nut butter)

13. _____ Red and processed meats, (e.g. 2-3 oz. meat, 1 hot dog, 2 oz. luncheon meats or bacon)

14. _____ Fish (3-4 oz. per serving)

15. _____ Legumes (1/2 cup cooked peas, beans, soy beans, lentils, garbanzos, or tofu)

16. _____ Soft drinks and other sugar sweetened drinks, candy, pastry, or desserts (5-6 tsp of sugar per serving)

Health Tests. Enter test results below (for use by health testing personnel).

17. Blood pressure _____ / _____ mmHg

18. Total cholesterol _____ mg/dL

19. HDL cholesterol _____ mg/dL

20. Blood glucose _____ mg/dL [] fasting