1. Have you been diagnosed with heart disease?
   □ Yes
   □ No

2. Has a parent, brother, or sister ever been diagnosed with heart disease?
   □ Yes
   □ No

3. Have you been told by your doctor that you have diabetes?
   □ Yes
   □ No

4. How often do you engage in aerobic exercises (walking, jogging, biking, etc.)?
   □ Rarely or never
   □ 1 to 2 times each week
   □ 3 or more times each week

5. Are you currently taking anti-hypertensive (blood pressure) medications?
   □ Yes
   □ No

6. What is your current Cigarette Smoking habit?
   □ I do not smoke cigarettes
   □ Smoke less than 1 pack a day
   □ Smoke about a pack a week
   □ Smoke 2 or more packs a day
   □ I do not smoke cigarettes, but I use other tobacco products

7. Which statement best describes your Blood Pressure?
   □ Normal or low
   □ Borderline high
   □ High
   □ I’m not sure

8. Which statement best describes your Total Cholesterol?
   □ Normal or low
   □ Borderline high
   □ High
   □ I’m not sure

9. Which statement best describes your HDL Cholesterol?
   □ Low (Bad)
   □ Borderline low
   □ High (Good)
   □ I’m not sure

To find out more information about factors that could affect your heart call 572-KNOW.