

HEALTH RISK APPRAISAL QUESTIONNAIRE – HEART DISEASE

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.

You can count on Citizens Medical Center.

2701 Hospital Drive ■ Victoria, Texas 77901 ■ (361)572-KNOW (572-5669)