

HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL ARE MAJOR RISK FACTORS FOR HEART DISEASE AND STROKE. PLEASE ANSWER THE QUESTIONS BELOW SO YOUR DOCTOR CAN EXPLAIN YOUR INDIVIDUAL RISK.

What is your weight? _____

What is your height? _____

What is your age? _____

Do you eat a lot of salty foods, such as canned soup and vegetables, frozen meals and fast food?
 Yes No

Do you consume foods high in saturated fat (such as red meats, whole fat cheeses, milk and ice cream, fried foods, pie, cookies, etc.)?
 Yes No

Are you physically active for at least 30 minutes, three times a week?
 Yes No

Do you drink beer, wine, or liquor on a daily basis?
 Yes No

Have you consumed four or more alcoholic beverages in a single occasion?
 Yes No

Do you experience high levels of stress on a daily basis?
 Yes No

Do you smoke cigarettes or cigars?
 Yes No

Has any member of your immediate family (children, parents, brother or sister) been diagnosed with high blood pressure?
 Yes No

Have you had your blood pressure checked in the last 12 months?
 Yes No

Do you know your blood pressure?
 Yes No

Has any member of your immediate family been diagnosed with high blood pressure?
 Yes No

Have you had your cholesterol levels checked in the past 5 years?
 Yes No

Do you know your current cholesterol level?
 Yes No

Has any member of your immediate family been diagnosed with high cholesterol?
 Yes No

Has any member of your immediate family suffered a heart attack or stroke?
 Yes No

Does any member of your immediate family have diabetes?
 Yes No

