Full Name:_____

Email Address:_____

Phone Number:_____

Registration ID: _____

Location Code: _____

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Directions: To get the most accurate results answer as many questions as you can and as best you can. If you do not know the answers leave it blank or check "Don't know" if it is an option.

Please put your answers in the empty boxes or mark check boxes like this ☒.

1. What is your sex?	☐ Female ☐ Male
2. What is your race?	☐ Aleutian, Alaska native, Eskimo or Native American ☐ Asian ☐ Black ☐ Hispanic ☐ Pacific Islander ☐ White ☐ Other ☐ Don't know
3. What is your date of birth?	☐☐ Month / ☐☐ Day / ☐☐☐☐ Year
4. What is your height? (without your shoes)	☐☐ Feet ☐☐ Inches
5. What is your weight? (without your shoes)	☐☐☐ Pounds
6. Have you ever been told you have diabetes or sugar diabetes?	☐ Yes ☐ No
7. Have you ever had a heart attack?	☐ Yes ☐ No
8. Have your parents or siblings ever had a heart attack?	☐ Yes ☐ No
9. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life?	☐ No ☐ Yes, one serious loss or misfortune ☐ Yes, two or more
10. During an average week, how often would you say you are stressed?	☐ Every day ☐ 3-5 times per week ☐ 1-2 times per week ☐ Less than once a week

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11. What is your blood pressure now?	☐ / ☐ Systolic (high) / Diastolic (low)
12. If you don't know the numbers, check the box that describes your blood pressure?	☐ High ☐ Normal or low ☐ Don't know
13. What is your TOTAL cholesterol level?	☐ mg/dl
14. What is your HDL cholesterol level?	☐ mg/dl
15. If you don't know the numbers, check the box that describes your cholesterol?	☐ High ☐ Normal or low ☐ Don't know
16. How would you describe your smoking habits?	☐ Never smoked - skip to question 20 ☐ Used to smoke ☐ Still smoke
17. How many cigarettes do you or did you smoke each day?	☐ cigarettes per day
18. If you quit smoking, how many years has it been since you smoked regularly?	☐ years
19. In an average week, how many times do you engage in physical activity or exercise?	☐ Less than 1 time per week ☐ 1 or 2 times per week ☐ At least 3 times per week
20. Do you eat some food every day that is high in fiber such as whole grain bread, cereal, fruits or vegetables?	☐ Yes ☐ No
21. Do you eat some food every day that is high in cholesterol or fat, such as fatty meat, cheese, fried foods or eggs?	☐ Yes ☐ No

Now that you have completed the assessment, follow the instructions provided in your packet to return your questionnaire for processing and generation of your personalized cardiac risk assessment.