HEALTH RISK QUESTIONNAIRE

Have you had a heart attack or failure? _____

Have you had heart surgery? _____

Have you had a metabolic disease? _____

Do you have a pacemaker or other heart device? _____

Do you have a heart valve or congenital heart disease? _____

Do you have pulmonary disease? _____

Have you had a stroke? _____

Do you have coronary artery disease (CAD)? _____

Are you pregnant? _____

Do you have musculoskeletal/nerve problems? _____

Do you experience pain in chest, neck, jaw or arms? _____

Do you experience shortness of breath with mild exertion? _____

Do you experience palpitations, tachycardia, or irregular heartbeat? _____

Do you experience orthopnea or paroxsomal nocturnal dyspnea? _____

Do you experience intermittent claudication/thrombosis? _____

Do you experience ankle swelling? _____

Do you experience a heart murmur? _____

Do you experience dizziness? _____

Are you a man and older than 45 years old? _____

Are you a women and older than 55 years, had a hysterectomy, or are postmenopausal? _____

Do you smoke or have you quit in the last 6 months? _____

Is your blood pressure greater than 140/90? _____

Are you physically inactive (i.e. you get less than 30 minutes of physical activity on at least 3 days per week)? _____

Do you have a total cholesterol level greater than 200 mg/dL? _____

Do you have a close blood relative who had a heart attack before age 55 (father or brother) or after 65 (mother or sister)? _____

Do you have diabetes or take medication to control blood sugar? _____

If Yes:

Do you take prescription medication(s)? _____

If Yes:

Are you more than 20 pounds overweight? _____