How to complete the questionnaire.

The information you supply in the following Health Risk Analysis questionnaire will be used to develop a profile of your current risk status for coronary heart disease, cancer and other lifestyle related concerns. All of the information you provide is strictly confidential. Honest and accurate answers will provide a meaningful health risk analysis report. You should read and understand each question thoroughly and then place an "X" in front of each appropriate response.

Patient: __________________________________________
Section A
Non-Controllable Risk Factors

1.0 Family history of Coronary Heart Disease occurring before 60 years old.
   Indicate the number of members of your direct family who have died or been diagnosed with
   Coronary Heart Disease before the age of 60.
   _____ 1) None
   _____ 2) 1 person
   _____ 3) More than 1

2.0 Family history of Coronary Heart Disease occurring after 60 years old.
   Indicate the number of members of your direct family who have died or been diagnosed with
   Coronary Heart Disease after the age of 60.
   _____ 1) None
   _____ 2) 1 person
   _____ 3) More than 1

3.0 Family history of Diabetes.
   Indicate the number of members of your direct family who have been diagnosed with diabetes.
   _____ 1) None
   _____ 2) 1 person
   _____ 3) More than 1

4.0 Family history of Strokes or Cerebral Vascular Disease.
   Indicate the number of members of your direct family who have died or been diagnosed with
   Strokes or Cerebral Vascular Disease.
   _____ 1) None
   _____ 2) 1 person
   _____ 3) More than 1

5.0 Personal history of cancer
   Have you ever been diagnosed with any type of cancer?
   _____ 1) Yes
   _____ 2) No

6.0 Personal history of heart disease
   Have you ever been diagnosed with any form of heart disease?
   _____ 1) Yes
   _____ 2) No
Section B
Personal Health History and Habits

7.0 Colon/Rectal Screening
If you are over the age of 40, do you have an annual colon/rectal screening?

_____1) Yes
_____2) No
_____3) Not Applicable

8.0 PAP Smear
If you are a female over the age of 18, do you have an annual PAP smear?

_____1) Yes
_____2) No
_____3) Not Applicable

9.0 Mammogram Screening
If you are a female over the age of 35, have you had a mammogram within the past 2 years?

_____1) Yes
_____2) No
_____3) Not applicable

10.0 Prostate screening
If you are a male over the age of 40, have you had a prostate screening within the past 2 years?

_____1) Yes
_____2) No
_____3) Not applicable

11.0 Routine Health Screening
How often do you see your physician for routine check-ups or health screenings?

_____1) On an annual basis
_____2) At least every 2 years
_____3) Not within the past 5 years
_____4) Never

12.0 Cancer Warning Signs
Indicate if you have any of the following cancer warning signs.

_____1) Change in bowel or bladder habits
_____2) Chronic indigestion or difficulty in swallowing
_____3) Thickening or lump in breast or elsewhere
_____4) Unusual bleeding or discharge, a sore that does not heal
_____5) Change in freckle or mole
_____6) Persistent cough or sore throat
_____7) Unexplained weight loss
_____8) None
Section C
Alcohol/Caffeine/Tobacco Consumption

13.0 Consumption of alcohol
   How often do you consume alcohol?
   _____1) Never drink
   _____2) 2 days or less per week
   _____3) 3 days per week
   _____4) 4 or more days per week

14.0 Number of alcoholic beverages
   On the days you drink, on the average how many drinks do you have?
   _____1) Never drink
   _____2) 1 to 2 drinks
   _____3) 3 to 4 drinks
   _____4) 5 or more drinks

15.0 Caffeine
   How often do you consume caffeine in your diet including coffee, tea, cola or chocolate?
   _____1) Never
   _____2) Occasionally but not every day
   _____3) 1 to 3 servings daily
   _____4) 3 to 5 servings daily
   _____5) More than 5 servings daily

16.0 Smoking status
   Indicate which of the following best represents your current status
   NOTE: Check all that apply.
   _____1) Have never smoked
   _____2) Quit smoking less than 5 years ago
   _____3) Quit smoking more than 5 years ago
   _____4) Smoke pipe or cigar
   _____5) Smoke less than 1 pack of cigarettes per day
   _____6) Smoke more than 1 pack of cigarettes per day

17.0 Smokeless Tobacco
   Do you use smokeless tobacco?
   _____1) Yes
   _____2) No
Section D
Exercise Program

18.0 Exercise Frequency
On the average, how many days per week do you exercise?

_____1) 3 or more days per week
_____2) Less than 3 days per week
_____3) No regular exercise program

19.0 Proper stretching
Do you perform stretching prior to exercise?

_____1) Always
_____2) Sometimes
_____3) Never
_____4) Currently not exercising

20.0 Warm-up and cool down
Do you warm-up and cool-down after exercising?

_____1) Always
_____2) Sometimes
_____3) Never
_____4) Currently not exercising

Section E
Nutrition Habits

21.0 Daily Meals
On the average how many meals do you consume per day?

_____1) 3 meals with "healthy" snacks
_____2) 3 meals
_____3) 2 meals or less
_____4) No regular eating pattern

22.0 Consumption of grain/bread products
On the average, indicate the type and amount of grain products you normally consume per day.
NOTE: A serving is 1 slice bread, 1/3 cup beans / peas, 1/3 cup oatmeal, rice or other grain products.

_____1) Whole grains at least 6 to 11 servings per day
_____2) Whole grains 6 servings or fewer servings per day
_____3) Refined grains such as white bread/rolls/processed flour at least 6 to 11 servings per day
_____4) Refined grains such as white bread/rolls/processed flour 6 or less servings per day
_____5) Rarely consume grain products
23.0 Consumption of vegetables
On the average, how many servings of vegetables do you consume per day? Note: A serving is approximately 1 cup of raw or 1/2 cup of cooked.
_____1) At least 3 to 5 servings per day
_____2) Less than 3 servings per day
_____3) Rarely consume vegetables

24.0 Consumption of fruits
On the average, how many servings of fruit do you consume per day? Note: A serving is approximately 1 piece of fruit.
_____1) At least 2 to 4 servings per day
_____2) Less than 2 servings
_____3) Hardly ever consume fruit

25.0 Daily consumption of dairy products
On the average, how many servings of dairy products do you consume per day? Note: A serving is approximately 1 cup of milk or 1 oz. of cheese.
_____1) At least 2 servings per day
_____2) Less than 2 servings
_____3) Hardly ever consume dairy products

26.0 Type of Dairy products
Indicate the type of dairy products you consume.
_____1) Nonfat selections only
_____2) Both low fat and nonfat about the same
_____3) Low fat only
_____4) Usually high fat selections
_____5) Do not consume dairy products

27.0 Daily consumption of meats and meat products
Indicate the type of meat you normally consume.
_____1) Do not consume meat or meat products
_____2) Consume less than 6 oz. of poultry or fish per day
_____3) Consume more than 6 oz. of poultry or fish per day
_____4) Consume less than 6 oz. of red meat per day
_____5) Consume more than 6 oz. of red meat per day

28.0 Consumption of fats, dressings and spreads
Indicate the type and number of servings of fat, dressings and spreads you consume each day.
High fat examples: Butter, lard, and margarine
Low fat examples: Non-fat or Low-fat salad dressing-mayonnaise-cheese
_____1) Use low fat selections sparingly (less than 3 per day)
_____2) Use low fat selections frequently (3 or more per day)
_____3) Use both low fat and high fat about the same sparingly (3 or less)
_____4) Use high fat selections sparingly (less than 3 per day)
_____5) Use high fat selections (more than 3 per day)
29.0 Consumption of water
On the average, how many glasses of water do you consume per day? Note: A serving is one 8-oz. glass of water only; do not include coffee, soda or other beverages.

_____1) At least 8 glasses per day
_____2) About 4 to 8 glasses per day
_____3) Less than 4 glasses per day
_____4) Seldom consume water

30.0 Convenience and snack food consumption
On the average how many times per day do you eat convenience foods or forms of fast food?

_____1) Never
_____2) Less than 1 time per day
_____3) More than 1 time per day

Section F
Personal Health

31.0 Dental Check-up
Do you have an annual check-up with your Dentist?

_____1) Yes
_____2) No

32.0 Oral Health
Do you have any abnormal bleeding in your gums or around your teeth?

_____1) Yes
_____2) No

33.0 Eye Examination
How often do you see an eye specialist?

_____1) Once per year
_____2) Once every two years
_____3) Not within the last 2 years
_____4) No regular exams

34.0 Living Environment
Do you live or work in an environment, which you consider to expose you to pollution, either air, water or from your food?

_____1) Yes
_____2) No
35.0 Smoke Detector
Do you have at least one (1) working smoke detector for each floor of your home or apartment, which you check on a monthly basis?

_____ 1) Yes
_____ 2) No

36.0 Seat Belt Use
How often do you use your seat belt when either operating a motor vehicle or riding as a passenger?

_____ 1) Always
_____ 2) Sometimes
_____ 3) Never

37.0 Automobile Mileage
How many miles per month do you drive an automobile or ride as a passenger?

_____ 1) Less than 1000
_____ 2) Between 1001 to 1499
_____ 3) More than 1500 per month

38.0 Automobile Maintenance
If you own an automobile, do you have regular maintenance performed such as checking the tires, oil etc.?

_____ 1) Not applicable
_____ 2) Yes
_____ 3) No

39.0 Fire Protection
Do you have a working fire extinguisher in your home?

_____ 1) Yes
_____ 2) No

Section H
Osteoporosis

48.0 Osteoporosis
Have you ever been diagnosed with or indicated that you were at risk for Osteoporosis?

_____ 1) Yes
_____ 2) No
_____ 3) Not applicable
### HEALTH RISK ANALYSIS

**DO NOT COMPLETE THIS SECTION**

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Facilitator notes:

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Name: ___________________________  Date: ________________________