CORONARY RISK ASSESSMENT QUESTIONAIRE

City	St	ate	Zip
Race (optional fo ☐ Asian ☐ Afrontic ☐ Other	or statistical purp rican-American	oses only) □ Caucasian	□ Latino/Hispanic
1. Family History: stroke before the	•	ther, or sister ever ha	ve a heart attack or
	□ Yes	□ No	
		an told you that you e t disease or angina o	
	□ Yes	□ No	
□ 1. Have r□ 2. Quit sr□ 3. Quit sr□ 4. Smoke□ 5. Smoke	is: Mark the appronever smoked noking, 10 years on the pipe or cigar only less than 10 cigar and the pipe or more cigare	or more ago 10 years ago rettes a day	
	at least 20 to 30 n	ninutes duration (activ	per week you engage in vities such as cycling,
	01234567		
are currently copir ☐ 1. Seldon ☐ 2. Somet ☐ 3. Often s ☐ 4. Heavily	ng with life. n feel stressed, co imes stressed, cop stressed, trouble c	ping very well bing fairly well bing at times bave trouble coping	scribes how you feel you

 6. Do you have a history of high blood pressure? ☐ 1. No ☐ 2. Don't know ☐ 3. Yes, very high 				
	noderately high ledical Care Yes □ No □			
Number of people	e in household			
□ Male □ F	emale			
Birth Date				
7. Are you takin	g medication for high blood pressure?			
□ Yes	□ No			
8. Do you have	diabetes?			
□ No	□ Don't Know □ Yes			
□ 1. No me □ 2. Takin	edication for diabetes or high blood sugar? edication for high glucose/diabetes g insulin g other medication for high blood pressure			
□ 2. Don't □ 3. Yes, r	do not have high cholesterol			
11. Are you takin	g cholesterol medication?			
□ Yes	□ No			
Hei	ght			
Feet Inc	hes Weight			