

Instructions:
Please fill in your responses like
this using a No. 2 pencil. ●

Incorrect Marks ✕ ● ✓

Healthy Heart Questionnaire



All data collected and processed will be kept strictly confidential.

6. **What is your weight?** (Record to the nearest pound.)
(If you are pregnant, record your normal weight.)

100 200 300 400 500
 10 20 30 40 50 60 70 80 90
 1 2 3 4 5 6 7 8 9

7. **What is your total cholesterol level?**
Or, if you do not remember the value, was it....

100 200 300 400 500
 10 20 30 40 50 60 70 80 90
 1 2 3 4 5 6 7 8 9

or

- A good
- B fair
- C poor
- D do not know

8. **What is your blood pressure?**
Or, if you do not remember the value, was it....

Systolic (mmHg)

100 200
 10 20 30 40 50 60 70 80 90
 1 2 3 4 5 6 7 8 9

Diastolic (mmHg)

100
 10 20 30 40 50 60 70 80 90
 1 2 3 4 5 6 7 8 9

or

- A good
- B fair
- C poor
- D do not know

1. **Name:**

Last

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Please Print

First

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M.I.

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2. **ID#**
(optional)

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3. **Age**

10 20 30 40 50 60 70 80 90
 0 1 2 3 4 5 6 7 8 9

4. **Sex**

Male Female

5. **What is your height?**

Feet 4 5 6 7
Inches 0 1 2 3 4 5 6 7 8 9 10 11



Questions 9 - 13:

How many members of your family have had any of the following before the age of 60?

Include: grandparents, parents, brothers and sisters.

- 9. Heart Disease
10. Stroke
11. High Blood Pressure
12. High Cholesterol
13. Diabetes

Don't know 0 1 2 3 4+
DK 0 1 2 3 4+
DK 0 1 2 3 4+
DK 0 1 2 3 4+
DK 0 1 2 3 4+

Questions 14 - 18:

Do you have or have you been treated for any of the following conditions?

A = No
B = Yes, no treatment
C = Yes, treated before
D = Yes, treated now

- 14. Heart Disease
15. Stroke
16. High Blood Pressure
17. High Cholesterol
18. Diabetes

A B C D
A B C D
A B C D
A B C D
A B C D

19. Do you smoke cigarettes?

- Have never smoked or quit over 15 years ago
Have quit between 6 and 15 years ago
Have quit between 2 and 5 years ago
Have quit less than 2 years ago
Smoke less than one pack of cigarettes a day
Smoke more than one pack of cigarettes a day

20. Do you smoke cigars or pipes?

- No Yes

Questions 21 - 25:

How often do you experience the following conditions?

A = Frequently
B = Occasionally
C = Seldom
D = Almost never

- 21. Headaches
22. Rapid heart beat
23. Dizziness, light headed
24. Tightness in the chest
25. Cold hands

A B C D
A B C D
A B C D
A B C D
A B C D

26. How many days per week do you eat foods that are high in fat and cholesterol, such as fatty meat, cheese, fried foods, eggs?

0 1 2 3 4 5 6 7

27. How many days per week do you eat foods that are high in fiber, including grain products, fresh fruits and vegetables?

0 1 2 3 4 5 6 7

28. How many days per week do you participate in some form of sports or recreational activity for 30 minutes or more (such as golf, racquet sports, softball, dancing, volleyball, bowling, etc.)?

0 1 2 3 4 5 6 7

29. How many days per week do you walk (or equivalent activity) for at least 20 minutes at a time?

0 1 2 3 4 5 6 7

Questions 30 - 36:

When do you feel that you would be ready to work on the following:

A = Not an issue
B = Not ready to change
C = Willing to change soon
D = Willing to change in the future

- 30. Blood pressure level
31. Cholesterol level
32. Exercise routine
33. Diet and nutrition
34. Weight control
35. Stress
36. Tobacco Use

A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D