

Questions 13 - 17:

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

- 13. Heart Disease (A B C D)
- 14. Stroke (A B C D)
- 15. High Blood Pressure (A B C D)
- 16. High Cholesterol (A B C D)
- 17. Diabetes (A B C D)

18. 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

19. What potential stress factors have you experienced in the past year or so?
(Mark all that apply.)

- Lost a loved one
- Changed or lost a job
- Had an emotional illness
- Married, divorced or separated
- Moved to a new residence
- Care giver for a dependent person
- Excessive work deadlines/overtime
- Stressful family member in the home
- Financial stress or loss of income

20. 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)

21. 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)

22. 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)

23. 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)

24. Your menstrual history best described as?
(Mark all that apply.)

- Regular menstrual periods
- Irregular or difficult menstrual periods
- Menopause as a result of surgical procedure/Hysterectomy
- Natural menopause has occurred
- Taken estrogen replacement therapy

25. Please mark which of the following examinations/ tests that you have done on a regular basis.
(Mark all that apply.)

- Pap Smear
- Rectal exam
- Blood evaluation
- Self breast exam
- Medical breast exam
- General physical exam
- Mammogram (breast x-ray)

Questions 26 - 32:

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

- 26. Blood pressure level (A B C D)
- 27. Cholesterol level (A B C D)
- 28. Exercise routine (A B C D)
- 29. Diet and nutrition (A B C D)
- 30. Weight control (A B C D)
- 31. Stress (A B C D)
- 32. Tobacco Use (A B C D)