

FAMILY MEDICAL HISTORY

Please indicate if YOUR FAMILY has a history of the following.

Family History **UNKNOWN**

Please indicate which family members have had these illnesses.

	Father	Mother	Brother	Sister	Other Sibling	Grand Parent	Other Relative
heart artery disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heart bypass surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heart stent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
congenital heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
congestive heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sudden cardiac death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heart rhythm problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pacemaker or defibrillator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
peripheral artery disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
high cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
died of heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NONE of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SOCIAL HISTORY

TOBACCO USE

Smoking status: never previous current (some days) current (every day)

Have you been advised / counseled to quit? yes no

Average number of packs per day (now or in the past): ¼ ½ 1 1 ½
 2 2 ½ 3 >3

Number of years you have smoked <1 1-4 5 10 15
(if intermittent, add up total years): 20 25 30 >30

Average number of cigars per week: none <2 5 10 >10

Cans of chewing tobacco per week: none <1 1 2 >2

Second hand smoke? none minimal moderate considerable

ALCOHOL USE

How often? none <1 / week 1-6 times / week daily

Number of drinks per occasion: 1 2 3-5 6-10 >10

Type(s) of alcohol: wine beer liquor

CAFFEINE INTAKE

Type(s): none coffee tea soft drinks energy drinks

Average number per day: rare <1 1 2-3 >3

DRUG USE

none previous current

EXERCISE

Average times per week: none occasional 1-2 3-5 daily

Type(s) of exercise: walking bicycling skiing
 jog / run aerobics swimming