

Name: _____	DOB: _____	Age: _____
Email Address: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	

**1) Do you have, or are you treated for?**

High Blood Pressure	Yes	No	Unsure
Diabetes	Yes	No	Unsure
High Cholesterol	Yes	No	Unsure

**2) Have you ever had?**

Angina	Yes	No	Unsure
Heart Attack	Yes	No	Unsure
Stroke	Yes	No	Unsure
Angioplasty (stent)	Yes	No	Unsure
Bypass Surgery	Yes	No	Unsure
Heart Failure (water in lungs)	Yes	No	Unsure
Vascular Surgery	Yes	No	Unsure

**3) Do you have a sibling, parent or child who has had a heart attack, angioplasty, bypass surgery or stroke before the age of 60?**

	Yes	No	Unsure
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**4) Do you currently smoke cigars or cigarettes?**

If you are a former smoke – in which year did you quit? \_\_\_\_\_

	Yes	No	Unsure
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**5) Are you currently working?**

If yes, please state your occupation: \_\_\_\_\_

	Yes	No	
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 If no,  Retired     Homemaker     Unemployed     Disability

**6) Do you drink alcohol?**

# drinks/week \_\_\_\_\_

	Yes	No	
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**7) Do you have any drug allergies?**

If yes, please list them: \_\_\_\_\_

	Yes	No	
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**8) Please list any previous operations you have had and in which year.**

\_\_\_\_\_

- 9) Do you drive a car? Yes No
- 10) Are you vegetarian? Yes No
- 11) Do you exercise regularly for at least 30 minutes?  
If so, how many times per week? \_\_\_\_\_ Yes No
- 12) How many others live in your household? \_\_\_\_\_ Adults \_\_\_\_\_ Children
- 13) How much do you weight? \_\_\_\_\_ lbs \_\_\_\_\_ kgs
- 14) What is your ethnic background?
- Caucasian/European  South Asian (Indian, Pakistani, Punjabi, Sri Lankan)
- African, Haitian, Jamaican, Somali  Filipino
- Japanese, Chinese, Korean  Latin American
- Arab/West Asian (Armenian, Egyptian, Iranian, Lebanese)  North American Indian, Metis or Inuit
- South East Asian (Cambodian, Indonesian, Vietnamese)  Other: \_\_\_\_\_
- 15) In which country were you born?  Canada  Other \_\_\_\_\_  
If not Canada, in which year did you move to Canada? \_\_\_\_\_
- 16) Which language do you speak most often at home? \_\_\_\_\_
- 17) Can you speak and understand English well enough to have a conversation on the phone? Yes No
- 18) In the past 12 months what level of stress have you felt?
- None  Moderate
- Mild  Severe
- 19) What is the most common cause of stress?
- Marriage  Health  Work  Money  Family
- 20) Do you have difficulty sleeping? Yes No
- 21) Do you snore? Yes No