PATIENT INFORMATION

What is the highest level of education completed?

- < 9 grade
- Some high school
- High school graduate or equivalent
- Some college or higher
- Don't know/Not sure

What is the primary language spoken in your home?

- English
- French
- Japanese
- Russian
- Creole
- Spanish
- Chinese
- Korean
- Tagalog
- Portuguese
- Italian
- Arabic
- Vietnamese
- Polish
- Hmong
- Other Language

Do you have high cholesterol? ................................................................. □ Yes □ No □ DK* 

- Do you take medication to lower your cholesterol? ................................................................. □ Yes □ No □ DK*

- If Yes, during the past 7 days (including today), on how many days did you take prescribed medication to lower your cholesterol? .................................................................................. _____ Days

- If No, are you unable to obtain the prescribed medication to lower your cholesterol? .... □ Yes □ No □ DK* 

*DK — Don't know/Not Sure

Do you have hypertension (high blood pressure)? ......................................................... □ Yes □ No □ DK*

- Do you take medication to lower your blood pressure? ......................................................... □ Yes □ No □ DK*

- If Yes, during the past 7 days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure? ..................................................... _____ Days

- If No, are you unable to obtain the prescribed medication to lower your blood pressure? □ Yes □ No

- Do you measure your blood pressure at home or using another calibrated sources? ....... □ Yes □ No □ DK*

- If No, provide reason:
  □ Never told to measure □ Don't know how to measure □ Don't have equipment to measure

- If Yes, How often do you measure your blood pressure at home or using other calibrated sources?
  □ Multiple times per day □ Daily □ A few times per week □ Weekly □ Monthly □ DK*

- Do you regularly share blood pressure readings with a health care provider for feedback? □ Yes □ No □ DK*

*DK — Don't know/Not Sure

Revised November 2015
**PATIENT INSTRUCTIONS (continued): Please fill in each part below.**

### DIABETES
- **Do you have Diabetes?** (Either Type 1 or Type 2)
  - □ Yes □ No □ DK*
- **Are you taking medication to lower your blood sugar (for diabetes)?**
  - □ Yes □ No □ DK
- **If Yes, during the past 7 days (including today), on how many days did you take prescribed medication to lower your** blood sugar **(for diabetes)?**
  - _____ Days
- **If No, are you unable to obtain the prescribed medication to lower your blood sugar?**
  - □ Yes □ No

### HEART ATTACK
- **Have you been diagnosed by a healthcare provider as having any of these conditions:** coronary heart disease/chest pain, heart attack, heart failure, stroke/transient ischemic attack (TIA), vascular disease, or congenital heart defects?
  - □ Yes □ No □ DK*

### DIET & PHYSICAL ACTIVITY
- **How much fruit do you eat in an average day?**
  - _____ Cups
- **How many vegetables do you eat in an average day?**
  - _____ Cups
- **Do you eat 2 servings or more of fish weekly?**
  - □ Yes □ No
- **Do you eat 3 ounces or more of whole grains daily?**
  - □ Yes □ No
- **Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?**
  - □ Yes □ No
- **Are you currently watching or reducing your sodium or salt intake?**
  - □ Yes □ No
- **How much moderate physical activity do you get in a week?**
  - _____ Minutes
- **How much vigorous physical activity do you get in a week?**
  - _____ Minutes

### SMOKING
- **Do you smoke?** Includes cigarettes, pipes, or cigars (smoked tobacco in any form)
  - □ Current Smoker □ Quit (1-12 months) □ Quit (More than 12) □ Never Smoked
- **About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking?**
  - _____ Hours □ Less than one □ None

### QUALITY OF LIFE
- Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good?
  - _____ Days □ DK*
- Thinking about your mental health, which includes stress, depression, and problems with emotions, on how many days during the past 30 days was your mental health not good?
  - _____ Days □ DK*
- **During the past 30 days, on about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?**
  - _____ Days □ DK*