



Health History - Questionnaire

1. **Has a doctor ever said you had a heart attack, stroke, heart failure, heart murmur, heart valve disease, congenital heart disease, or an irregular heart beat that required medication?**
 1. Yes
 2. No

2. **Has a doctor ever said you had diabetes?**
 1. Yes
 2. No

3. **Has a doctor ever said you had renal (kidney) disease?**
 1. Yes
 2. No

4. **Have you had any type of heart surgery like a cardiac catheterization, coronary angioplasty, coronary bypass, or device implant like a cardiac pacemaker?**
 1. Yes
 2. No

5. **Do you feel chest pain or discomfort when you do physical activity?**
 1. Yes
 2. No

6. **Do you experience an unpleasant awareness of a forceful, rapid, or irregular heart beat?**
 1. Yes
 2. No

7. **Do you experience dizziness, fainting, or blackouts?**
 1. Yes
 2. No

8. **Do you experience swelling around your ankles?**
 1. Yes
 2. No

9. **Do you experience a burning or cramping sensation in your lower legs when walking a short distance?**
 1. Yes
 2. No

10. **Are you doing regular physical activity that is at least moderate in intensity, at least 30 minutes a day, at least 3 days a week, for at least the past 3 months? A moderate activity causes a noticeable increase in breathing, like brisk walking.**
 1. Yes
 2. No

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11. Are you currently doing (or plan to do in the future) any vigorous-intensity physical activity? A vigorous activity causes deep and heavy breathing, like running or fast cycling.

1. Yes
2. No

UD1. During the past 30 days how many cigarettes per day did you smoke?

1. 2 or more packs a day
2. 1-2 packs a day
3. Around 1/2 pack a day
4. 1-3 cigarettes a day
5. None or less than 1 cigarette a day

UD2. During the past 4 weeks how many cans of beer, glasses of wine or shots of liquor did you drink each week?

1. More than 14 drinks each week
2. 8-14 drinks each week
3. 1-7 drinks each week
4. Less than 1 drink each week