Heart Health Questions Name: VERMONT DEPARTMENT OF HEALTH Phone Number: Today's Date: Please answer the following questions when you have your heart health screening. Mail this paper back to us in the envelope that is included or fax it to 802-657-4208. Thank you for your time! Once you send this in with your screening, we will be able to connect you to healthy lifestyle programs and resources. 1. Do you have high blood pressure? 6. Do you regularly share your blood pressure readings

1. Do you have high blo	od pressure?	6. Do you regularly share your blood pressure readings	
□ Yes	□ Don't know	with a health care provider for feedback?	
□ No	□ Don't want to answer	□ Yes	□ Don't know
		□ No	□ Don't want to answer
2. Do you take prescribed medication to lower your		7. Do you have high cholesterol?	
blood pressure?		□ Yes	□ Don't know
□ Yes	□ Don't know	□ No	□ Don't want to answer
□ No	□ Don't want to answer		
3. During the past 7 days, how often did you take your		8. Do you take a statin medication to lower your	
blood pressure medication?		cholesterol?	
days	□ Don't know	□ Yes	□ Don't know
□ Not applicable	□ Don't want to answer	□ No	□ Don't want to answer
4. Do you measure your blood pressure at home or		9. Do you take other prescribed medication to lower	
using other calibrated sources (such as at a pharmacy		your cholesterol?	
or grocery store)?		□ Yes	□ Don't know
□ Yes	□ No- was never told	□ No	□ Don't want to answer
	to measure	10. During the past 7 days, how often did you take	
□ No- don't know	□ No- don't have	your cholesterol medication?	
how to measure	equipment to measure	days	□ Don't know
□ Don't know	☐ Don't want to answer	□ Not applicable	□ Don't want to answer
5. How often do you measure your blood pressure at		11. Do you have diabetes (Type 1 or Type 2)?	
home or using other calibrated sources?		□ Yes	□ Don't know
☐ Multiple times	□ Daily	□ No	□ Don't want to answer
per day		12. Do you take prescribed medication to lower your	
□ A few times	□ Weekly	blood sugar?	
per week		□ Yes	□ Don't know
□ Monthly	□ Not applicable	□ No	□ Don't want to answer
□ Don't know	□ Don't want to answer	13. During the past 7 days, how often did you take	
		your diabetes medication?	
		days	□ Don't know
		□ Not applicable	□ Don't want to answer

14. Have you had a stroke/TIA?		24. Do you drink less th	an 36 ounces (3 medium-sized	
□ Yes	□ Don't know	cans or 450 calories) of sugar sweetened beverages		
□ No	□ Don't want to answer	weekly?		
		□ Yes	□ Don't want to answer	
		□ No		
15. Have you had a heart attack?		25. Are you currently watching or reducing your		
□ Yes	□ Don't know	sodium or salt intake?		
□ No	□ Don't want to answer	□ Yes	□ Don't want to answer	
		□ No		
16. Do you have coronary heart disease?		26. In the past 7 days, how often did you have a drink		
□ Yes	□ Don't know	containing alcohol (for example, beer, wine or a mixed		
□ No	□ Don't want to answer	drink)?		
		days	□ Don't want to answer	
17. Do you have heart failure?		27. How many alcoholic drinks, on average, do you		
□ Yes	□ Don't know	consume during a day that you drink?		
□ No	□ Don't want to answer	drinks	□ Don't want to answer	
40.5		20.11	6.1	
18. Do you have vascular disease (peripheral arterial		28. How many minutes of physical activity (exercise)		
disease)? □ Yes	□ Don't know	do you get in a week?	□ Don't want to answer	
□ Yes	☐ Don't want to answer	minutes	☐ Don't want to answer	
19. Do you have congenital heart disease and defects?		29. Do you smoke? (Includes cigarettes, pipes, or		
□ Yes	□ Don't know	cigars, smoked tobacco	•	
□ No	☐ Don't want to answer	□ Current smoker	□ Quit (1-12 months ago)	
20. Are you taking aspirin daily to prevent a heart		□ Quit (more than 12	□ Never smoked	
attack or stroke?		months ago)	- Nevel Smoked	
	□ Don't know		□ Don't want to answer	
□ No	☐ Don't want to answer			
21. How many cups of fruits and vegetables do you eat		30. Over the past 2 weeks, how often have you had little interest or pleasure in doing things?		
in an average day?				
cups	□ Don't want to answer	□ Not at all	□ Several days	
22. Do you eat fish at least two times a week?		☐ More than half	□ Nearly every day	
□ Yes	□ Don't want to answer		□ Don't want to answer	
□ No				
23. Thinking about all the servings of grain products		31. Over the past 2 weeks, how often have you felt		
-	, how many of those are whole	down, depressed, or hopeless?		
grains?		□ Not at all	□ Several days	
□ Less than half	□ About half	☐ More than half	□ Nearly every day	
☐ More than half	□ Don't want to answer		☐ Don't want to answer	
		ifostylo Program Coordin		