

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

If you have any questions, please contact our Lifestyle Program Coordinator at 802-652-4139.
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