

Name

Year of birth \_\_\_\_\_ Age \_\_\_\_\_  Male  
 Female

Has he/she ever been told BY A DOCTOR that he/she suffers from any of the following health problems?

YES	NO	NOT SURE	AGE AT FIRST DIAGNOSIS	Condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart Attack (hospitalized)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Coronary bypass surgery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rheumatic or other heart disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stroke
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Breast cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Colon cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hip fracture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Alzheimer's disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	High blood pressure (on medication)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	High blood cholesterol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes

**CIGARETTE SMOKING**

- Smoker: Has smoked cigarettes regularly for at least 1 year
- Ex-smoker: Stopped for at least 1 year after smoking regularly
- Non-smoker: Never smoked cigarettes regularly
- Not Sure

IF SMOKER OR EX-SMOKER mark average amount smoked

- Less than 1 pack a day
- About 1 pack a day
- More than 1 pack a day

**USUAL WEIGHT**

- Slender or average
- 50-99 lbs. overweight
- 10-49 lbs. overweight
- Over 100 lbs. overweight
- Not Sure

**ALCHOLIC BEVERAGES**  
(beer, wine, liquor)?

- Regularly
- Sometimes
- Never
- Former
- Not Sure

Vigorous ROUTINE EXERCISE at least 3 times per week?  
 Yes  No  Not Sure

**Your Health Family Tree**

You can make copies of this box for each member of your family to keep a record of their health history.

