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
☐	☐	☐	_____	Heart Attack (hospitalized)
☐	☐	☐	_____	Coronary bypass surgery
☐	☐	☐	_____	Rheumatic or other heart disease
☐	☐	☐	_____	Stroke
☐	☐	☐	_____	Breast cancer
☐	☐	☐	_____	Colon cancer
☐	☐	☐	_____	Hip fracture
☐	☐	☐	_____	Asthma
☐	☐	☐	_____	Alzheimer's disease
☐	☐	☐	_____	High blood pressure (on medication)
☐	☐	☐	_____	High blood cholesterol
☐	☐	☐	_____	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
☐ Never
☐ Sometimes
☐ Former
☐ Not Sure

Vigorous ROUTINE EXERCISE at least 3 times per week?

☐ Yes ☐ No ☐ Not Sure

health.utah.gov/genomics

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.