

Part A Ladies First Member Report – Fill this out and give to your doctor



VERMONT DEPARTMENT OF HEALTH

Member Name _____

Date _____

HEALTH HISTORY

1. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- Yes
- No
- Don't know
- Don't want to answer

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- Yes
- No
- Don't know
- Don't want to answer

3. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

- Yes
- No
- Don't know
- Don't want to answer

4. Has a doctor, nurse, or other health professional ever told you that you had any of the following: heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke?

- Yes
- No
- Don't know
- Don't want to answer

5. Has your father, brother, or son had a stroke or heart attack before age 55?

- Yes
- No
- Don't know
- Don't want to answer

6. Has your mother, sister, or daughter had a stroke or heart attack before age 65?

- Yes
- No
- Don't know
- Don't want to answer

7. Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse or other health professional that he or she has diabetes?

- Yes
- No
- Don't Know
- Don't want to answer

8. Are you currently taking medication for high cholesterol?

- Yes, as prescribed
- Yes, but did not take today
- No
- Don't know
- Don't want to answer

9. Are you currently taking medication for high blood pressure?

- Yes, as prescribed
- Yes, but did not take today
- No
- Don't know
- Don't want to answer

10. Are you currently taking medication for diabetes?

- Yes, as prescribed
- Yes, but did not take today
- No
- Don't know
- Don't want to answer

11. Do you now smoke cigarettes?

- Every day
- Some days
- Not at all
- Don't know
- Don't want to answer

NUTRITION & PHYSICAL ACTIVITY

12. How many days per week do you participate in moderate physical activity for at least 30 minutes? (For example, brisk walking, bicycling, vacuuming or gardening.) Please circle number of days.

Zero 1 2 3 4 5 6 7

13. What type of milk do you drink or put on cereal?

- Whole
- Reduced fat (2%)
- Low-fat (1%)
- Fat free (skim)
- Other milk
- Do not drink milk

14. What type of cheese do you normally eat?

- Regular
- Low-fat
- Non-fat
- Do not eat cheese

15. How many servings of fruits and vegetables do you eat each day? (For example: 3/4 cup of juice, 1/2 cup canned fruit/vegetable, or 1 medium sized fruit or vegetable.) Please circle.

Zero 1 2 3 4 5 6 or more

