

CARDIOVASCULAR RISK FACTOR QUESTIONNAIRE ¹

Answer the following questions about the indicated cardiovascular risk factor and score each answer following the directions at the end of each question. Sum your total risk factors on the following Scorecard. Then consult the Table for help in interpreting your score.

YES NO

1. **Family History.** Has any *male* first-degree relative (i.e., father, brother, son) experienced a myocardial infarction (heart attack), coronary revascularization (bypass surgery), or sudden death before the age of 55; or has any *female* first-degree relative (i.e., mother, sister, daughter) experienced a heart attack, bypass surgery, or sudden death before the age of 65? (Answer yes if *either* is true, no if *neither* is true. **Scorecard Directions:** If yes, enter + 1; if no, enter 0.

2. **Cigarette Smoking.** Are you currently a cigarette smoker or have you been a cigarette smoker during the last six months? (Answer yes if *either* is true, no if *neither* is true.) **Scorecard Directions:** If yes, enter + 1; if no, enter 0.

3. **High Blood Pressure.** Is your systolic blood pressure equal to or greater than 140 mmHg (confirmed on at least two occasions), or is your diastolic blood pressure equal to or greater than 90 mm Hg (confirmed on at least two occasions), or are you currently taking a physician-prescribed medication for high blood pressure? (Answer yes if *any* are true, no if *none* is true.) **Scorecard Directions:** If yes, enter + 1; if no, enter 0.

4. **High Blood Cholesterol.** Is your *total* serum cholesterol greater than 200 mg/dL, or is your low-density lipoprotein cholesterol greater than 130 mg/dL, or is your *high-density* lipoprotein cholesterol less than 35 mg/dL, or are you taking physician-prescribed medication to lower your blood cholesterol? (Answer yes if *any* are true, no if *none* is true.) **Scorecard Directions:** If yes, enter + 1; if no, enter 0.

5. **Impaired Fasting Blood Glucose.** Is your fasting blood glucose equal to or greater than 110 mg/dL (confirmed on at least two occasions)? **Scorecard Directions:** If yes, enter + 1; if no, enter 0.

6. **Obesity.** Is your Body Mass Index equal to or greater than 30 kg/m², or is your waist measurement greater than 100 cm (39 ½ inches)? (Answer yes if *either* is true, no if *neither* is true.) **Scorecard Directions:** If yes, enter + 1; if no, enter 0.

7. **Sedentary Lifestyle.** Do you participate in a regular exercise program or get at least 30 minutes of moderate exercise accumulated over the whole day, at least three days a week? (Answer yes if *either* is true, no if *neither* is true.) **Scorecard Directions:** If yes, enter 0; if no, enter + 1.

8. **Blood Cholesterol NEGATIVE Risk Factor.** Is your *high-density* lipoprotein (HDL) cholesterol greater than 60 mg/dL? **Scorecard Directions:** If yes, enter negative 1 (- 1); if no, enter 0.

¹ Adapted from the Guidelines of the American College of Sports Medicine, ACSM (2000), *ACSM's Guidelines for Exercise Testing and Prescription*, sixth edition (New York: Lippincott Williams & Wilkins, 2000), Table 2.1, p. 24. Copyright © 2000 by the ACSM. Original source: Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. Summary of the second report of the National Cholesterol Education Program (NCEP) expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel II). *Journal of the American Medical Association* 269 (1993), pp. 3015 – 3023, adapted with permission. Copyright © 2005, The Miracle Workout, LLC.