

Name of Participant: \_\_\_\_\_

**Participant's Medical Intake**

**Please complete this form and return at the time of your visit. If you do not understand the meaning of some of these questions, do not worry; these questions will be reviewed with you during your initial appointment.**

**As always, thank you for your interest in this study!  
We are looking forward to meeting you in person.**

**Medications:** What medications do you take regularly and how long have you been taking them?

\_\_\_\_\_ (name of medicine) Duration (years): \_\_\_\_  
\_\_\_\_\_ (name of medicine) Duration (years): \_\_\_\_

**Alcohol: Do you drink alcohol? If so, how much do you drink?**

Beer: \_\_\_\_\_ bottle/can/glass (CIRCLE ONE) per day, per week, per month (CIRCLE ONE)

Wine: \_\_\_\_\_ glass per day, per week, per month (CIRCLE ONE)

Liquor: \_\_\_\_\_ single drinks/shots per day, per week, per month (CIRCLE ONE)

**Symptoms:**

Do you have shortness of breath?

- no
- climbing stairs or other vigorous activity
- brisk walking or other moderate activity
- brief walking or other light activity
- don't know

Do you have chest pain with exertion or excitement/anxiety? (Y/N/U)

Do you have chest pain at rest? (Y/N/U)

**History:**

Have you fainted or lost consciousness in the last two years? (Y/N/U)

If yes, how many times? \_\_\_\_\_

If yes, what was happening at the time you lost consciousness? \_\_\_\_\_

If yes, has this been assessed by your physician? (Y/N/U)

Have you had sudden muscular weakness, speech difficulty, visual loss, or double vision? (Y/N/U)

If yes, has this been assessed by your physician? (Y/N/U)

Have you had pain in your leg while walking? (Y/N/U)

If yes, has this been assessed by your physician? (Y/N/U)

Have you had pain in your calf while walking? (Y/N/U)

If yes, has this been assessed by your physician? (Y/N/U)

Have you had heart/coronary catheterization? (Y/N/U)  
Have you had stent placement? (Y/N/U)  
Have you had coronary artery bypass? (Y/N/U)  
Have you had heart valve surgery? (Y/N/U)  
Have you had other heart surgery? (Y/N/U)  
Have you had surgery on your carotid artery(ies)(endarterectomy)? (Y/N/U)  
Have you had surgery on any other artery(ies)? (Y/N/U)  
Do you have a pacemaker or implanted defibrillator? (P/D/Neither/U)  
Have you had a CT scan done in the past to measure coronary artery calcification? (Y/N/U)  
If yes, when and where was it done? \_\_\_\_\_

When was the last time that you had a general examination or check-up? \_\_\_\_\_

Have you had an exercise tolerance test? (Y/N/U)  
If yes how long ago? \_\_\_\_\_

Has a doctor or nurse ever told you that you have:  
High blood pressure? (Y/N/U)  
High cholesterol? (Y/N/U)  
Heart problem? (Y/N/U)  
Diabetes? (Y/N/U)

**Exercise:**

How many times per week do you engage in intense physical activity (enough to make you sweat)?  
\_\_\_\_\_

**Demographic Information:**

What is your highest level of education, how far did you go in school? (Check only one).

- Less than high school
- High School
- Technical School
- Some College
- College Graduate
- Post-Graduate

What is your household income level? (Check only one).

- Less than \$25,000 per year
- 25,000 - \$49,999
- 50,000 - \$74,999
- 75,000 - \$100,000
- More than \$100,000

**Ethnicity and Race:**

Are you of Hispanic or Latino background? (Check only one).

- Yes
- No
- Don't Know

Which one of these groups best represents your race? (Check only one).

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Don't Know
- Other (please specify)  
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