



CARDIAC SCORING WORKSHEET

1. Do you have a parent or sibling who died before the age of 55 of cardiac disease? YES ___ NO ___
2. How many times a week do you exercise? _____
3. How old are you? _____
4. What is your last known blood pressure? _____ Are you on medication? YES ___ NO ___
5. Are you a Diabetic? YES ___ NO ___
6. How much do you weigh? _____
7. Do you smoke? YES ___ NO ___ Quit within last 3 years _____
8. Do you have high cholesterol? YES ___ NO ___ Are you on medication? YES ___ NO ___