

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Marital Status:**

- |  |  |
|--|--|
| <input type="checkbox"/> Legally married | <input type="checkbox"/> Separated                     |
| <input type="checkbox"/> Widowed         | <input type="checkbox"/> Divorced                      |
| <input type="checkbox"/> Never married   | <input type="checkbox"/> Living with significant other |

**Usual Employment Status:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Retired; Retirement date ____/____/____<br>(month/day/year) |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Unemployed due to illness                                   |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Unemployed for other reasons                                |

Occupation: \_\_\_\_\_ (current or prior to your retirement)

Height: \_\_\_\_ ft \_\_\_\_ inches

Weight: \_\_\_\_\_ pounds

**Highest Level of Education:**

**Ethnicity:**

- |  |  |
|--|--|
| <input type="checkbox"/> No schooling beyond the 8th grade   | <input type="checkbox"/> Asian           |
| <input type="checkbox"/> Attended high school  | <input type="checkbox"/> Black           |
| <input type="checkbox"/> Completed high school   | <input type="checkbox"/> Caucasian       |
| <input type="checkbox"/> Attended college, trade school, or other training requiring completion of high school | <input type="checkbox"/> Hispanic        |
| <input type="checkbox"/> Attended post-graduate training   | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Completed post-graduate training  | <input type="checkbox"/> Other           |

<b>Physicians:</b>	<b>Name (list each type of physician below):</b>	<b>Phone Number:</b>
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<b>Primary Care</b>	_____	_____
	Does this physician monitor your cholesterol level?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Cardiologist</b>	_____	_____
	Does this physician monitor your cholesterol level?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Surgeon</b>	_____	_____
	Does this physician monitor your cholesterol level?	<input type="checkbox"/> Yes <input type="checkbox"/> No