

## Heart Health v3 HRA Questions



Questions	Potential Answers
Age	
Sex	Male Female
Height	
Weight	
Ethnicity	White African American Hispanic Asian or Pacific Islander American Indian/Alaskan Native Other Unknown/no answer
Smoking	Never Smoked Quit smoking (more than 1 yr) Quit smoking (less than 1 yr) Smoked within 30 days
Weekly exercise	x minutes of moderate activity x minutes of vigorous activity
Stress	None Slight Moderate Extreme
Primary care physician	I don't have a primary care physician I have a primary care physician
	My last check-up was less than 1 year ago My last check-up was 1 to 2 years ago My last check-up was more than 2 years ago N/A (primaryCarePhysician_has = '0')
Do you have any immediate family diagnosed with early heart disease?	Yes No I don't know
Have you experienced a transient ischemic attack (TIA or "mini-stroke")?	No Yes
Indicate if you have had any of these stroke symptoms  (Note: This question was removed from application March 2019)	Weak, numb, or drooping hand, tongue, cheek, face, arm or leg Difficulty speaking, garbled/slurred speech, or inability to speak Blurred, doubled, or decreased vision in one or both eyes None of these
Do you have diabetes?	No diabetes Prediabetes Diabetes (Type I) Diabetes (Type II)
Indicate if you have had any of these heart or blood vessel disease conditions	Heart disease Heart attack Heart failure Stroke or mini-stroke (TIA) Angina or chest pain Peripheral artery disease None of these

Indicate which of these medications you are regularly taking	Blood pressure meds Cholesterol meds Diabetes meds Other None of these
Systolic blood pressure	I don't know
Diastolic blood pressure	I don't know
Are your cholesterol numbers within the recommended ranges?	Yes No I don't know