



Name: _____

Date: _____

Marital Status:

- Legally married
- Widowed
- Never married
- Separated
- Divorced
- Living with significant other

Usual Employment Status:

- Full-time
- Part-time
- Homemaker
- Retired; Retirement date
____/____/____(mo/da/yr)
- Unemployed due to illness
- Unemployed for other reasons

Occupation: _____ (current or prior to your retirement)

Height: ____ ft ____ inches

Weight: _____ pounds

Highest Level of Education:

Ethnicity:

- No schooling beyond the 8th grade
- Attended high school
- Completed high school
- Attended college, trade school, or other training requiring completion of high school
- Attended post-graduate training
- Completed post-graduate training
- Asian
- Black
- Caucasian
- Hispanic
- Native American
- Other

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