

“Check it. Change it. Control it. Your Heart Depends on it.”

Patient Pre-Survey (Step 1)

1. Do you meet with your physician regularly? Is high blood pressure and high cholesterol discussed?

2. Were you aware of your high risk for high blood pressure and high cholesterol? If so, how did you know? (family history, spouse/partner, physician, other)

3. What should your numbers be for heart health?

Blood pressure _____

Cholesterol _____

Do you know your current numbers?

Blood pressure _____

Cholesterol _____

4. What are risk factors for high blood pressure and high cholesterol?

5. What kind of activities do you participate in for a healthy lifestyle?

6. Do you currently use tobacco products?

7. Did your physician discuss the “Check it. Change it. Control it.” materials with you?

Practice Site: _____

Patient First Name: _____

