

CARDIOVASCULAR DISEASE, DIABETES

NAME:

AGE IN YEARS:

PERSONAL IDENTIFICATION CODE:

Does your day include at least 30 minutes of physical activity (fast-paced walking, cleaning, etc.)?

YES NO

Do you eat a total of at least 500 grams of fruits, vegetables and berries every day?

YES NO

Have you ever taken medicinal products for blood pressure on a regular basis?

YES NO

Have you ever been diagnosed with high blood sugar (e.g. during medical examinations or pregnancy)?

YES NO

Have any of your close family members (parents, siblings, children) been diagnosed with diabetes?

YES NO

Have any of your other relatives (grandparents, aunts, uncles, cousins) been diagnosed with diabetes?

YES NO

Have any of your close family members (parents, siblings) experienced a heart attack or a condition preceding a heart attack at a young age (men <55 years, women <65 years)?

YES NO

Do you smoke?

YES NO