

- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ High Cholesterol
- ☐ Heart Attack or Bypass before age 50
- ☐ Breast Cancer
- ☐ Colon Cancer
- ☐ Other

Exercise \_\_\_\_\_None \_\_\_\_\_Current  
What kind? \_\_\_\_\_ How long? \_\_\_\_\_  
How often? \_\_\_\_\_