**Number of patient** \_\_\_\_\_

**Patient initials** \_\_\_\_\_

Age: \_\_\_\_\_

Working status \_\_\_\_\_\_\_\_\_\_

Marriage status: □married/in stable relationship □divorced □unmarried □widow

Finished school \_\_\_\_\_\_\_\_\_\_

Births (number): \_\_\_\_\_

**Cardiovascular risks**

What cardiovascular risks does the patient have? *(Filled in by a doctor)*

□diabetes

□arterial hypertension

□elevated cholesterol levels

□overweight (BMI >25 kg/m2)

□\*sedentary lifestyle

□\*\*unhealthy eating habits

□smoking

□something else \_\_\_\_\_\_\_\_\_\_

\*Physical activity of stronger intensity less than three times a week and less than 60 minutes in total per week, or physical activity of moderate intensity less than three times a week and less than 150 minutes in total per week.

\*\*Unhealthy eating habits: animal fats, lack of fruits and vegetables, too much salt in food.

Has anyone in your family already decided to change their lifestyle and/or eating habits?

□yes □no (If you answer is “yes”, who it was? \_\_\_\_\_\_\_\_\_\_)

Have you made previous decisions without pressure from other people?

□yes □no

If you were pressured, state who carried it out:

□family □friends □family doctor □specialist(s) □someone else (Who? \_\_\_\_\_\_\_\_\_\_)

Do you know the most important benefits and risks in relation to changing life and/or eating habits?

□yes □no

Mark the level of your knowledge/ignorance on a scale from 0 - 10, where 0 means "not at all" and 10 "completely".

0 1 2 3 4 5 6 7 8 9 10

not at all completely