



Institut Européen de Diététique et Micronutrition

## CARDIOMETABOLIC QUESTIONNAIRE

Before you begin, please calculate your BMI (*Body Mass Index*) to answer questions 15 and 16.

Weight - kg  Height – m

BMI = Weight (kg) / Height<sup>2</sup> (m)

### Family history (parents, grandparents, siblings):

1. Has anyone experienced a heart attack and/or stroke?

No	0		Yes	2	
----	---	--	-----	---	--

2. If yes, did the incident occur before age 55 for men / 65 for women?

No	0		Yes	2	
----	---	--	-----	---	--

3. Has anyone been treated for high cholesterol or triglycerides?

No	0		Yes	2	
----	---	--	-----	---	--

4. Has anyone been treated for high blood pressure?

No	0		Yes	2	
----	---	--	-----	---	--

5. Has anyone had or is currently being treated for diabetes?

No	0		Yes	2	
----	---	--	-----	---	--

6. Has anyone been overweight or obese?

No	0		Yes	2	
----	---	--	-----	---	--

**Personal History:**

7. Have you experienced a heart attack and/or stroke?

No	0		Yes	2	
----	---	--	-----	---	--

8. Have you had an episode of vein inflammation (phlebitis) or pulmonary embolism?

No	0		Yes	2	
----	---	--	-----	---	--

9. Are you being treated for inflammatory changes in the arteries (arteritis)?

No	0		Yes	2	
----	---	--	-----	---	--

10. Are you being treated for high cholesterol or triglycerides?

No	0		Yes	2	
----	---	--	-----	---	--

11. Are you being treated for high blood pressure (hypertension)?

No	0		Yes	2	
----	---	--	-----	---	--

12. Are you being treated for diabetes?

No	0		Yes	2	
----	---	--	-----	---	--

13. Have you had gestational diabetes (during pregnancy, for women only)?

No	0		Yes	2	
----	---	--	-----	---	--

**Risk factors:**

14. Do you smoke?

No 0		From 1 to 10 cigarettes/day  (1)		From 10 to 20 cigarettes/day  (2)		More than 20 cigarettes/day  (3)	
------	--	---	--	---	--	---	--

15. Is your *BMI* (see above) between 25 and 30kg/m<sup>2</sup>?

No 0		Yes 2	
------	--	-------	--

16. Is your *BMI* (see above) over 30?

No 0		Yes 2	
------	--	-------	--

17. Is the excess weight mainly around your stomach?

No 0		Yes 2	
------	--	-------	--

18. When you stop physical activity, do you tend to easily gain a few pounds?

No 0		Yes 2	
------	--	-------	--

19. Do you consume fast sugars (sweets, pastries, soft drinks)?

No 0		Yes 2	
------	--	-------	--

20. Do you exercise regularly?

No 0		Yes 2	
------	--	-------	--