



SIGN ME UP!

Name:

Address:

City:

State: ZIP: -

Questions about your risk factors for heart disease

We will use your answers to these questions to help us plan future programs.

1. Do you have high cholesterol?
 Yes No
2. If so, how long have you had high cholesterol?
 ___ years Less than 1 year I don't know
3. Do you have high blood pressure?
 Yes No
4. If so, how long have you had high blood pressure?
 ___ years Less than 1 year I don't know
5. Do you have diabetes?
 Yes No
6. If so, how long have you had diabetes?
 ___ years Less than 1 year I don't know
7. Check each item that is no w par t of your treatment.
 Food or diet plan Medicine to manage your cholesterol
 Exercise Medicine to manage your blood pressure
 Medicine to manage y our diabetes Not sure/none of the above
8. If you are taking medicine to manage your cholesterol, how long have you been taking it?
 ___ years Less than 1 year
9. If you are taking medicine to manage your blood pressure, how long have you been taking it?
 ___ years Less than 1 year
10. If you are taking medicine to manage your blood sugar, how long have you been taking it?
 ___ years Less than 1 year
11. Do you smoke or use other forms of tobacco?
 Yes No

ID:

*Age at enrollment:

*Gender: Female Male

*Optional.

If you would like to sign up for the Healthy at Heart™ Reduce Your CV Risk program, please sign below and return this form today.

Healthy at Heart Reduce Your CV Risk has been developed by Pfizer Inc. It is being offered to you as a member of Maricopa County. Pfizer and Maricopa County respect your right to have personal and medical information kept confidential. NO information that identifies you will be shared with Pfizer. The information you fill in, such as name, address, e-mail, age, and gender, will be used by Maricopa County and companies working with Maricopa County, like Verispan LLC, only to enroll you in Healthy at Heart Reduce Your CV Risk and to evaluate the program. The information you provide here will not be shared with any other third parties, such as outside mailing lists.

Please check the boxes below that apply:

- Yes, I would like to participate in the Healthy at Heart Reduce Your CV Risk online program only
 - Yes, I have diabetes and I would like to participate in the Diabetes Control Network online program

E-mail

By providing your e-mail, you allow the Healthy at Heart Reduce Your CV Risk program administrator to send you e-mail reminders and information specific to the program via e-mail.

If you choose to participate in the online program, you will receive an activation ID in your Welcome Kit. This will allow you to create a user name and password to see the whole site.

- Yes, I would like to participate in the Healthy at Heart Reduce Your CV Risk mail-based program only
 - Yes, I have diabetes and I would like to participate in the Diabetes Control Network mail-based program
- No, I do NOT wish to participate in or receive further information about Healthy at Heart Reduce Your CV Risk

Sign below if you want to join. Your welcome package will be sent to you within 4 to 8 weeks after we process your forms.

Thank you.

Signature _____ Date _____