**Appendix 1 (available online only). Firefighter Surveys.**

**Firefighter Survey - I.**

ID number

Age Fire Department

Sex: male female (circle one) Career or Volunteer? Circle one

Years of Experience

Which of the following is (are) risk factors for heart disease (those things that would put you at risk for developing heart disease)? Circle any that apply.

Age

Hypertension (high blood pressure)

High cholesterol

Smoking

Obesity (being overweight)

Lack of exercise

Family history of heart disease (presence of heart disease in a parent or brother or sister)

Continued on next page....

Your education (last year of school completed):

Less than 7th grade

7th through 9th grade

10th or 11th grade

High school graduate

Partial college (at least one year) or specialized training (ie, Associate Degree)

Standard college or university graduation (ie, BA, BS)

Graduate professional training (ie, MA, MS, PhD, DO, MD)

Marital Status:

Married

Living together (but not married)

Separated/divorced

Widowed

Single (never married)

Other

Your racial background:

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Black or African American

White

Other, which

**Firefighter Survey - II**

Height

Weight

Body Mass Index (BMI)

Waist circumference (cm)

Blood Pressure

Are you currently being treated by a doctor for hypertension (high blood pressure)?

Yes No circle one

Are you currently being treated by a doctor for high cholesterol?

Yes No circle one

Have you ever been diagnosed by a doctor with heart disease (blocked artery in the heart)?

Yes No circle one

Have you ever had a heart catheterization or heart bypass surgery?

Yes No circle one

Have you ever had stents placed in your heart?

Yes No circle one

Do you participate regularly in physical exercise?

Yes No circle one

If yes, please indicate what activity

Frequency of activity? (example: once a week, three times a week, daily,

etc.)

Does your fire department require participation in a formal fitness program?

Yes No circle one

Does your fire department require a medical evaluation such as a physical by a doctor?

Yes No circle one

If yes, please explain