

Name: _____ (Optional) Age: _____

(Optional) Cardiac Event _____

Rehab Graduation date/year: _____ Cardiac Maint. member since: _____

Hobbies: _____

Occupation/Career: _____

Your "Aha" Moment at the Center for Cardiac Fitness: _____

Biggest Lifestyle change: _____

Favorite things about Cardiac rehab: _____

A piece of advice: _____

Share the information you are comfortable with.

Define your "Aha" moment: When did you know you needed to make some changes or realize rehab was going to make a significant impact for you.