

MY HEART DISEASE RISK ASSESSMENT

How many of the Heart Disease Risk Factors do you have?

1. Family history of heart disease (parents or siblings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Cigarette smoking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. High Blood Pressure (140/90 or higher)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. High Cholesterol (Total Cholesterol of 200-240)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Age (45 and older for men, 55 and older for women)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Overweight (BMI of >25 or waist greater than 35 inches)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Diabetes or prediabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Total Risk Factor Score _____

HEART DISEASE ACTION PLAN

<i>Risk Factor</i>	<i>Lifestyle Change</i>
Cigarette Smoking	
High Blood Pressure (>140/90)	
High Cholesterol (total cholesterol >200, LDL 160 or >, HDL < 40 or less)	
Overweight (BMI >25 or waist circumference of 35 inches or greater)	
Diabetes	
Lack of exercise	
Diet high in salt, saturated fats or processed foods	