

Your Check for Life



- Find out about your personal risk of heart disease – the #1 killer of women!
- Fill out the following information before you . . .
- Go to **Go Red for Women Heart CheckUp** www.GoRedForWomen.org an interactive online assessment of your heart health.

You will need the following information:



1. Has anyone in your immediate family been diagnosed with early coronary heart disease? Yes No
 - “*Immediate family*” means a blood-related parent, sister, brother, or child.
 - “*Early heart disease*” means being diagnosed with heart disease before age 55 for male relatives and before age 65 for female relatives.
2. What is your gender? female male
3. What is your age? years
4. What is your height? feet and inches
5. What is your weight? pounds
6. Is your waist size greater than 35 inches (if you are a woman) or 40 inches (for men)?
 Yes No
7. Have you been diagnosed with type 1 or type 2 diabetes? Yes No
8. Do you smoke? (Answer yes if you have smoked cigarettes in the past month.)
 Yes No
9. Have you had any of the following conditions, events, or procedures?

<input type="checkbox"/> Heart attack	<input type="checkbox"/> Angina
<input type="checkbox"/> Stroke	<input type="checkbox"/> Peripheral arterial disease or surgery for a leg circulation problem
<input type="checkbox"/> Angioplasty or balloon angioplasty	<input type="checkbox"/> Carotid artery disease
<input type="checkbox"/> Stent procedure	<input type="checkbox"/> Transient ischemic attack (TIA)
<input type="checkbox"/> Coronary artery bypass graft surgery	



If you have recent medical test results for the following information, please complete the back of this page. If not, schedule an appointment with your health-care provider – find out what you need to know.

10. What is your blood pressure reading?

_____ systolic (top number) _____ diastolic (bottom number)

11. Are you currently being treated for high blood pressure with medicine prescribed by your health-care provider? _____ Yes _____ No

12. What is your total cholesterol? *(Enter a number between 130 and 320.)* _____

13. What is your LDL or “bad” cholesterol level? *(Enter a number between 50 and 250.)*

14. What is your HDL or “good” cholesterol level? *(Enter a number between 20 and 100.)* _____

15. Are your triglycerides 150 mg/dl or higher? _____ Yes _____ No

16. Is your level of fasting blood sugar 100 mg/dl or higher? _____ Yes _____ No



Remember

- Go online www.GoRedForWomen.org and enter this information for your Ten-Year Heart Health Assessment.
- Bring this with you when you visit your health-care provider.
- Talk with your provider about your personal risk assessment and actions you can take to lower your risk of heart disease!



The online assessment is not intended to give medical advice or treatment. Only your health-care provider can do that. The results of the assessment can help you work with your provider to make a plan for heart health.

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Sponsored by a grant from the Foundation for the National Institutes of Health as part of a public-private partnership with the National Heart, Lung, and Blood Institute to promote *The Heart Truth*[®], the NHLBI's national program for women about heart disease. Funding is provided by individuals and corporations including Home Shopping Network, Diet Coke, Belk Department Stores, and Swarovski.

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