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?
   ___ Heart attack  ___ Angina
   ___ Stroke  ___ Peripheral arterial disease or surgery for a leg circulation problem
   ___ Angioplasty or balloon angioplasty  ___ Carotid artery disease
   ___ Stent procedure  ___ Transient ischemic attack (TIA)
   ___ 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.