

ARE YOU AT RISK OF A **Heart Attack?**

Check **all** boxes that apply to you.

<input type="checkbox"/>	AGE AND SEX. I am a man over 45 years old OR I am a woman over 55 years old.
<input type="checkbox"/>	FAMILY HISTORY. My father or brother had a heart attack before age 55; OR my mother or sister had a heart attack before age 65; OR my mother, father, sister, brother or grandparent had a stroke.
<input type="checkbox"/>	HEART DISEASE MEDICAL HISTORY. I have coronary heart disease, atrial fibrillation, angina or other heart condition(s) OR I have had a heart attack.
<input type="checkbox"/>	BLOOD PRESSURE. My blood pressure is 140/90 mm Hg or higher OR a health professional has said my blood pressure is too high OR I don't know what my blood pressure is.
<input type="checkbox"/>	TOBACCO SMOKE. I smoke OR live or work with people who smoke regularly.
<input type="checkbox"/>	TOTAL CHOLESTEROL. My total cholesterol is 200 mg/dL or higher OR I don't know my cholesterol level.
<input type="checkbox"/>	HDL CHOLESTEROL. My HDL (good) cholesterol is less than 40 mg/dL OR I don't know my HDL cholesterol level.
<input type="checkbox"/>	LDL CHOLESTEROL. My LDL (bad) cholesterol is too high OR I don't know my LDL cholesterol level.
<input type="checkbox"/>	PHYSICAL ACTIVITY. I get less than a total of 30 minutes of physical activity on most days.
<input type="checkbox"/>	OVERWEIGHT. I am 20 pounds or more overweight for height and build OR I have a body mass index (BMI) score of 25 or more.
<input type="checkbox"/>	DIABETES. I have diabetes (a fasting blood sugar of 126 mg/dL or higher) OR I need medicine to control my blood sugar.

If you checked two or more boxes, please see a healthcare provider for a complete assessment of your risks!



NORTH DAKOTA
DEPARTMENT of HEALTH

*Heart Disease & Stroke
Prevention Program*