Are YOU at risk of a HEART ATTACK?

Check all boxes that apply to you:

☐ AGE AND SEX I am a man over 45 years old OR a woman over 55 years old.

☐ FAMILY HISTORY My father/brother had a heart attack before age 55; OR my mother/sister had a heart attack before age 65; OR my mother, father, sister, brother or grandparent had a stroke.

☐ HEART DISEASE MEDICAL HISTORY I have coronary heart disease, atrial fibrillation, angina or other heart condition(s) OR I have had a heart attack.

☐ 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.

☐ TOBACCO SMOKE I smoke OR live or work with people who smoke regularly.

☐ TOTAL CHOLESEROL My total cholesterol is 200 mg/dL or higher OR I don’t know my cholesterol level.

☐ HDL CHOLESEROL My HDL (good) cholesterol is less than 40 mg/dL OR I don’t know my HDL cholesterol level.

☐ LDL CHOLESEROL My LDL (bad) cholesterol is too high OR I don’t know my LDL cholesterol level.

☐ PHYSICAL ACTIVITY I get less than a total of 30 minutes of physical activity on most days.

☐ 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.

☐ 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 health care provider for a complete assessment of your risks!