

## 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](http://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](http://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.*

Love Your Heart Talks, created for West Virginia women, is a program of the WVU Extension Service Families and Health Programs. It is conducted in conjunction with the American Heart Association’s W.Va. Women’s Go Red for Heart Health campaign and also supported by the West Virginia Cardiovascular Health Program.

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