

Assessing your heart health

Having high cholesterol, especially high low-density lipoprotein (LDL), which is often called the “bad” cholesterol, can be a red flag that you could be on a path to develop heart or blood vessel disease. But it’s just one piece of the puzzle.

Use this worksheet to write down conditions or behaviors that may raise your risk of heart disease and stroke. Share it with your care team to talk about your risk and come up with the best plan to protect your heart health now and in the future.

Your cholesterol numbers

Do you have	Most recent number	Date of last (lipid) blood test
<input type="checkbox"/> High LDL cholesterol		
<input type="checkbox"/> High triglycerides		
<input type="checkbox"/> High total cholesterol		
<input type="checkbox"/> Low HDL cholesterol		
<input type="checkbox"/> I don't know my numbers		

Does anyone in your family have high LDL cholesterol?

- Yes
- No
- I don't know

Do you currently take a statin or other medicine to lower your cholesterol?

- Yes
- No

Your cholesterol is one item used by your care team to estimate your risk of having a heart attack or stroke in the next 10 years. More information is plugged into a calculator of sorts, along with other health measures that can affect heart health. Your clinician may call it an ASCVD risk calculator.

▶ More information used to estimate your risk of heart disease or stroke

Your age	_____ years old
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Racial/ethnic background	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> South Asian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other: _____
Blood pressure	Upper number (systolic blood pressure): _____ mg/dL Lower number (diastolic blood pressure): _____ mg/dL Are you taking a medicine to lower blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure (If you are unsure, ask your care team.)

<p>Diabetes or prediabetes</p>	<p>Is your blood sugar level 100 or higher OR are you taking a medicine to lower blood sugar?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I don't know</p>
<p>Tobacco use</p>	<p>Do you smoke cigarettes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, but I did in the past</p> <p><input type="checkbox"/> No, I have never smoked cigarettes</p> <p>Do you use other tobacco products (including e-cigarettes or vaping)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

LDL or “bad” cholesterol is an important factor in your heart health and a target of many treatments. But it’s only one piece of the puzzle.

Be sure to talk with your care team about other conditions and habits that can make you more likely to develop heart disease. Remember, too, that you may feel fine with high cholesterol, so you need to know your numbers.



Other conditions

(Please check all that apply.)

- Overweight or obese
- Chronic kidney disease
- Autoimmune disorders
(for example: lupus, rheumatoid arthritis, multiple sclerosis, HIV/AIDS)

- Depression or anxiety
- Sleep apnea
- High use of alcohol (more than 1 drink a day for women, more than 2 drinks a day for men)

For women:

- Diabetes during pregnancy
- High blood pressure during pregnancy
- Early menopause (before 40 years of age)

Do you have high levels of these markers:

- High-sensitivity C-reactive protein (CRP)
(greater than or equal to 2 mg/L)
- Apolipoprotein B (Apo-B) (greater than 130 mg/dl)
- Lp(a) (50 mg/dL or higher)
- I don't know (If you are unsure, ask your care team.)

Family history

Has anyone in your family had a history of:

- Heart attack (around what age: _____)
- Surgeries or procedures to open blocked arteries (bypass surgery or stents placed)
- Stroke
- Heart failure
- I don't know

Lifestyle habits also play a big role

Physical activity

Do you have a regular physical activity or exercise routine?

Yes

No

In general, how many days of the week are you physically active?

1	2	3	4	5	6	7
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How long do you usually exercise (per session of activity)?

- Less than 30 minutes 30 minutes 30-60 minutes 60 minutes or more

Heart-healthy eating/nutrition

What are some of the things you do to eat a heart-healthy diet? (Please check all that apply.)

- Limit salt (sodium) intake
- Pay attention to calories
- Use the plate method to choose foods and portions
- Read food labels (for added sugars, salt, fats)
- Choose lean meats (for example, skinless chicken, pork tenderloins)
- Limit, or not eat, deli or processed meats
- Eat more vegetables
- Eat 1-2 serving of fish a week
- Bake, broil or grill instead of fry foods
- Use olive oil or vegetable oil instead of butter
- Cut back on sweets or desserts
- Follow a plant-based diet, the Mediterranean diet or another eating program _____
- Other: _____

How many alcoholic beverages to you drink each week? _____

**Thanks
for completing
this form.**
Be sure to share
it with your
health care team.

