

H E E L S v s T I E S

Measure Your Risk For CAD

Add one point to the column on the right for each yes answer.

1. Have you reached menopause? In other words, have you not had a menstrual period for 12 consecutive months? 1. _____
2. Are you fifty-five-years old or older 2. _____
3. Did one of your parents or siblings have a heart attack or sudden cardiac death before the age of 55 (males) or 65 (females)? 3. _____
4. Have you smoked cigarettes in the past 10 years? 4. _____
5. Is your blood pressure 130/80 or higher, or do you take medications for high blood pressure? 5. _____
6. Does at least one of these apply to you: 6. _____
 - Is your total cholesterol 200 mg/dL or higher?
 - Is your LDL 160 mg/dL or higher?
 - Are your triglycerides 150 ml/dL or higher?
 - Do you take medications for any of these?
7. Do you have diabetes or high blood sugar? 7. _____
8. Are you overweight or obese? 8. _____

Calculate your Body Mass Index
BMI = $703 \times (\text{weight (lb)} / \text{height (in)}^2)$
Overweight: BMI 25-29.9
Obesity: BMI 30+
9. Are you physically active for less than 30 consecutive minutes per day? 9. _____
10. Do you worry excessively, and/or suffer from insomnia, headaches, stomach problems, or fatigue? 10. _____

Add the total points.

My score is _____