




## What is my risk of having a heart attack or stroke?

Chance of having a heart attack or stroke in the next 5 years:

**LOW RISK: <10%**

**MODERATE RISK: 10-15%**

**HIGH RISK: 15%**



## What can I change about my lifestyle to reduce my risk?

How much physical activity should I be doing?

minutes/week

What is my ideal:

Weight:  kg

BMI:

What kinds of foods are heart healthy?


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What are the best steps to take to quit smoking?

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## When is my next Heart Health Check due?

6 months  12 months  24 months

Date: \_\_\_ / \_\_\_ / \_\_\_

Talk to someone who is specially trained in heart health care to answer your questions.

**Call our Helpline on 13 11 12.**

Questions to ask when you are having a

# HEART HEALTH CHECK

For more information visit [heartfoundation.org.au](http://heartfoundation.org.au)

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## What are my risk factors for heart disease?

### 1. Blood Pressure

What is my blood pressure?

Current:  /  mmHg  
Systolic Diastolic

What should my blood pressure be?

/  mmHg  
Systolic Diastolic

How often should I have my blood pressure checked?

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### 2. Cholesterol

What are my cholesterol levels?

	MY LEVELS	IDEAL LEVELS
TOTAL CHOLESTEROL (mmol/L)		
HDL CHOLESTEROL 'GOOD FATS' (mmol/L)		
LDL CHOLESTEROL 'BAD FATS' (mmol/L)		

### 3. What are my other risk factors for heart disease?

How does diabetes affect my risk of heart disease?

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How does my family history of heart disease affect my risk?

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How does my cultural background affect my risk of heart disease?

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What are my other risk factors:

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## If recommended, what do I need to know about my medication(s)?

### BLOOD PRESSURE LOWERING MEDICINE

Name of medicine: \_\_\_\_\_

Strength: \_\_\_\_\_

How do I take this?: \_\_\_\_\_

Common side effects: \_\_\_\_\_

### CHOLESTEROL LOWERING MEDICINE

Name of medicine: \_\_\_\_\_

Strength: \_\_\_\_\_

How do I take this?: \_\_\_\_\_

Common side effects: \_\_\_\_\_



### Other notes:

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