

LAB 10.1 • UNDERSTAND YOUR CVD RISK

Name: _____ Date: _____

Instructor: _____ Section: _____

Purpose: To engage students in critical thinking about their own risk factors for CVD.

Directions: Complete each of the following questions about CVD risk and total your points in each section—the higher the score, the greater your risk. If you answered “don’t know” for any question, talk to your parents or other family members as soon as possible to find out whether you have any unknown risks.

SECTION I: ASSESS YOUR FAMILY RISK FOR CVD

	Yes	No	Don't Know
1. Do any of your primary relatives (mother, father, grandparents, siblings) have a history of heart disease or stroke?	1	0	
2. Do any of your primary relatives (mother, father, grandparents, siblings) have diabetes?	1	0	
3. Do any of your primary relatives (mother, father, grandparents, siblings) have high blood pressure?	1	0	
4. Do any of your primary relatives (mother, father, grandparents, siblings) have a history of high cholesterol?	1	0	
5. During the time you lived at home, did your family consume red meat and high-fat dairy products several times per week?	1	0	
Total for Section I = _____			

SECTION II: ASSESS YOUR LIFESTYLE RISK FOR CVD

	Yes	No	Don't Know
1. Do you have high blood pressure?	1	0	
2. Is your total cholesterol level higher than recommended? (See Table 10.4)	1	0	
3. Have you been diagnosed as pre-diabetic or diabetic?	1	0	
4. Do you smoke three or more cigarettes per day?	1	0	
5. Would you describe your life as being highly stressful?	1	0	
Total for Section II = _____			

SECTION III: ASSESS YOUR ADDITIONAL RISKS FOR CVD

1. How would you best describe your current BMI?	
<18.5 (1 point)	25–29.9 (1 point)
18.5–24.9 (0 point)	≥30 (2 points)

2. How would you describe your level of exercise?	
Moderate activity for 30 to 60 minutes on fewer than 3 days per week, plus fewer than three cardio workouts per week and fewer than two strength-training workouts per week	1 point
Moderate activity for 30 to 60 minutes most days of the week, plus three cardio workouts and two strength-training workouts per week	0 points
Moderate activity for 60 minutes or more most days of the week, plus more than three cardio workouts and two strength-training workouts per week	0 points

3. How would you describe your dietary behaviors?	
I eat more than the recommended number of calories each day.	1 point
I eat about the recommended number of calories/day for my age, BMI, and activity level.	0 points
I eat fewer than the recommended number of calories each day.	0 points

4. Which of the following best describes your typical dietary behavior?	
I eat several servings of red meat per week and consume saturated fat from other meats and high-fat dairy products most days.	1 point
I eat from the major food groups, trying hard to get the recommended fruits and vegetables.	0 points
Whenever possible, I try to substitute olive oil or canola oil for other forms of dietary fat.	0 points

Total for Section III = _____

Scoring: Look at each section. If your total score for that section is 0, your CVD risk is minimal. Keep up the good work! If your score is between 1 and 3, your risk is moderate and you should initiate some change to lower it. If you score a 4 or 5, you should make substantial changes in those factors that you can control. Your behavior change plan for the chapter will help, and you can get additional advice from your instructor.

SECTION IV: REFLECTION

1. What are your risk factors for CVD? Identify any behaviors that put you at risk for CVD. What can you change right now? What can you change in the future to reduce your risk?

2. Which risk factors for CVD are outside of your control? What can you do to reduce your risk of CVD, even though you have some uncontrollable risk factors?

To submit the completed lab, save the form to your computer and email it to your instructor or upload it to their digital dropbox as directed.