

Heart Disease and Stroke Risk Profile

1. In General, would you say that your health is:
☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent
2. Your current weight _____ height _____
3. Do you have a family history of heart disease or stroke? ☐ Yes ☐ No
4. Have you ever had a stroke or mini-stroke? ☐ Yes ☐ No
5. Have you ever had a heart attack? ☐ Yes ☐ No
6. Have you been told that your cholesterol is high? ☐ Yes ☐ No
7. Are you taking pills for your high cholesterol? ☐ Yes ☐ No
8. Have you been told that you have diabetes? ☐ Yes ☐ No
9. Have you been diagnosed with high blood pressure? ☐ Yes ☐ No
10. Are you currently taking prescription pills for high blood pressure? ☐ Yes ☐ No
11. If you take pills for high blood pressure, do you take them each day? ☐ Yes ☐ No
12. Have you smoked cigarettes in the past 10-15 years? ☐ Yes ☐ No
13. Do you smoke cigarettes or cigars every week? ☐ Yes ☐ No
14. Typically, do you drink alcohol every day? ☐ Yes ☐ No
15. Do you eat high fat, processed or fast foods every week? ☐ Yes ☐ No
16. Do you eat less than four servings of fruits and vegetables a day? ☐ Yes ☐ No
17. Do you feel overwhelmed or stressed on more than one day of the week? ☐ Yes ☐ No
18. Are you active for less than 20 minutes per day on most days of the week?
(eg. Brisk walking, active gardening, swimming, dancing, running, or biking?) ☐ Yes ☐ No
19. Do you live alone? ☐ Yes ☐ No
20. Do you have dependents at home? ☐ Yes ☐ No
21. Have you used street drugs or someone else's prescription drugs recently? ☐ Yes ☐ No
22. Are you currently taking any prescription medications? Please list below. ☐ Yes ☐ No

23. Is there anything else that you would like to share about yourself? ☐ Yes ☐ No

(Adapted from C-CHAP Risk Profile Recording Form with permission)

Take action! Talk with your health care provider about your risk for heart disease or stroke.

For office use only:

☐ High Risk

☐ Moderate Risk

☐ Low Risk

Heart Health Assessment



What is Heart Health Assessment?

Heart health assessment or screening is being offered to people in Newfoundland and Labrador over the age of 40 years who may or may not have risk factors for heart disease and stroke.

What are the risk factors for heart disease and stroke?

- High blood pressure
- High cholesterol
- Low activity levels
- Smoking
- Family history
- Stress
- Unhealthy diet
- Diabetes
- Obesity

What Can I Expect?

- You can complete the Heart Disease & Stroke Risk Profile on the back of this pamphlet. Bring this completed form to your health care provider to share your health information.
- Your health care provider will review your heart health history and more information about you will then be collected.
- The check is based on straightforward questions on family history, risk factors, and measurements such as height, weight, and blood pressure.
- You will have to get a simple blood test to measure your cholesterol level and other routine tests* and then come back for another appointment with your health care provider to review the results.
- If there are any warning signs, then together you can work with your health care provider to do something about it.
- Following the check, you will work to identify priority areas and personalized plan on lowering your risk and staying healthy.

How Do I Find Out More?

See your health care provider to arrange your appointment today.

For more information contact:

- Heart & Stroke Foundation 753-8521 www.heartandstroke.ca
- Dietitians of Canada www.dietitians.ca
- Canadian Diabetes Association www.diabetes.ca
- Health Canada www.hc-sc.gc.ca
- Hypertension Canada www.hypertension.ca
- Physical Activity www.csep.ca/guidelines
- Stress Management www.cmha.ca
- Smoking www.smokershelp.net

Educating yourself and becoming a good self-manager of your health is the most important thing you can do to prevent heart disease and stroke!



*Consistent with recommendations from Choosing Wisely NL