Name _____ Date _____ Section _____

Assessyourself

CVD and Cancer: What's Your Personal Risk?

1 Evaluating Your CVD Risk

Complete each of the following questions and total your points in each section.

A: Your Family Risk for CVD

		Yes (1 point)	No (0 points)	Don't Know
1.	Do any of your primary relatives (parents, grandparents, siblings) have a history of heart disease or stroke?	◯	◯	◯
2.	Do any of your primary relatives have diabetes?	◯	◯	◯
3.	Do any of your primary relatives have high blood pressure?	◯	◯	◯
4.	Do any of your primary relatives have a history of high cholesterol?	◯	◯	◯
5.	Would you say that your family consumed a high-fat diet (lots of red meat, whole dairy, butter/margarine) during your time spent at home?	◯	◯	◯

Total points: 0

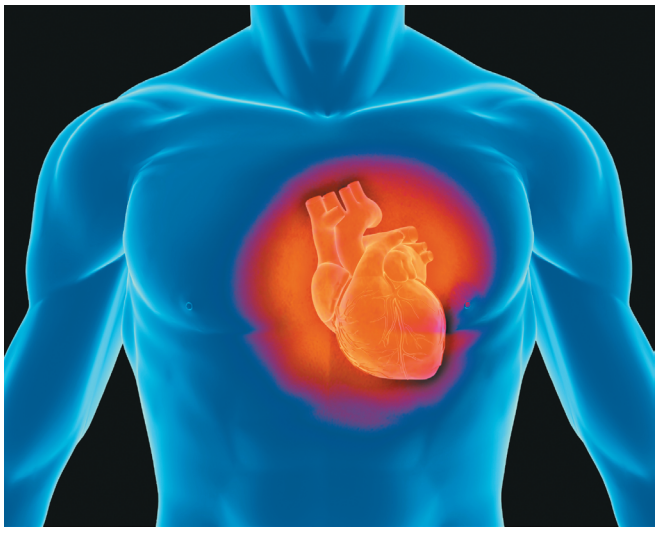
B: Your Lifestyle Risk for CVD

1.	Is your total cholesterol level higher than it should be?	◯	◯	◯
2.	Do you have high blood pressure?	◯	◯	◯
3.	Have you been diagnosed as pre-diabetic or diabetic?	◯	◯	◯
4.	Would you describe your life as being highly stressful?	◯	◯	◯
5.	Do you smoke?	◯	◯	◯

Total points: 0

C: Your Additional Risks for CVD

1. How would you best describe your current weight?
   - a. Lower than what it should be for my height and weight (0 points)
   - b. About what it should be for my height and weight (0 points)
   - c. Higher than it should be for my height and weight (1 point)
2. How would you describe the level of exercise that you get each day?
   - a. Less than what I should be exercising each day (1 point)
   - b. About what I should be exercising each day (0 points)
   - c. More than what I should be exercising each day (0 points)
3. How would you describe your dietary behaviors?
   - a. Eating only the recommended number of calories each day (0 points)
   - b. Eating less than the recommended number of calories each day (0 points)
   - c. Eating more than the recommended number of calories each day (1 point)
4. Which of the following best describes your typical dietary behavior?
   - a. I eat from the major food groups, especially trying to get the recommended fruits and vegetables. (0 points)
   - b. I eat too much red meat and consume too much saturated and *trans* fats from meat, dairy products, and processed foods each day. (1 point)
   - c. Whenever possible, I try to substitute olive oil or canola oil for other forms of dietary fat. (0 points)



5. Which of the following (if any) describes you?

a. I watch my sodium intake and try to reduce stress in my life. (0 points)

b. I have a history of chlamydia infection. (1 point)

c. I try to eat 5 to 10 mg of soluble fiber each day and try to substitute a non-animal source of protein (beans, nuts, soy) in my diet at least once each week. (0 points)

Total points: 0

Scoring Part 1

If you scored between 1 and 5 in any section, consider your risk. The higher the number is, the greater your risk will be. If you answered Don't Know for any question, talk to your parents or other family members as soon as possible to find out if you have any unknown risks.

YOUR PLAN FOR CHANGE

The preceding Assessyourself activity evaluated your risk of heart disease. Based on your results and the advice of your physician, you may need to take steps to reduce your risk of CVD.

Today, you can:

◯ Get up and move! Take a walk in the evening, use the stairs instead of the escalator, or ride your bike to class. Start thinking of ways you can incorporate more physical activity into your daily routine.

◯ Begin improving your dietary habits by eating a healthier dinner. Replace the meat and processed foods you might normally eat with a serving of fresh fruit or bean/legume-based protein, and green leafy vegetables. Think about the amounts of saturated and *trans* fats you consume—which foods contain them, and how can you reduce consumption of these items?

Within the next 2 weeks, you can:

◯ Begin a regular exercise program, even if you start slowly. Set small goals and try to meet them. (See Chapter 11 for ideas.)

◯ Practice a new stress management technique. For example, learn how to meditate. See Chapter 3 for other ideas for managing stress.

◯ Get enough rest. Make sure you get at least 8 hours of sleep per night.

By the end of the semester, you can:

◯ Find out your hereditary risk for CVD. Call your parents and find out if your grandparents or aunts or uncles developed CVD. Ask if they know their latest cholesterol LDL/HDL levels. Do you have a family history of diabetes?

◯ Have your own cholesterol and blood pressure levels checked. Once you know your levels, you'll have a better sense of what risk factors to address. If your levels are high, talk to your doctor about how to reduce them.

2 Evaluating Your Cancer Risk

Read each question and circle the number corresponding to each Yes or No. Individual scores for specific questions should not be interpreted as a precise measure of relative risk, but the totals in each section give a general indication.

A: Cancers in General

	Yes	No
1. Do you smoke cigarettes on most days of the week?	2	1
2. Do you consume a diet that is rich in fruits and vegetables?	1	2
3. Are you obese, or do you lead a primarily sedentary lifestyle?	2	1
4. Do you live in an area with high air pollution levels or work in a job where you are exposed to several chemicals on a regular basis?	2	1
5. Are you careful about the amount of animal fat in your diet, substituting olive oil or canola oil for animal fat whenever possible?	1	2
6. Do you limit your overall consumption of alcohol?	1	2
7. Do you eat foods rich in lycopenes (such as tomatoes) and antioxidants?	1	2
8. Are you "body aware" and alert for changes in your body?	1	2
9. Do you have a family history of ulcers or of colorectal, stomach, or other digestive system cancers?	2	1
10. Do you avoid unnecessary exposure to radiation, cell phone emissions, and microwave emissions?	1	2

Total points: 0

B: Skin Cancer

	Yes	No
1. Do you spend a lot of time outdoors, either at work or at play?	2	1
2. Do you use sunscreens with an SPF rating of 15 or more when you are in the sun?	1	2
3. Do you use tanning beds or sun booths regularly to maintain a tan?	2	1
4. Do you examine your skin once a month, checking any moles or other irregularities, particularly in hard-to-see areas such as your back, genitals, neck, and under your hair?	1	2
5. Do you purchase and wear sunglasses that adequately filter out harmful sun rays?	1	2

Total points: 0

C: Breast Cancer

	Yes	No
1. Do you check your breasts at least monthly using BSE procedures?	1	2
2. Do you look at your breasts in the mirror regularly, checking for any irregular indentations/lumps, discharge from the nipples, or other noticeable changes?	1	2
3. Has your mother, sister, or daughter been diagnosed with breast cancer?	2	1
4. Have you ever been pregnant?	1	2
5. Have you had a history of lumps or cysts in your breasts or underarm?	2	1

Total points: 0

D: Cancers of the Reproductive System

Men

	Yes	No
1. Do you examine your penis regularly for unusual bumps or growths?	1	2
2. Do you perform regular testicular self-examinations?	1	2
3. Do you have a family history of prostate or testicular cancer?	2	1
4. Do you practice safe sex and wear condoms during every sexual encounter?	1	2
5. Do you avoid exposure to harmful environmental hazards such as mercury, coal tars, benzene, chromate, and vinyl chloride?	1	2

Total points: 0

Women

	Yes	No
1. Do you have regularly scheduled Pap tests?	1	2
2. Have you been infected with HPV, Epstein-Barr virus, or other viruses believed to increase cancer risk?	2	1
3. Has your mother, sister, or daughter been diagnosed with breast, cervical, endometrial, or ovarian cancer (particularly at a young age)?	2	1
4. Do you practice safer sex and use condoms with every sexual encounter?	1	2
5. Are you obese, taking estrogen, or consuming a diet that is very high in saturated fats?	2	1

Total points: 0

Scoring Part 2

Look carefully at each question for which you received a 2. Are there any areas in which you received mostly 2s? Did you receive total points of 11 or higher in A? Did you receive total points of 6 or higher in B through D? If so, you have at least one identifiable risk. The higher the score is, the more risks you may have.

YOUR PLAN FOR CHANGE

The preceding **Assessyourself** activity identified certain factors and behaviors that can contribute to increased cancer risks. If you engage in potentially risky behaviors, consider steps you can take to change these risks and improve your future health.

Today, you can:

◯ Perform a breast or testicular self-exam (see pages 385 and 390, respectively, for instructions) and commit to doing one every month.

◯ Take advantage of the salad bar for lunch or dinner, and load up on greens, or prepare or order veggies such as steamed broccoli or sautéed spinach.

Within the next 2 weeks, you can:

◯ Buy a bottle of sunscreen (with SPF 15 or higher) and begin applying it as part of your daily routine. (Be sure to check the expiration date!)

◯ Find out your family health history. Talk to your parents, grandparents, or an aunt or uncle to find out if family members have developed cancer. This will help you assess your own genetic risk.

By the end of the semester, you can:

◯ Work toward achieving a healthy weight. If you aren't already engaged in a regular exercise program, begin one now. Maintaining a healthy body weight and exercising regularly will lower your risk for cancer.

◯ Stop smoking, avoid secondhand smoke, and limit your alcohol intake.

To submit the completed assessment, save the sheet to your computer and email it to your instructor or upload it to their digital drop box as directed.