



Name \_\_\_\_\_ Date \_\_\_\_\_  
Instructor \_\_\_\_\_ Section \_\_\_\_\_

## Understanding Your Risk for Cardiovascular Disease

Each of us has a unique level of risk for various diseases. You can take action to change some of these risks; others are risks that you need to consider as you plan a lifelong strategy for overall risk reduction. Complete each of the following questions, and total your points in each section. If you score between 1 and 5 in any section, consider your risk: The higher the number, the greater your risk. If you answered “Don’t know” to any question, talk to your parents or other family members as soon as possible to find out whether you have any unknown risks.

### PART I: ASSESS YOUR FAMILY RISK FOR CVD

- Do any of your primary relatives (mother, father, grandparents, siblings) have a history of heart disease or stroke?  
Yes \_\_\_\_\_ (1 point)      No \_\_\_\_\_ (0 points)      Don't know \_\_\_\_\_
- Do any of your primary relatives (mother, father, grandparents, siblings) have diabetes?  
Yes \_\_\_\_\_ (1 point)      No \_\_\_\_\_ (0 points)      Don't know \_\_\_\_\_
- Do any of your primary relatives (mother, father, grandparents, siblings) have high blood pressure?  
Yes \_\_\_\_\_ (1 point)      No \_\_\_\_\_ (0 points)      Don't know \_\_\_\_\_
- Do any of your primary relatives (mother, father, grandparents, siblings) have a history of high cholesterol?  
Yes \_\_\_\_\_ (1 point)      No \_\_\_\_\_ (0 points)      Don't know \_\_\_\_\_
- Would you say that your family consumed a high-fat diet (lots of red meat, dairy products, butter or margarine) during your time spent at home?  
Yes \_\_\_\_\_ (1 point)      No \_\_\_\_\_ (0 points)      Don't know \_\_\_\_\_

Total points \_\_\_\_\_

### PART II: ASSESS YOUR LIFESTYLE RISK FOR CVD

- Is your total cholesterol level higher than it should be?  
Yes \_\_\_\_\_ (1 point)      No \_\_\_\_\_ (0 points)      Don't know \_\_\_\_\_
- Do you have high blood pressure?  
Yes \_\_\_\_\_ (1 point)      No \_\_\_\_\_ (0 points)      Don't know \_\_\_\_\_
- Have you been diagnosed as pre-diabetic or diabetic?  
Yes \_\_\_\_\_ (1 point)      No \_\_\_\_\_ (0 points)      Don't know \_\_\_\_\_
- Do you smoke?  
Yes \_\_\_\_\_ (1 point)      No \_\_\_\_\_ (0 points)      Don't know \_\_\_\_\_
- Would you describe your life as being highly stressful?  
Yes \_\_\_\_\_ (1 point)      No \_\_\_\_\_ (0 points)      Don't know \_\_\_\_\_

Total points \_\_\_\_\_

**PART III: ASSESS 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 each day. (0 points)
3. How would you describe your dietary behaviors?
  - a. Eating only the recommended number of calories per 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, trying hard to get the recommended fruits and vegetables. (0 points)
  - b. I eat mostly red meat and consume high amounts of saturated fat from meats and dairy products 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. Do you have a history of *Chlamydia* infection?
  - a. Yes. (1 point)
  - b. No. (0 points)

**Total points** \_\_\_\_\_