





# Are YOU at risk for a HEART ATTACK?

Check all boxes that apply to you:

- AGE AND SEX** I am a man over 45 years old OR a woman over 55 years old. 
- FAMILY HISTORY** My father/brother had a heart attack before age 55; OR my mother/sister had a heart attack before age 65; OR my mother, father, sister, brother or grandparent had a stroke.
- HEART DISEASE MEDICAL HISTORY** I have coronary heart disease, atrial fibrillation, angina or other heart condition(s) OR I have had a heart attack. 
- BLOOD PRESSURE** My blood pressure is 130/80 mm Hg or higher OR a health professional has said my blood pressure is too high OR I don't know what my blood pressure is.
- TOBACCO SMOKE** I smoke OR live OR work with people who smoke regularly. 
- TOTAL CHOLESTEROL** My total cholesterol is 200 mg/dL or higher OR I don't know my cholesterol level.
- HDL CHOLESTEROL** My HDL (good) cholesterol is less than 40 mg/dL OR I don't know my HDL cholesterol level.
- LDL CHOLESTEROL** My LDL (bad) cholesterol is too high OR I don't know my LDL cholesterol level.
- PHYSICAL ACTIVITY** I get less than a total of 30 minutes of physical activity on most days. 
- OVERWEIGHT** I am 20 pounds or more overweight for height and build OR I have a body mass index (BMI) score of 25 or more.
- DIABETES** I have diabetes (a fasting blood sugar of 126 mg/dL or higher) OR I need medicine to control my blood sugar.

If you checked two or more boxes, please see a health care provider for a complete assessment of your risks!