

# What's Your Risk?

Here is a quick quiz to find out your risk of a heart attack.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your blood pressure 140/90 mmHg or higher, OR have you been told by your doctor that your blood pressure is too high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor told you that your LDL ("bad") cholesterol is too high, OR that your total cholesterol level is 200 mg/dL or higher, OR that your HDL ("good") cholesterol is less than 40 mg/dL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your father or brother had a heart attack before age 55, OR has your mother or sister had one before age 65?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes OR a fasting blood sugar of 126 mg/dL or higher, OR do you need medicine to control your blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you over 55 years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a body mass index (BMI) score of 25 or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get less than a total of 30 minutes of moderate-intensity physical activity on most days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor told you that you have angina (chest pains), OR have you had a heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of the "yes" boxes, you're at an increased risk of having a heart attack. If you checked "don't know" for any questions, ask your doctor for help in answering them.

(Source: National Heart, Lung and Blood Institute)

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