HEARTCARING®

Up Close and Personal

My Clinician: Name _____ Phone Number _____

A number of risk factors affect your heart health. Some you can control... some you can't. Every controllable risk factor is an opportunity to create a "health strength" for yourself. Take inventory of your risk factors and the actions you can take to positively impact your health.

Controllable Risk Factors and Action Steps

☐ I have diabetes

TAKE ACTION – Work with your clinician to learn how to successfully manage your diabetes.

☐ I smoke, or I am around people who smoke

TAKE ACTION – Quit smoking and limit your exposure to second-hand smoke.

☐ I am not physically active

TAKE ACTION – Start exercising! Just 30 minutes per day, 4 days per week can have a lasting, positive impact on your health.

☐ I don't eat healthfully

TAKE ACTION – Work with your clinician to develop an optimal eating plan.

☐ I am not within 20 pounds of my recommended weight

TAKE ACTION – Work with your clinician to develop a healthy weight management plan that includes exercise and nutrition.

☐ I have high levels of LDL cholesterol (greater than 100 mg/dL), low levels of HDL cholesterol (less than 40 mg/dL) or high levels of triglycerides (greater than 150 mg/dL)

TAKE ACTION – Make simple modifications to the types of food you eat: go for whole grains, fruits and vegetables, and lean proteins.

☐ My blood pressure is higher than 120/80 mmHg

TAKE ACTION – Work with your clinician to develop a plan to control your blood pressure, and if you are on medication, follow the instructions!

☐ I don't feel like I get enough sleep each night (at least 8 hrs.)

TAKE ACTION – Talk to your clinician about ways to improve your sleep habits, and explore if another condition, like sleep apnea or insomnia, is affecting you.

☐ I have a lot of stress in my life

TAKE ACTION – Everyone experiences stress on some level. How you deal with it is what matters. If you find yourself regularly stressed out, explore relaxation techniques to help manage your stress.

Uncontrollable Risk Factors

☐ I have heart disease

☐ Members of my immediate family (siblings, parents) have some form of cardiovascular disease

☐ I am African American

☐ I am Hispanic

☐ I am a woman over 55 years old, or I am a man over 45 years old

Work with your clinician to come up with a plan of action for each of your risk factors. Use this workbook to keep motivated, make notes, and jot down follow-up questions.

My Heart Health Goals:

_____

_____

_____

_____

_____

_____

Spirit HEALTH GROUP™

The national HeartCaring® program, developed in partnership with the National Heart, Lung, and Blood Institute (NHLBI) *The Heart Truth*, is powered by Spirit Health Group® and activated by US hospitals that ascribe to the highest standards of excellence in women's health, education, and community outreach. HeartCaring is sponsored in part by The Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership with educational support from the Vascular Disease Foundation, the Peripheral Arterial Disease (P.A.D.) Coalition, and the Venous Disease Coalition.