

Cardiovascular Risk Assessment

If you check one or more boxes, please discuss with your doctor and get a more complete assessment of your risks.

Age and Sex

I am a man over 45 years old

OR

I am a woman over 50 years old

OR

I am a woman who has passed menopause or had my ovaries removed.

Family History

My father or brother had a heart attack before age 55

OR

my mother or sister had a heart attack before age 65

OR

my mother, father, sister, brother or grandparent had a stroke.

Blood Pressure

My blood pressure is 140/90mmHg 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

I live/work with people who smoke tobacco regularly.

Total Cholesterol

My total cholesterol is 6.2 mmol/L (240 mg/dL) or higher

OR

I don't know my level.

HDL Cholesterol

My HDL ("good") cholesterol is less than 1.0 mmol/L (40 mg/dL)

OR

I don't know my HDL cholesterol level.

Physical Activity

I get less than a total of 30 minutes of physical activity on most days.

Overweight

I am 9.1 kg (20 pounds) or more overweight for my height and build.

Diabetes.

I have diabetes (a fasting blood sugar of 7.0 mmol/L (126 mg/dL) or higher)

OR

I need medicine to control my blood sugar.

Heart Disease Medical History

I have coronary heart disease, atrial fibrillation or other heart condition(s)

OR

I've had a heart attack.

Stroke Medical History

I've been told that I have carotid artery disease

OR
I've had a stroke or TIA (transient ischemic attack)

OR

I have a disease of the leg arteries, a high red blood cell count or sickle cell anemia.



Bayer HealthCare