Heart Disease Risk Assessment Test

From “Beat the Heart Attack Gene” by Bradley Bale and Amy Doneen

1) How old are you?
   a. Male <55 years old 1 point
   b. Female <65 years old 1 point
   c. Male >55 years old 4 points
   d. Female >65 years old 4 points

2) Do you have a family history of early cardiovascular disease:
   - Male relative affected before age 55 or
   - Female relative affected before age 65
   a. No 0 points
   b. Yes 4 points

3) What is your waist circumference?
   a. If you’re a woman: Less than 35 inches 0 points
   b. If you’re a man: Less than 40 inches 0 points
   c. If you’re a woman: 35 inches or more 4 points
   d. If you’re a man: 40 inches or more 4 points

4) What is your resting pulse?
   a. Less than 60 beats per minute 0 points
   b. Less than 75 beats per minute 1 point
   c. More than 75 beats per minute 2 points
   d. Do not know 2 points

5) What is your blood pressure? (Check all answers that apply)
   a. Less than 120/80 0 points
   b. Taking blood pressure medication 2 points
   c. 120/80 to 139/89 3 points
   d. 140/90 or higher 4 points
   e. Do not know 4 points

6) What is your weight range?
   a. Underweight 2 points
   b. Average 1 point
   c. Overweight 3 points
   d. Obese 4 points

7) What is your total cholesterol level? (Check all answers that apply)
   a. Less than 160 mg/dL 0 points
   b. Less than 200 mg/dL 1 point
   c. Taking cholesterol medication 2 points
   d. Greater than 200 mg/dL 3 points
   e. Do not know 3 points
8) What is your HDL (good) cholesterol level?
   a. If you are a woman: Less than 60 mg/dL 3 points
   b. If you are a man: Less than 50 mg/dL 3 points
   c. If you are a woman: 60 mg/dL or higher 0 points
   d. If you are a man: 50 mg/dL or higher 0 points
   e. Do not know 3 points

9) What is your LDL (bad) cholesterol?
   a. Less than 70 mg/dL 0 points
   b. Less than 100 mg/dL 1 point
   c. Less than 130 mg/dL 3 points
   d. More than 130 mg/dL 4 points
   e. Do not know 4 points

10) Which of the following best describes your triglyceride level?
    a. Less than 100 mg/dL 0 points
    b. Less than 150 mg/dL 1 point
    c. More than 150 mg/dL 3 points
    d. Do not know 3 points

11) Do you have diabetes or high blood sugar?
    a. No 0 points
    b. Yes, I am prediabetic 3 points
    c. Yes, I am diabetic 4 points
    d. I have not had my blood sugar tested 4 points

12) Do you have bleeding gums? (Check all answers that apply.)
    a. Never 0 points
    b. Yes, when I brush or floss 2 points
    c. I usually do not floss my teeth 2 points

13) Which of the following best describes your sleep patterns?
    a. I sleep soundly 6-8 hours a night 0 points
    b. I sleep restlessly for 6-8 hours a night 2 points
    c. I sleep less than 6 hours or more than 9 3 points

14) Do you snore?
    a. No 0 points
    b. Yes, occasionally 1 point
    c. Yes, frequently and loudly 3 points
    d. Yes, and I have sleep apnea 4 points

15) Do you have rheumatoid arthritis or any other inflammatory disease such as psoriasis or lupus?
    a. No 0 points
    b. Yes 4 points
16) Have you been checked for vitamin D deficiency?
   a. My vitamin D level is between 50-60 0 points
   b. My vitamin D level is less than 30 3 points
   c. I do not know my vitamin D level 3 points

17) Do you have a history of migraine headaches?
   a. No 0 points
   b. Yes, with no migraine aura 2 points
   c. Yes, with a migraine aura 3 points

18) How would you characterize your ability to cope with stress?
   a. I am usually pretty laid back 0 points
   b. I have healthy ways to cope with stress 1 point
   c. Sometimes people say that I seem stressed 2 points
   d. I feel stressed and anxious most of the time 4 points

19) Do you spend eleven or more hours a day sitting?
   a. No 0 points
   b. Yes 4 points

20) How much exercise do you get?
   a. At least 30 minutes, 5 to 7 days per week 0 points
   b. At least 30 minutes 2 to 4 times per week 1 point
   c. 30 minutes, once a week or less 2 points
   d. I do not exercise 4 points

21) Do you smoke?
   a. No 0 points
   b. I used to, but I have quit for at least 5 yrs 1 point
   c. I used to, but quit less than 5 yrs ago 2 points
   d. I am exposed to secondhand smoke regularly 3 points
   e. I smoke or I use smokeless tobacco products 4 points

22) Do you drink regular or diet soft drinks?
   a. Never 0 points
   b. Rarely drink soda (diet or regular) 1 point
   c. Once a week (diet or regular) 2 points
   d. More than once a week 3 points

23) Do you watch the amount of carbs in your diet?
   a. I limit my simple carbohydrate intake 0 points
   b. I know to balance my carb/protein balance 1 point
   c. I never watch my carbohydrates 2 points
   d. The majority of my diet consists of carbs 4 points
24) (Women only) Did you experience high blood pressure or gestational diabetes during pregnancy?
   a. No 0 points
   b. Yes 4 points

25) (Men only): Do you have erectile Dysfunction?
   a. No 0 points
   b. Yes 4 points

Total Points: _______

>Zero points: You are taking wonderful care of yourself

>1-10 points: Although you have relatively few cardiovascular risks, you will benefit from learning how to optimize your heart health.

>11-20 points: You have definite risks for arterial disease. You need to begin to combat these health threats immediately.

>21-39 points: You are at a moderately high risk for cardiovascular disease. Be sure you know how to identify any hidden medical problems that may be putting your heart health in jeopardy.

>40 points or higher: You are at a high risk for cardiovascular disease. Get a comprehensive cardiovascular evaluation and ask about lifestyle changes and therapies to prevent a heart attack or stroke.