

How is your H.E.A.R.T?

Hillsborough, NJ



Know Your Risk Factors!

Health Status:

	High	Normal/ Low	Don't Know
1. How is your blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How is your cholesterol level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How is your blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Eating Habits:

	Yes	No
4. High in Salt?	<input type="checkbox"/>	<input type="checkbox"/>
5. High in Fats?	<input type="checkbox"/>	<input type="checkbox"/>
6. High in Sweets?	<input type="checkbox"/>	<input type="checkbox"/>



Physical Activity:

	Yes	No
7. Do you exercise?	<input type="checkbox"/>	<input type="checkbox"/>

(Recommended: at least 30 mins. 3x/week)



Rest & Relaxation:

	Yes	No
8. Do you relax when you are stressed?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you know any relaxation technique?	<input type="checkbox"/>	<input type="checkbox"/>



Tobacco Use:

	Yes	No
10. Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>

Legends:

Yes / High= 2 pts.

Normal/

No / Low= 0 pt.

Don't Know= 1 pt.

0-7: Low Risk 8-14: Moderate Risk! 15-20: High Risk!!!