

Personal Health Portfolio



Chapter 14 How “Heart Healthy” Are You?

Your behaviors, blood pressure, cholesterol levels, and family history are factors that determine your risk for cardiovascular disease. Complete this assessment of the seven components of ideal cardiovascular health to find out what your risk is in each of these areas.

Part 1 Your Lifestyle

1. Do you avoid tobacco smoking, or if you have smoked, did you quit at least a year ago?	Yes	No
2. Do you exercise at least 150 minutes at moderate intensity or 75 minutes at vigorous intensity each week?	Yes	No
3. Are you at a healthy body weight (as defined by a BMI between 18.5 and 24.9)?	Yes	No
4. How healthy is your diet?		
a. Are you in energy balance (not gaining or losing weight, unless appropriate based on BMI)?	Yes	No
b. Do you eat at least four to five servings of fruits and vegetables a day?	Yes	No
c. Do you eat at least two 3.5 oz servings of fish a week?	Yes	No
d. Do you eat at least three 1 oz servings of fiber-rich whole grains per day?	Yes	No
e. Is your sodium intake less than 1,500 mg per day?	Yes	No
f. Do you limit sugar-sweetened beverages to less than 450 calories per week?	Yes	No
g. Do you eat least four servings of nuts, legumes, and seeds per week?	Yes	No
h. Do you limit servings of processed meats to two or fewer servings per week?	Yes	No
i. Do you limit saturated fat to less than 7 percent of total energy intake?	Yes	No

SCORING

Add up your number of “yes” answers and “no” answers. Congratulations for your “yes” answers! These are areas where you have developed strong patterns to promote cardiovascular health. Pay attention to your “no” answers. These are areas you should address now to promote general cardiovascular health.

___ “Yes” responses

___ “No” responses

Part 2 Clinical Parameters

If you do not have this information on hand, you may be able to obtain it by visiting your student health center or your primary care physician. A blood test will be necessary to determine your cholesterol levels.

1. Is your blood pressure < 120/80 mm Hg?	Yes	No	Don't know
2. Is your total cholesterol < 200 mg/dl?	Yes	No	Don't know
3. Is your HDL cholesterol > 60 mg/dl?	Yes	No	Don't know
4. Is your fasting blood glucose (sugar) < 100 mg/dl?	Yes	No	Don't know

SCORING

Add up your number of “yes” answers and “no” answers. Congratulations again for any “yes” answers! These additional parameters promote cardiovascular health. “No” answers in this section mean you may have developed risk factors for

cardiovascular disease already. It is even more important for you to adopt and maintain the heart-healthy behaviors listed in Part 1. You may also want to seek help from a health professional to explore other options that will help reduce your risk. If you didn't know the responses to these questions, have your blood pressure checked the next time you visit a health provider (and write down the numbers) and ask for a blood test to determine your cholesterol levels.

___ “Yes” responses

___ “No” responses

Part 3 Your Noncontrollable Factors

1. Do any of your first-degree relatives (mother, father, sister, brother, child) have a history of heart disease or stroke?	Yes	No
2. Do any of your first-degree relatives have a history of diabetes?	Yes	No
3. Do any of your first-degree relatives have a history of high blood pressure?	Yes	No
4. Do any of your first-degree relatives have a history of high cholesterol?	Yes	No

Any “yes” answers are red flags for your own health. If you haven't already, talk with your health provider about your family history. Health issues in family members can suggest a genetic predisposition to cardiovascular disease or risk factors. In addition, it can suggest patterns of behavior within your family of origin that increase risk.

CRITICAL THINKING QUESTIONS

1. Reflect on your responses to Part 1. What good lifestyle habits do you have? Where is there room for improvement? Are there ways you could incorporate change into your usual routines?
2. What are your unique characteristics that make it easy or difficult to practice heart-healthy behaviors? Consider such factors as acquired food tastes, cooking skills, money, physical attributes, or tobacco addiction.
3. What characteristics of your environment may be contributing to your behaviors? Consider your access to foods or exercise facilities, family and peer behaviors, campus policies, and other characteristics.
4. How might your family have influenced your own behavior patterns? Think about activity levels and food consumption patterns within your family. Think about where they live and what role their environment plays in their lives. Think about their occupations and hobbies—how do they impact your family members' lifestyle and habits?
5. Overall, how would you rate your cardiovascular health? Why?
6. Consider the relationship between risk factors for cardiovascular health and other chronic diseases. Do you see any risk factors for diabetes or lung disease in the assessment you just completed?