

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 i	s 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 i	s 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 i	s your blood pressure? (Check all answers that apply)	
	a.	Less than 120/80	0 points
	b.	Taking blood pressure medication	2 points
	С.	120/80 to 139/89	3 points
	d.	140/90 or higher	4 points
	e.	Do not know	4 points
6)		s your weight range?	
	a.	Underweight	2 points
	b.	Average	1 point
	C.	Overweight	3 points
٠,	d.	Obese	4 points
7)		s your total cholesterol level? (Check all answers that ap	
	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) W	hat i	s 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) W	hat i	s 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) W	hich	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	ı 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) D o	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) W	hich	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	ı 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	ı have rheumatoid arthritis or any other inflammatory d	lisease such as psoriasis or
lu _l	pus?		
	a.	No	0 points
	b.	Yes	4 points



16) Have y	ou 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 yo	u 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 v	vould 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 yo	u 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 yo	u 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 yo	u 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 yo	u 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
	regnancy?

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: _	
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>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