A Risk Factor Quiz

Take this quiz to help learn about your risk factors. Then work with your healthcare provider to reduce, control or prevent as many risk factors as you can. You’ll be glad you did, and so will your loved ones.

Check each item that applies to you. Take this list with you to talk with your healthcare provider about how the risk factors you have checked affect your heart health.

**Age and Gender**
- I am a woman over 55 years old.

**Family History**
- My father or brother had a heart attack before age 55.
- My mother or sister had a heart attack before age 65.
- My mother, father, sister, brother or grandparent had a stroke.

**Heart Disease Medical History**
- I have coronary heart disease, atrial fibrillation or other heart condition(s).
- I’ve had a heart attack.

**Stroke Medical History**
- I’ve been told that I have carotid artery disease.
- I’ve had a stroke or TIA (transient ischemic attack).
- I have a disease of the leg arteries, a high red blood cell count or sickle cell anemia.

**High Blood Pressure**
- My blood pressure is 140/90 mm Hg or higher.
- My blood pressure is 120–139/80–89 mm Hg (prehypertensive).
- I’ve been told my blood pressure is high.
- I need drugs to control my blood pressure.
- I don’t know what my blood pressure is.

**Tobacco Smoke**
- I smoke OR I live or work with people who smoke tobacco regularly.

**Total Blood Cholesterol**
- I need drugs to lower my blood cholesterol level.
- I don’t know my blood cholesterol level.

**Physical Activity**
- I get less than a total of 75 minutes of vigorous-intensity or 150 minutes of moderate-intensity physical activity per week.

**Overweight**
- I am 20 pounds or more overweight for my height and build.

**Diabetes**
- I have diabetes (a fasting blood sugar of 126 mg/dL or higher).
- I have been told I have a fasting blood sugar number higher than 100 mg/dL (pre-diabetes).
- I need medicine to control my blood sugar.