

Help your doctor help your heart.

Print this page, answer the 10 questions by circling yes or no, and take this sheet with you the next time you see your family physician.

- 1. Do you have a family history of heart disease or heart attack? Yes No
- 2. Do you have a family history of stroke? Yes No
- 3. Do you have a family history of high blood pressure? Yes No
- 4. Do you take medication to lower your blood pressure? Yes No
- 5. Have you ever been told your cholesterol is high? Yes No
- 6. Do you take medication to lower your cholesterol? Yes No
- 7. Do you have a family history of diabetes? Yes No
- 8. Do you smoke or have you been a smoker in the past 10 years? Yes No
- 9. Is your waist size greater than 35 inches? Yes No
- 10. Do you exercise at least three times a week? Yes No

To learn more about your risk for heart disease, talk with your physician. If you need help finding a family doctor, please call Wellmont Nurse Connection at 1-877-230-NURSE.