



Heart Health for South Asians

Risk Profile

Name _____

MR# _____

Date / /

Systolic BP Diastolic BP Pulse

Weight

Height (inches)

Waistline

1. Family History of Coronary Artery Disease?

Yes No

(Includes history of heart disease, heart attack, heart surgery, or stroke in father or brother or uncle diagnosed at <55 years old or mother or sister or aunt diagnosed at <65 years old.)

2. Personal History (mark all health problems that apply to you)

- Coronary heart disease, heart attack, angioplasty, stent, coronary artery bypass
- Stroke, transient ischemic attack (TIA), or symptomatic carotid artery disease
- Peripheral artery disease or claudication (pain in calves with walking)
- High blood pressure requiring medication
- High cholesterol requiring medication

- Abdominal aneurysm
- Congestive heart failure
- Diabetes
- Kidney disease
- Smoking (within past 1 year)

3. Secondhand smoke (Are you exposed to secondhand smoke at home/work?)

Yes No

4. How many days per week do you perform at least 30 minutes of physical activity such as brisk walking, cycling, jogging, swimming, aerobic exercise?

two or less three to four five or more

5. How many minutes per week do you spend performing physical activity such as brisk walking, biking, jogging, swimming, aerobic exercise?

30 minutes or less per week one to two hours per week three or more hours per week

6. How many servings of whole grain breads or cereals do you eat daily (serving equals 1 slice of bread, ¾ cup cereal, ½ cup brown rice)?

two or less three to four five or more

7. How many servings of fruit or vegetables do you eat daily (serving equals 1 cup raw or fresh, ½ cup cooked, 1 medium salad)?

two or less three to four five or more

8. How many servings of high fat or high refined sugar foods do you eat daily (fries, chips, candy, cookies, regular soda)?

- two or less three to four five or more

9. Which statement below most closely describes your eating habits?

- Primarily eat red meats including hamburger, steak, sausage, eggs or fried food.
 Seldom eat red meats and limits to lean meats, poultry and fish.
 Eat mostly meatless or vegetarian meals.
 Primarily eat low fat meals.

10. Mark all types of fats or high fats that you typically eat daily.

- Butter ghee, lard or meat drippings Avocados or olives
 Vegetable oils such as olive, canola or soy Regular fat milk, yogurt or cheese
 Stick margarines or hydrogenated fats Low fat or nonfat dairy products
 Nuts, un-hydrogenated nut butters or seeds Coconut

11. Do you frequently eat high sodium (salty) foods, chips, pickles, cheese, processed meats) or add salt to your food at the table?

- Yes No

12. How many caffeinated beverages do you drink daily (soda, coffee, tea?)

- two or less three to four five or more

13. How many alcoholic beverages do you drink in a day (5 oz. wine, 1.5 oz liquor, 12 oz. beer)?

- 1 or less per day Up to 2 drinks per day More than 2 drinks per day

14. Indicate any change in weight since you were 21 years old?

- Have gained less than 20 pounds Have gained 20 to 40 pounds Have gained more than 40 pounds

15. Please indicate all of the following that describe your emotions or health

- Unhappy or sad much of the time
 Loneliness, lack of friends or family to talk to or socialize with
 Tired, worn out or exhausted much of the time
 Angry frustrated or upset much of the time