



For Office Use Only:

Low Risk Moderate Risk High Risk

CASP Self-Assessment

1. In General, would you say that your health is: Poor Fair Good Very Good Excellent

2. Your current weight _____ height _____

3. Do you have a family history of heart disease or stroke? Yes No

4. Have you ever had a stroke or mini-stroke? Yes No

5. Have you ever had a heart attack? Yes No

6. Have you been told that your cholesterol is high? Yes No

7. Are you taking pills for your high cholesterol? Yes No

8. Have you been told that you have diabetes? Yes No

9. Have you been diagnosed with high blood pressure? Yes No

10. Are you currently taking prescription pills for high blood pressure? Yes No

11. If you take pills for high blood pressure, do you take them each day? Yes No

12. Have you smoked cigarettes in the past 10-15 years? Yes No

13. Do you smoke cigarettes or cigars every week? Yes No

14. Typically, do you drink alcohol every day? Yes No

15. Do you eat high fat, processed or fast foods every week? Yes No

16. Do you eat less than four servings of fruits and vegetables a day? Yes No

17. Do you feel overwhelmed or stressed on more than one day of the week? Yes No

18. Are you active for less than 20 minutes per day on most days of the week?
(eg. Brisk walking, active gardening, swimming, dancing, running, or biking?) Yes No

19. Do you live alone? Yes No

20. Do you have dependents at home? Yes No

21. Have you used street drugs or someone else's prescription drugs recently? Yes No

22. Are you currently taking any prescription medications? Please list below. Yes No

23. Is there anything else that you would like to share about yourself? Yes No

Take action! Talk with your health care provider about your risk for heart disease or stroke.

(Adapted from C-CHAP Risk Profile Recording Form with permission)

What is Heart Health Assessment?

Heart health assessment or screening is being offered to people in Newfoundland and Labrador over the age of 40 years who may or may not have risk factors for heart disease and stroke.

What are the risk factors for heart disease and stroke?

- High blood pressure
- High cholesterol
- Low activity levels
- Smoking
- Family history
- Stress
- Unhealthy diet
- Diabetes
- Obesity

What Can I Expect?

You can complete the Heart Disease & Stroke Risk Profile on the back of this pamphlet. Bring this completed form to your health care provider to share your health information.

Your health care provider will review your heart health history and more information about you will then be collected.

The check is based on straightforward questions on family history, risk factors, and measurements such as height, weight, and blood pressure.

You will have to get a simple blood test to measure your cholesterol level and other routine tests* and then come back for another appointment with your health care provider to review the results.

If there are any warning signs, then together you can work with your health care provider to do something about it.

Following the check, you will work to identify priority areas and personalized plan on lowering your risk and staying healthy.

How Do I Find Out More?

See your health care provider to arrange your appointment today.

For more information contact:

Heart & Stroke Foundation 753-8521

www.heartandstroke.ca

Dietitians of Canada

www.dietitians.ca

Canadian Diabetes Association

www.diabetes.ca

Health Canada

www.hc-sc-gc.ca

Hypertension Canada

www.hypertension.ca

Physical Activity

www.csep.ca/guidelines

Stress Management

www.cmha.ca

Smoking

www.smokershelp.net

Educating yourself and becoming a good self-manager of your health is the most important thing you can do to prevent heart disease and stroke!