Staying active and eating well are at the heart of managing heart disease and stroke. Healthy lifestyle habits help lower your cholesterol, blood pressure, and the chance of a heart attack or stroke. They can also boost your mood, improve sleep and keep you feeling well.

Use this worksheet to give us a sense of how physically active you are, your efforts to eat a heart-healthy diet, and if you use tobacco. This will help us pinpoint areas where you feel like you need more advice or support.

**Physical activity and exercise**

**Do you have a regular physical activity or exercise routine?**  □ Yes □ No

**What types of activities do you do for exercise or physical activity?**
(Circle the activity you enjoy the most.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How many days of the week are you physically active?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

**How long do you usually exercise (per session of activity)?** (Please circle)

<table>
<thead>
<tr>
<th>Less than 30 minutes</th>
<th>30 minutes</th>
<th>30-60 minutes</th>
<th>60 minutes or more</th>
</tr>
</thead>
</table>

**Would you like to be more active?**  □ Yes □ No

**Are there things that make it hard for you to exercise or be physically active?**
(For example, shortness of breath, fatigue, pain, joint or back issues, lack of time, no safe place to exercise, fear, or feeling unsure about how to start or what to do.)

1. ______________________________________________________________________

2. ______________________________________________________________________

3. ______________________________________________________________________
If you’ve had a recent heart attack, had stent(s) placed or underwent heart surgery, were you offered cardiac rehab?  □ Yes □ No

If so, did you participate?  □ Yes □ No

What is your personal goal when it comes to physical activity and your heart health?

________________________________________________________________________

Heart-healthy eating, nutrition

What are some of the things you do to eat a heart-healthy diet? (Please check all that apply.)

□ Limit salt (sodium) intake

□ Pay attention to calories

□ Read food labels (for added sugars, salt, fats)

□ Pick lean meats (tenderloins, skinless chicken, etc.)

□ Limit, or not eat, deli or processed meats

□ Use the plate method (shown below) to choose foods and portions

□ Eat more vegetables

□ Eat 1-2 servings of fish a week

□ Bake, broil or grill instead of fry foods

□ Use olive oil or vegetable oil instead of butter

□ Cut back on sweets or desserts

□ Follow a plant-based diet, the Mediterranean diet or other eating program

__________________________________________________________

□ Other: _______________________________

To learn more, visit www.MyPlate.gov.
How often do you eat these foods each day? (For example, how many servings of fruit do you have at each meal? A serving size is a standard amount of food, such as a cup or an ounce, or what is noted on food packaging.)

Fresh fruits _____________

Fresh vegetables _____________

Whole grains (whole-wheat breads or pasta, bran, barley, oatmeal, brown rice) ____________

How often do you eat out or buy already prepared meals?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes (a few times a month)</th>
<th>Once a week</th>
<th>Several times a week</th>
</tr>
</thead>
</table>

What are your favorite foods to snack on?

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

How many alcoholic beverages do you drink each week? ____________

How many sugar-sweetened beverages do you drink each week (juices, soda, coffee creamers)? ____________

Do you think you are at a healthy weight or would you like to lose weight?

☐ I’m happy with my weight.

☐ I’d like to lose weight.

☐ I’d like advice on how to maintain or not gain weight.

What is your personal goal when it comes to your diet?

______________________________________________________________________________

______________________________________________________________________________
Tobacco use and your heart

Do you use tobacco (any product, including vaping)?  □ Yes  □ Never

If yes, how often?

<table>
<thead>
<tr>
<th>Every day</th>
<th>Most days of the week</th>
<th>Several times a week</th>
<th>A few times a month</th>
<th>Only a few times a year</th>
</tr>
</thead>
</table>

Are you around other people who smoke at work or at home?  □ Yes  □ Never

If yes, how often?

<table>
<thead>
<tr>
<th>Every day</th>
<th>Most days of the week</th>
<th>Several times a week</th>
<th>A few times a month</th>
<th>Only a few times a year</th>
</tr>
</thead>
</table>

If you use tobacco:

1. Have you tried to stop using tobacco before?  □ Yes  □ No
   If yes, what have you tried?

2. Have you been offered help to stop using tobacco?  □ Yes  □ No

3. Are you ready to try to quit?  □ Yes  □ No