

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?**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

Less than 30 minutes	30 minutes	30-60 minutes	60 minutes or more
----------------------	------------	---------------	--------------------

**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?

---

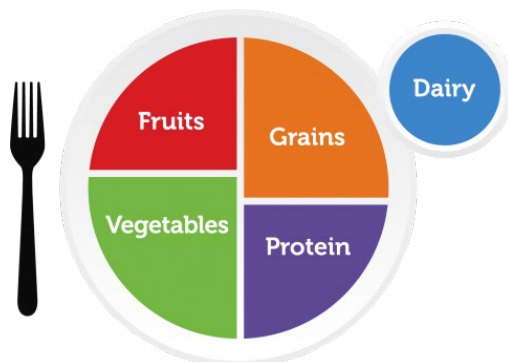
---



## Heart-healthy eating, nutrition

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

- |  |  |
|--|--|
| <input type="checkbox"/> Limit salt (sodium) intake                                      | <input type="checkbox"/> Eat more vegetables   |
| <input type="checkbox"/> Pay attention to calories                                       | <input type="checkbox"/> Eat 1-2 servings of fish a week   |
| <input type="checkbox"/> Read food labels (for added sugars, salt, fats)                 | <input type="checkbox"/> Bake, broil or grill instead of fry foods                                 |
| <input type="checkbox"/> Pick lean meats (tenderloins, skinless chicken, etc.)           | <input type="checkbox"/> Use olive oil or vegetable oil instead of butter                          |
| <input type="checkbox"/> Limit, or not eat, deli or processed meats                      | <input type="checkbox"/> Cut back on sweets or desserts  |
| <input type="checkbox"/> Use the plate method (shown below) to choose foods and portions | <input type="checkbox"/> Follow a plant-based diet, the Mediterranean diet or other eating program |
|  | <input type="checkbox"/> Other: _____  |



To learn more, visit [www.MyPlate.gov](http://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?**

Never	Sometimes (a few times a month)	Once a week	Several times a week
-------	------------------------------------	-------------	----------------------

**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?

Every day	Most days of the week	Several times a week	A few times a month	Only a few times a year
-----------	-----------------------	----------------------	---------------------	-------------------------

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

If yes, how often?

Every day	Most days of the week	Several times a week	A few times a month	Only a few times a year
-----------	-----------------------	----------------------	---------------------	-------------------------

### 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