

No Heart Left Behind



WEEK 1 – KNOW YOUR NUMBERS

In order to assess your risk for heart disease, *it is important to collect the following information*. The Cardiovascular Outreach Prevention Program will provide these screenings for you. One copy you will be for you to keep. You and your coach will review these numbers, and identify which factors put you at risk for heart disease. We will also collect a de-identified copy for our records. For this reason, please do not write your name or any other identifying information on this form.

Adults: Fill in the following information during your screening.

Blood pressure: _____

Total cholesterol: _____

HDL (good cholesterol) level: _____

Blood sugar (glucose) level: _____

Body Mass Index (BMI): _____

Waist circumference in inches : _____

Weight in pounds: _____



CHRISTIANA CARE
HEALTH SYSTEM

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