

Managing my heart health

For people with, or at high risk of, coronary heart disease



My name

My general practitioner

Name: _____

Phone: _____

My cardiologist

Name: _____

Phone: _____

My other health professional

Name: _____

Phone: _____

My significant heart health history

Record any heart events that you have had below. For example, a heart attack, bypass surgery, admission to hospital.

Date	Event

My medical risk factors at a glance

Work with your doctor and other members of your healthcare team to determine and move towards achieving your goals. They will also tell you how often your risk factors should be checked. Record and monitor your progress in this table.

Risk factor	Heart Foundation goal	My levels					
Heart and stroke risk score*	Maintain a healthy heart and stroke risk score	Date:	Date:	Date:	Date:	Date:	Date:
Percentage risk score	To reduce your risk score						
Cholesterol and triglycerides	Maintain healthy blood cholesterol and triglycerides levels	Date:	Date:	Date:	Date:	Date:	Date:
LDL cholesterol	less than 2.0 mmol/L for people with coronary heart disease less than 2.5 mmol/L for other people at high risk of coronary heart disease**						
HDL cholesterol	greater than 1.0 mmol/L						
Triglycerides	less than 1.5 mmol/L						
Blood pressure	Maintain a healthy blood pressure	Date:	Date:	Date:	Date:	Date:	Date:
Adults	Write your goal here:						
Diabetes	Maintain optimal blood glucose level	Date:	Date:	Date:	Date:	Date:	Date:
HbA1c	Less than or equal to 7%						
Psychosocial	Maintain psychological and social health	Date:	Date:	Date:	Date:	Date:	Date:
Depression	Self-monitor for depression***						
Social support	Monitor levels of social support****						

* This does not apply to people who have already been diagnosed with coronary heart disease or stroke. For more information, see *Know your heart and stroke risk score* summary sheet, available at www.heartfoundation.org.au/absoluterisk.

** People with diabetes or chronic kidney disease, or other people as determined by their doctor.

*** Write D and tell your doctor or health professional if you feel depressed.

**** Write X and ask for help if you feel you don't have enough social support.

For heart health information
1300 36 27 87
www.heartfoundation.org.au

Supported by:



My lifestyle risk factors at a glance

Keep a monthly record of your progress over a one-year period. Reviewing your progress regularly will help to keep you on track.

Write your start date under month 1, then each month monitor and record your progress in relation to the instructions column.

Write your own goals in the space at the bottom of this table.

Lifestyle factors	Heart Foundation goal	Instructions	Month												
			1	2	3	4	5	6	7	8	9	10	11	12	
Smoking															
Active smoking	Quit smoking	Non-smoker, write NS ; current smoker, write number smoked each day (or each week, if irregular smoker)													
Passive smoking	Avoid second-hand smoke	Not exposed to second-hand smoke, write NE ; exposed to second-hand smoke, write where, e.g. Home, Work or Social													
Nutrition															
Healthy eating*	Include five serves of vegetables and two serves of fruit every day	Write down how many serves of vegetables and fruit you ate each day on average, e.g. 5+2/d													
	Eat two to three serves of oily fish a week	Write down how many serves of fish you ate each week, e.g. 2/w													
	Use spreads and margarines with the Heart Foundation Tick, instead of butter	Write down how many times you ate butter each week, e.g. 3B/w ; margarine made from canola, sunflower or olive oil, e.g. 8M/w													
Alcohol															
Number of standard drinks a day	Drink no more than two standard drinks a day**	Non-drinker, write ND ; regular drinker, write number of drinks each day, e.g. 2/d ; irregular drinker, write number each week, e.g. 3/w													
Physical activity															
Number of minutes/week in past month	At least 30 minutes of moderate-intensity physical activity on most, if not all, days of the week	Write down how many minutes you were moderately physically active each week, e.g. 90/w													
Weight															
Weight (in kg)	Achieve and maintain a healthy weight	Write your weight in kilograms (kg)													
Waist circumference	Men less than 94 cm Women less than 80 cm	Write your waist measurement in centimetres (cm)													
Medicines															
Using medicines	Use your medicines as directed by your doctor	Write down the number of times you did not use your medicines as directed each week, e.g. 3/w													
My own goal															

* See www.heartfoundation.org.au/healthyating for more information. ** This goal may be lower for some people. Ask your doctor for advice.