

Managing Cardiovascular Disease and Cancer Risks

Name _____ Date _____

Course _____ Section _____

I. Cardiovascular Disease

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. I accumulate between 30 and 60 minutes of physical activity at least five days per week. | <input type="checkbox"/> | <input type="checkbox"/> |
| Total number of daily steps: <input style="width: 100px; height: 20px;" type="text"/> Total minutes of daily physical activity: <input style="width: 100px; height: 20px;" type="text"/> | | |
| 2. I exercise aerobically a minimum of three times a week in the appropriate target zone for at least 20 minutes per session. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am at or slightly below the health fitness recommended percent body fat (see Chapter 2, Table 2.12, page 52), or my BMI is below 25. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My blood lipids are within normal range. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I consume whole-grain foods daily. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I get 25 (women) to 38 (men) grams of fiber in my daily diet. | <input type="checkbox"/> | <input type="checkbox"/> |
| Fiber is present in whole grains, fruits and vegetables (including peaches, strawberries, potatoes, spinach, and tomatoes), wheat and bran cereals, rice, popcorn, and whole-wheat bread. | | |
| 7. I eat more than five servings of fruits and vegetables every day. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I limit saturated fat, trans fats, and cholesterol in my daily diet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I eat oily fish at least twice per week. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I am not a diabetic. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I choose and prepare foods with little or no salt. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. My blood pressure is normal. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I do not smoke cigarettes or use tobacco in any other form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I manage stress adequately in daily life. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I do not have a personal or family history of heart disease. | <input type="checkbox"/> | <input type="checkbox"/> |

Evaluation

A “no” answer to any of the above items increases your risk for cardiovascular disease. The greater the number of “no” responses, the higher the risk for developing cardiovascular disease.

Please indicate lifestyle changes you will implement or maintain to decrease your personal risk for cardiovascular disease.

II. Cancer Prevention Questionnaire: Cancer Risk: Are You Taking Control?

Scientists think most cancers may be related to lifestyle and environment—what you eat and drink, whether you smoke, and where you work and play. This means that you can help reduce your own cancer risk by taking control of things in your daily life.

15 Steps to a Healthier Life and Reduced Cancer Risk

	Yes	No
1. Are you eating more cruciferous vegetables? They include broccoli, cauliflower, Brussels sprouts, all cabbages, and kohlrabi.	<input type="checkbox"/>	<input type="checkbox"/>
2. Are high-fiber foods included in your diet?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you choose foods with vitamin A? Fresh foods with beta-carotene—including carrots, peaches, apricots, squash, and broccoli—are the best source, not vitamin pills.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is vitamin C included in your diet? You'll find it naturally in lots of fresh fruits and vegetables including grapefruit, cantaloupe, oranges, strawberries, red and green peppers, broccoli, and tomatoes.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you eat sufficient selenium-bearing foods (fish, Brazil nuts, whole grains) so you obtain at least 100 mcg of selenium per day (but no more than 400 mcg per day)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you physically active, exercise, and monitor calorie intake to avoid weight gain?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you cutting overall fat intake? This is done by eating lean meat, fish, skinned poultry, and low-fat dairy products.	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you limit salt-cured, smoked, and nitrite-cured foods? Choose bacon, ham, hot dogs, or salt-cured fish only occasionally if you like them a lot.	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you limit barbecuing and cooking meats at high temperatures to the point that they are "medium well" or "well done"?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you a nonsmoker?	<input type="checkbox"/>	<input type="checkbox"/>
11. If you smoke, have you tried quitting?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you abstain from all other forms of tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
13. If you drink alcohol, are you moderate in your intake?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you get up to 20 minutes of daily "safe sun" exposure (face, arms, and hands) during peak daylight hours (10:00 a.m. to 4:00 p.m.), but yet you respect the sun's rays (your skin does not turn red, and you do not sunburn)? Protect yourself with sunscreen (at least SPF 15) and wear long sleeves and a hat, especially during midday hours if you are going to be exposed to the sun for a prolonged period of time.	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a family history of any type of cancer? (If so, you should bring this to the attention of your personal physician.)	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you familiar with the seven warning signals for cancer?	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation

If you answered yes to most of these questions, congratulations. You are taking control of simple lifestyle factors that will help you feel better and reduce your risk for cancer.

Please indicate lifestyle changes you will implement or maintain to decrease your personal risk for cancer:
