You have already begun to reduce your risk for heart attack and stroke just by reading this workbook.

You are in charge and can lead your team (your nurses, therapists, doctors, and family) in helping you reach your heart goals.

Instructions:
Read this workbook to learn more about your risk for heart attacks and strokes. You'll also learn what YOU can do to reduce your risks. Pick any of the actions YOU want to work on. Your nurse and doctor will help you.
You have already begun to reduce your risk for heart attack and stroke just by reading this workbook. You are in charge and can lead your team (your nurses, therapists, doctors, and family) in helping you reach your heart goals.

Instructions:

Read this workbook to learn more about your risk for heart attacks and strokes. You’ll also learn what YOU can do to reduce your risks. Pick any of the actions YOU want to work on. Your nurse and doctor will help you.
Heart Disease Facts

- 1 in every 4 deaths in the United States is due to heart disease
- #1 cause of death for both men and women
- #1 cause of death for African Americans, Hispanics, and whites
- #2 cause of death for American Indians or Alaskan Natives, Asian or Pacific Islanders
- 1 American dies every 4 minutes from a stroke
- Southeast United States has the highest stroke deaths (CDC, 2014)

Definitions

Coronary Artery Disease – Build-up of plaque in the heart’s arteries that could cause a heart attack. (American Heart Association)

Heart Attack: Damage or death to part of the heart muscle due to a lack of oxygen. Blood supply to the heart muscle is decreased or blocked off due to narrowing of the heart’s arteries from fat, cholesterol, or plaque. Also called myocardial infarction or “MI.” (American Heart Association)

Stroke: A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (ruptures). When that happens, part of the brain cannot get the blood and oxygen it needs, so it and brain cells die. Types of strokes:

- Ischemic – caused by a clot
- Hemorrhagic – caused by the blood vessel bursting (rupturing)
- Transient Ischemic Attack (TIA or “Mini Stroke”) – caused by a temporary clot
<table>
<thead>
<tr>
<th>Signs of a Heart Attack</th>
<th>Signs of a Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chest pain or discomfort that lasts more than a few minutes or goes away and comes</td>
<td>• Face drooping</td>
</tr>
<tr>
<td>back (pressure, squeezing, fullness, or pain)</td>
<td>• Sudden numbness or weakness of arms, legs, or face</td>
</tr>
<tr>
<td>• Discomfort in arms, back, jaw, or stomach</td>
<td>• Sudden confusion or trouble understanding</td>
</tr>
<tr>
<td>• Shortness of breath with or without chest discomfort</td>
<td>• Sudden trouble seeing in one or both eyes</td>
</tr>
<tr>
<td>• Cold sweat, nausea, or lightheadedness</td>
<td>• Sudden trouble walking, dizziness, loss of balance or coordination</td>
</tr>
<tr>
<td>• Women may have chest pain, but often it is the other symptoms listed</td>
<td>• Sudden severe headache with no known cause</td>
</tr>
<tr>
<td></td>
<td>• Slurred speech</td>
</tr>
</tbody>
</table>

If you spot these signs and symptoms, **CALL 911 right away.**
Risk Factors

Instructions: Place a checkmark next to any of the risk factors you may have for heart attack or stroke. If you need help understanding any of the terms or are unsure if you have a risk factor, ask your nurse or your doctor.

<table>
<thead>
<tr>
<th>Risk Factors for Heart Attack</th>
<th>Risk Factors for Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Over the age of 65</td>
<td>□ Over the age of 55 the risk doubles every 10 years</td>
</tr>
<tr>
<td>□ African Americans, Mexican Americans, American Indians, native Hawaiians and some Asian Americans</td>
<td>□ African Americans</td>
</tr>
<tr>
<td>□ Family history of heart disease</td>
<td>□ Prior stroke, TIA, or heart attack</td>
</tr>
<tr>
<td>□ Men’s risk is higher than women’s</td>
<td>□ Family history of stroke</td>
</tr>
<tr>
<td>□ High blood pressure</td>
<td>□ Women’s risk is higher than men’s</td>
</tr>
<tr>
<td>□ High cholesterol</td>
<td>□ High blood pressure</td>
</tr>
<tr>
<td>□ Diabetes</td>
<td>□ High cholesterol</td>
</tr>
<tr>
<td>□ Tobacco use</td>
<td>□ Diabetes</td>
</tr>
<tr>
<td>□ Alcohol abuse</td>
<td>□ Carotid or other artery disease</td>
</tr>
<tr>
<td>□ Poor diet (high in fats, salt, or calories)</td>
<td>□ Atrial fibrillation</td>
</tr>
<tr>
<td>□ Obesity/overweight</td>
<td>□ Other heart disease (like coronary heart disease, heart failure, cardiomyopathy)</td>
</tr>
<tr>
<td>□ Physical inactivity</td>
<td>□ Sickle cell disease</td>
</tr>
</tbody>
</table>

Did you have any risk factors for either heart attack or stroke? Even one puts you at risk, but the more risk factors, the higher your risk.
Ways to Reduce Your Risk Factors

Here is a simple way to remember four ways to help reduce your risk of heart attack and stroke: the **ABCS of Heart Health**.

**A**spirin – Ask your doctor if you should be taking a low-dose aspirin every day.

**B**lood pressure control – Keep your blood pressure under a certain range like 140/90. Ask your doctor what your numbers should be and write them here:

Systolic (top#) _______________ and Diastolic (bottom#) _______________

Eat healthier diet, reduce salt intake, exercise, and you may need blood pressure pills to lower your blood pressure.

**C**holesterol Management – Try eating healthier meals and exercising. You may need to take cholesterol lowering pills depending on your blood work levels.

**S**moking Cessation – Quit as soon as possible to greatly reduce your risk for heart attack and stroke. Quitting is hard, but your doctor and nurse can help with education, helpful hints, and even medications. For many people, the most successful way to quit is with a combination of medical advice and medications.

Let’s get started by filling out the next page. Take this booklet with you to your next doctor’s next visit. Ask your nurse or therapist to help you fill this out, and then show it to them after the doctor appointment.
My Questions
About My Heart for My Doctor

My blood pressure at home has been:

__________________________________________

I am taking my blood pressure pill(s):

__________________________________________

(name of pill)

__________________________________________

(how much) (how often)

(name of pill)

__________________________________________

(how much) (how often)

Pick one statement that most tells how you are doing with your high blood pressure pill.

☐ I am really good at taking the pill(s) almost all the time
☐ I sometimes forget to take my pill(s)
☐ I have trouble paying for my pill(s)
☐ I don’t think I need my pill(s)

I do not know what my last cholesterol tests showed.

☐ Please tell me what my BAD cholesterol (LDL) reading was _________________ (result) and when it was taken _________________ (date).

☐ How was my result?
  ___ Good  ___ OK but need to watch  ___ Not Good

☐ Please tell me what my GOOD cholesterol (HDL) reading was _________________ (result).

☐ How was my result?
  ___ Good  ___ OK but need to watch  ___ Not Good

☐ When am I due for my next cholesterol test?

__________________________________________

This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization supporting the Home Health Quality Improvement National Campaign, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The views presented do not necessarily reflect CMS policy. Publication number 11SOW-WV-HH-MMD-013015B
**Blood Pressure Checks**

It is important to get your blood pressure checked often. If you have home care nurses or therapists, they will check it for you. It is even better if you are able to check your own blood pressure at home in between visits and after discharge from home care.

If you are able, buy a blood pressure cuff to check your own blood pressure regularly. Ask your nurse or doctor about where and what type you should get. Or ask for a blood pressure cuff for your birthday or a special holiday from your family.

Then you need to write down the readings. Ask your nurse or doctor for a card or just use a sheet of paper or a calendar. Check it several times a week and at different times of the day. Use the same arm.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Arm</th>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb. 2</td>
<td>8 am</td>
<td>L</td>
<td>152/88</td>
</tr>
<tr>
<td>Feb. 4</td>
<td>10 am</td>
<td>L</td>
<td>142/86</td>
</tr>
</tbody>
</table>

**Eating Plan**

Eating a healthier diet can lower blood pressure and reduce extra pounds. Ok – “diet” is a turn off, but what about just making some better choices? The American Heart Association recommends the DASH eating plan. Your nurse or doctor can teach you more about the DASH eating plan. Work on eating more of the foods in the purple box with the UP arrow and less of the foods in the red box with the DOWN arrow.
On average, Americans consume 3,436 milligrams of sodium every day. That’s more than twice the 1,500 milligrams that is recommended by leading health experts! It’s clear that Americans have a taste for salt, but too much sodium leads to heart diseases such as high blood pressure, heart failure and other diseases such as stroke, osteoporosis (bone disease), kidney disease, and stomach cancer.

If you’ve been told to cut down on your sodium (or salt) intake or are unsure of what foods you should avoid or cut back on, here are some things you can start doing today to lower the sodium in your diet:

1. **Read nutrition labels.** Sodium can be sneaky. Pay attention to sodium amounts and servings sizes. Limit sodium to 1,500 mg per day.

2. **Think fresh.** Make fresh fruits and veggies your first choice. Limit processed foods and canned foods like soup, which are high in sodium.

3. **Avoid temptation.** Take the salt shaker off your table; keep it out of sight in a cabinet instead.

4. **Cook creatively.** Experiment with using things like lemon juice, herbs, and spices instead of salt.

5. **Cook at home.** Making your own meals allows you to limit the amount of salt in them. If you do dine out, ask about low-sodium options.

6. **Eat more potassium.** It counters the effect of sodium and is found in bananas, sweet potatoes, and many dried beans, fruits and vegetables.

**Sources:**
- American Heart Association: http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/HealthyDietGoals/Sodium-Salt-or-Sodium-Chloride_UCM_303290_Article.jsp
- Centers for Disease Control and Prevention: http://www.cdc.gov/salt/
**Physical Activity**

It is important to try to keep your body at a healthy weight. Obesity increases your risk for heart attack and stroke. Try to get about 2 hours and 30 minutes of moderate-intensity exercise every week or increase every week what you can do. Even if walking isn’t an option, some exercises can be done in a chair. Talk with your nurse or doctor before starting exercises and ask about what you can do.

**Smoking Cessation**

Smoking is the most important preventable cause of early death. Tobacco smoke (cigarettes and cigars) is directly tied to higher risk for heart attacks and strokes no matter how much you smoke. Even being around someone who smokes is almost the same as if you smoke. Tobacco smoke causes your blood to thicken and have trouble flowing through the arteries leading to plaque build-up and clots.

There are different ways to stop smoking. You need to find what works for you with the help of your nurse or doctor. You have to be ready and want to quit. **ARE YOU READY?** Tell your nurse or doctor right away to get started.

Resources you may need include:
- Educational materials from your nurse or doctor
- A support person(s)
  - Friend or family member to be your cheerleader and help you
  - **1-800-QUITNOW** (free help hotline)
  - SmokefreeTXT (free cell phone texts)
- Medications – talk with your doctor about which one is right for you
  - Nicotine Replacement Therapy such as the patches and gum
  - Other drugs

Using a combination of medication and counseling support can increase your chance of success.
**Medications**

Your doctor may have ordered medications for you to reduce your risk for heart attack or stroke. It is very important for you to take the medications exactly as ordered. Sometimes, you may have problems with the medications (side effects) or you can’t afford the medications. If this occurs, you need to let your nurse or doctor know right away. You may need to be put on a different medication.

**Always ask when you are unsure!**

If you tend to forget your pills every now and then, try a pill box. Find one that is easy to open, and keep it where you will see it all the time. Ask your nurse, therapist, or doctor for other tips.

---

**Action Plan**

Use the **Action Plan** on the next page, and pick one area where you want to start.

---

**References**

American Heart Association
- [About Heart Attacks](https://www.americaheart.org/about-heart-attacks), 2012
- [Coronary Artery Disease](https://www.americaheart.org/coronary-artery-disease), 2014
- [Stroke Risk Factors](https://www.americaheart.org/brain-stroke/), 2012
- [Understanding your Risk of Heart Attack](https://www.americaheart.org/understanding-risk-heart-attack), 2014
- [Warning Signs of a Heart Attack](https://www.americaheart.org/heart-disease-symptoms), 2014
- [Warning Signs of a Stroke](https://www.americaheart.org/brain-stroke/)

Centers for Disease Prevention and Control (CDC)
- [Heart Disease Facts](https://www.cdc.gov/heartdisease/facts.htm), 2014
- [Stroke Facts](https://www.cdc.gov/stroke/facts.htm), 2014


National Heart, Lung, and Blood Institute (NHLBI)
Creating My Healthy Heart Action Plan

1. **Goal:** Something I want to do to help lower my risk for a heart attack or stroke. ______________________________________________________
   ______________________________________________________________

2. **Describe How:** ____________________________________________
   **Where:** __________________________________________________
   **What:** ____________________________________________________
   **When/How Often:** __________________________________________

3. **Barrier(s):**
   _____________________________________________________________
   **Plan to overcome barrier(s):**
   _____________________________________________________________

4. **How important is this goal to me?** Draw a circle or a mark on the ruler:
   
   Totally Unimportant       Unsure       Somewhat Important       Very Important       Extremely Important

5. **How confident do you feel that ‘I can do this’?** Draw a circle or a mark on the ruler:
   
   Totally Unconfident       Unsure       Somewhat Confident       Very Confident       Extremely Confident

**Follow-Up:** __________________________________________________