



# Your Personal Health Report

<u>Heart Health</u>	Your Results		Your Goal	At Risk	Comments and recommendations
	Last Year	This Year			
<i>Blood pressure</i>	165/98	145/92	mmHg	<120/80 mmHg	 See your doctor within 2 months. Your blood pressure is in the 'Stage 1 Hypertension' range.
<i>Total cholesterol</i>	206	201	mg/dL	<200 mg/dL	Recheck cholesterol and HDL in 2 years. Your cholesterol is borderline high. Your 'good' HDL is normal.
<i>HDL cholesterol</i>	42	46	mg/dL	>40 mg/dL	
<i>Cardiovascular risk score</i>	2%	2%			— This is your Framingham 10-year risk of heart attack.

<u>Weight</u>					
<i>Weight</i>	195	190	lbs.	118 - 160 lbs.	 You are moderately overweight. This may increase your risk of diabetes, heart disease, stroke, and other diseases. Your goal weight based on your height is 160 pounds or less. One of the best ways to lose weight is through regular exercise.
<i>Body Mass Index (BMI)</i>	30.5	29.8		18.5-25.0	

<u>Diabetes</u>					
<i>Glucose</i>	120	127	mg/dL	<160 mg/dL	— You are at higher risk of developing diabetes. Lower your risk by eating lots of fruits and vegetables, losing weight, and eating whole grain foods.
<i>Diabetes risk score</i>	11	11		<10	

<u>Well-being/lifestyle</u>					
<i>Exercise</i>	3	5	/week	At least 5x/week	Great! This is one of the best ways to improve energy, mood and self-image, and to reduce stress and your risk of heart attack, stroke, diabetes, and cancer.
<i>Depression symptom severity scale</i>	8	4		<5	Excellent. The depression symptom scale is for screening only and is not intended to diagnosis depression, or the lack thereof.
<i>Smoking</i>	0	0	/day	0 per day	Keep up the good work
<i>Work and personal stress</i>	Somewhat stressful		Only slightly stressful		Your stress levels don't appear to be excessive, or you indicated you have found effective ways to cope with your stress. Stress is a major risk for heart attack, stroke, high blood pressure, cancer, ulcers, and many other diseases.
<i>Seat belt usage</i>	100%	100%		100% of the time	Well done

Name: Jane Doe

Age: 45

Date of Screening:

4/11/2006

## Your Personal Health Report (continued)

<u>Diet</u>	<i>Your Results</i>		<i>Your Goal</i>	<i>At Risk</i>	<i>Comments and recommendations</i>
	Last Year	This Year			
<i>Fish or fish oil supplement</i>	0	1-2 /week	At least 3/week	—	Eating fish or taking a fish oil supplement 3 or more times per week may reduce your risk of heart attack and stroke.
<i>Fruits and vegetables</i>	2	>=5 /day	At least 5/day		Well done. This can help to reduce your risk of heart attack, stroke, diabetes, and cancer.
<i>Whole grains</i>	1	2 /day	At least 4/day	☹	Whole grains are a better alternative than white flour products and can reduce your risk of heart attack, stroke, diabetes, and cancer.
<i>White flour products</i>	4	3 /day	1/day or less		These have minimal nutritional value, promote weight gain, and may increase your risk of diabetes. Try to replace with whole grain foods.
<i>High fat foods</i>	2	2 /day	2/day or less		Keep up the good work.
<i>Dairy products</i>	3	3 /day	At least 3/day		Excellent
<i>Sweets or dessert</i>	4	1 /day	1/day or less		Good work
<i>Alcohol</i>	7	1-7 /week	7/week or less		Excellent

## Recommended Screening Tests \*

<u>Men and Women</u>	<i>Your results</i>	<i>General timetable</i>	<i>At Risk</i>	<i>Tests you are due for</i>		
<i>Colonoscopy</i>	Never	After the age of 50: Colonoscopy every 10 years OR Sigmoidoscopy every 5 years OR Stool blood test every year	☹			
<i>Sigmoidoscopy</i>	Never					
<i>Stool Blood Test</i>	Never					
<u>Men Only</u>						
<i>Prostate Specific Antigen (PSA)</i>	N/A	Yearly after age 50				
<i>Prostate Exam</i>	N/A	Yearly after age 50				
<i>Do you do a monthly testicular self exam?</i>	N/A	Monthly, considered optional				
<u>Women Only</u>						
<i>Mammogram</i>	Past 3 Years	Yearly after age 40		You are due for a mammogram		
<i>PAP test</i>	Past Year	Yearly after age 21				
<i>Professional breast exam</i>	Past Year	Every 3 years ages 20-39, yearly after age 40				
<i>Do you do a monthly breast self exam?</i>	Yes	Monthly after age 20, considered optional				

\* Your doctor may recommend a different screening schedule based on your personal risk factors.

## Risk Summary

	Last Year	This Year	
<i>Number of risks</i>	7	4 risks ☹	Pick one or more risk items and create a plan on how you will change them. You can use the recommendations in this report as a guide.

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