# **HOW OLD IS YOUR HEART?**

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How "you	ing" are you?		
Gender:	Male	Female	*Note: Your risk is the same whether male of female! Subtract/Add 0

## LIFESTYLE

Do you smoke?		Daily +5	Regularly +3	Never 0
How often do you smile?		10x/day -1	1x/day 0	Rarely +1
Are you in a loving relationship?		Yes -1	No 0	It's Complicated +1
Do you have personal conversations on a regular basis with a close friend/s?		At least once a week -1	No +1	
Do you have a beloved pet?		Yes -1	No 0	
How often do you exercise for a 30 minute period?		0/week +2	1-3/week -1	4-7/week -2
Do you feel stress to the point where you have difficulty getting to sleep or sleeping through the night?	MEN:	Most of the time +1	Sometimes 0	Never -1
	WOMEN:	Most of the time +2	Sometimes 0	Never -1
Do you feel job stress where your compensation or job security is at risk?	MEN:	Most of the time +2	Sometimes 0	Never -1
	WOMEN:	Most of the time +1	Sometimes 0	Never -1
I feel financially secure		Yes -1	No +1	

## DIET

How often do you eat fish, almonds, or broccoli?	Weekly	Monthly	Never
	-1	0	+1
I have a glass of red wine times per week	0/week	1-10/week	10+/week
	0	-1	+1
I eat red meat more than twice a week	Yes +1	No 0	



### **CLINICAL CONDITIONS**

I have a parent or sibling who has had a heart attack or coronary artery disease?	Yes +3	No 0	
MEN: Do you have male pattern baldness (not frontal)?	Yes +1	No 0	
What is your Body Mass Index (BMI)? Please refer to the attached BMI chart.	18-25 -1	26-32 0	>32 +1
MEN: Is your waist greater than 40 inches?	Yes +2	No 0	
WOMEN: Is your waist greater than 35 inches?	Yes +2	No 0	
BLOOD PRESSURE: Do you know your blood pressure?  Is the numerator (top number) greater than 150?	Yes +2	No 0	
Is the denominator (bottom number) greater than 90?	Yes +2	No 0	
CHOLESTEROL: Is your cholesterol greater than 240mg/dL?	Yes +1	No 0	
Do you know your HDL (Good cholesterol)?	My HDL is greater than 60 -1	My HDL is less than 40 +1	
Do you know your LDL (Bad cholesterol)?	My LDL is greater than 160 +1	My LDL is less than 100 -1	
I have diabetes	Yes +2	No 0	

# YOUR HEART'S AGE:\_\_\_\_\_

## **HOW TO SCORE**

Start with your age and add or subtract the numeric values for each question.

If you would like additional information about any of the topics in this quiz or to see some of the research and studies from which this information is based, please go to Montefiore.org/Cardiothoracic-Surgery or call 718.920.2100.

Disclaimer: This test does not intend to provide medical advice. If you have specific questions about any medical matter you should consult your doctor or other professional healthcare provider.



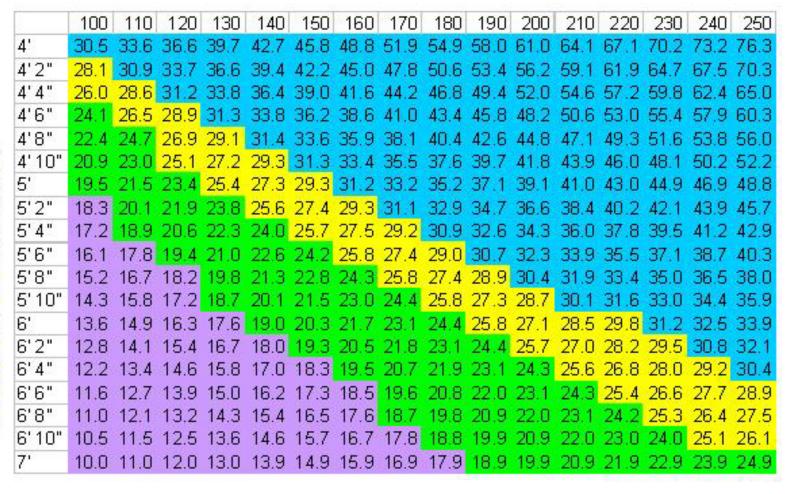
# Height in Feet and Inches

# Montefiore

# **Body Mass Index Chart**

# **Inspired Medicine**

# Weight in Pounds



Underweight



Overweight

