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# Heart Matters

... the number one cause of ...  
 ... It's not accidents; and ...  
 ... By far the leading cause ...  
 ... heart disease and stroke.

That's why the heart and Stroke Foundation of Ontario needs your support ... to  
 continue research into the causes of heart disease and stroke. We've come  
 a long way in recent years. Since 1955 over one hundred thousand people have  
 lived because of research. But we do need to save more lives.

## The Improved "Ficker Test"

... you determine if you are at risk of a heart attack or stroke.  
 ... Be honest with yourself when you answer the questions.  
 ... ve ever invested in yourself!

Understand two things:

... as family history, smoking, a poor diet, high blood pressure and  
 ... ease your risk of heart disease or stroke. More importantly, these  
 ... For example, smoking can increase the effects of a bad diet. When  
 ... the number of "risk factors" you've checked off.

... only a tool that can help you see how your lifestyle is affecting your  
 ... or stroke.


<p>SCORE</p> <p>check the end marks in check re more post- attack</p>	<p>5. How would you describe your weight?              Within 15 lbs. of what is              normal for your height? +              Over 15 lbs. of what is normal              for your height? -</p> <p>6. Which of the following foods do you eat              more than 3 times per week?              Fresh fruits and vegetables +              Dried beans, peas and lentils +              Skinless chicken +              Lean beef +              Skim or 2% milk +</p> <p>7. Which of the following foods do you eat              more than 3 times per week?              Delicatessen meats -              Side bacon -              Cheddar cheese -              Store bought baked goods -              Whole milk or cream -</p> <p>8. How many of the following foods, con-              taining fats or oils, do you eat more than              3 times per week?              Butter -              Cream cheese -              Chocolate bars -              Gravy -              Shortening -</p>	<p>SCORE</p>
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<p>9. Do you eat any of the following fast foods              more than 3 times per week?              Potato chips -              Fried chicken -              Hot dogs -              French fries -              Ice cream -</p> <p>10. Do you snack on any of these foods more              than 3 times per week?              Fresh fruit and vegetables +              Plain popcorn +              Pizza with vegetables +              Low fat yogurt +              Whole grain crackers +</p> <p>11. How often do you eat broiled or poached              fish?              Once a week or more +              Almost never -</p> <p>12. Does your diet include the following?              Fried foods -              Cream in your coffee -              Large portions of meat, fish or              poultry (greater than 8oz.) -              Liver, more than twice per month -</p> <p>13. Have you ever been told by a doctor              or nurse that you have high blood              pressure? (hypertension)              Yes +              No -</p> <p>14. Is your blood pressure controlled?              (that is 140/90 or lower?)              Yes +              No -</p> <p>15. How would you describe your personality?              Frustrated, hurried, impatient -              Mostly happy +              Calm, easy going, patient +</p> <p>16. Do you have someone to talk to about              things that are important to you?              Yes +              No -</p> <p>17. If someone cut in front of you in a super-              market or movie theatre line, how would              you feel?              Very angry +              Not very angry +</p>	<p>SCORE</p>
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<p>18. What best describes your drinking habits?              Non drinker +              Up to 2 oz of hard liquor/day              1 beer or 1 glass of wine              (no binge drinking) +              Over 2 oz/day or binge drinking -</p> <p>19. Do you have diabetes?              Yes +              No -</p> <p>20. Do you smoke cigarettes?              Yes +              No -</p> <p>21. Do you live or work in an environment              where people smoke?              Yes +              No -</p> <p>22. Do you take birth control pills and smoke?              Yes +              No -</p> <p>23. How often do you exercise vigorously              or engage in a physically demanding              activity for 20 minutes or more?              3 or more times per week +              Few times a month -              Less than once a month -</p> <p>24. Are you physically active by climbing              stairs, walking, gardening, or doing              housework?              Yes +              No -</p> <p>Now comes the moment of reckoning.              Add up your negative and positive points.</p>	<p>SCORE</p>
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What should you do if you find that you have more  
 negative points than positive points? Perhaps it's  
 time to make some lifestyle changes. Contact your  
 physician for help in working out your personal  
 lifestyle plan. Remember, your doctor can help you  
 reduce your risk of heart disease or stroke.

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