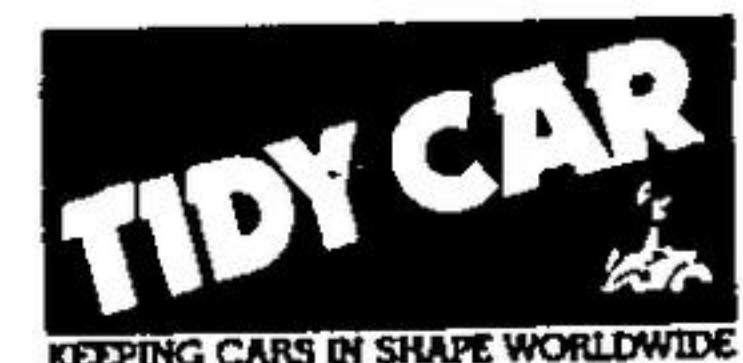


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The Improved "Ficker Test"

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

Understand two things:

1. Family history, smoking, a poor diet, high blood pressure and
2. Age cause 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.This is only a tool that can help you see how your lifestyle is affecting your
or stroke.

check the end marks in r check e more post- t-attack	Scores	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? -	Scores
+ -		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 +	
+ -		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 -	
+ -		8. How many of the following foods, containing fats or oils, do you eat more than 3 times per week? Butter - Cream cheese - Chocolate bars - Gravy - Shortening -	

SCORE	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 -	SCORE

SCORE	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 +	SCORE

SCORE	11. How often do you eat broiled or poached fish? Once a week or more + Almost never -	SCORE

SCORE	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 -	SCORE

SCORE	13. Have you ever been told by a doctor or nurse that you have high blood pressure? (hypertension) Yes - No +	SCORE

SCORE	14. Is your blood pressure controlled? (that is 140/90 or lower?) Yes + No -	SCORE

SCORE	15. How would you describe your personality? Frustrated, hurried, impatient - Mostly happy + Calm, easy going, patient +	SCORE

SCORE	16. Do you have someone to talk to about things that are important to you? Yes + No -	SCORE

SCORE	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 +	SCORE

SCORE	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 -	SCORE

SCORE	19. Do you have diabetes? Yes - No +	SCORE

SCORE	20. Do you smoke cigarettes? Yes - No +	SCORE

SCORE	21. Do you live or work in an environment where people smoke? Yes - No +	SCORE

SCORE	22. Do you take birth control pills and smoke? Yes - No +	SCORE

SCORE	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 -	SCORE

SCORE	24. Are you physically active by climbing stairs, walking, gardening, or doing housework? Yes + No -	SCORE

Now comes the moment of reckoning.
Add up your negative and positive points.

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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