

LOWER YOUR RISK OF HIGH CHOLESTEROL – PLEDGE



I, _____, pledge to do at least three of these action items to help lower my cholesterol and my risk for heart disease and stroke:

- To know what my cholesterol should be and try to keep it at goal level.
- To have my cholesterol checked and track my numbers.
- To read food labels at the grocery store and to buy foods that are low in cholesterol, saturated fat, and trans fat.
- To know my Body Mass Index and take measures to maintain a healthy weight.
- To participate in moderately intense physical activity (like brisk walking) for at least 30 minutes at least 5 days a week. On days when I don't have time, I'll do the activity in three 10-minute segments during the day.
- To stay tobacco-free; or, if I smoke, to pick a quit date and ask my doctor for help with quitting.
- To limit my alcohol to no more than two drinks a day (for men) or one drink a day (for women).
- To take my medication as my doctor prescribed.
- To understand my 10-year risk for heart disease and stroke.
- To encourage others who may be at risk for high cholesterol to get their cholesterol checked.

I will recruit the following people to help me in the ways listed below.

Helper's Names

What I will Ask Him/Her To Do

I will reward myself and my helpers by (be specific):

Your Signature

Witness Signature

Date

www.AmericanHeart.org/Tools

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