



Cholesterol Goals Activity Sheet

Your Name _____ Date _____

Cholesterol

(cole-**es**-ter-all)

A waxy film that can build up and clog the blood flow in your body.

Heart disease

A condition that affects the heart muscle or blood vessels. High cholesterol is one kind of heart disease. It can lead to a heart attack or stroke.

LDL cholesterol

Cholesterol that builds up in your arteries. Also called “bad” cholesterol. If you have a high LDL level, talk with your doctor to lower it.

HDL cholesterol

Cholesterol that removes LDL cholesterol from your arteries. Also called “good” cholesterol. A high HDL level is good.

Arteries

Tubes that bring fresh blood to your heart and body.

High Cholesterol Can Cause Heart Disease

Your blood cholesterol levels have a lot to do with your chances of having heart disease. There are different kinds of cholesterol in your body. Too much LDL cholesterol in your blood can lead to buildup in your arteries. This clogs the blood flow to your heart, brain, and other areas of your body. HDL is another kind of cholesterol in your blood. It helps remove LDL cholesterol from your arteries.

Goals for Your Cholesterol Levels

Ask your doctor to help you set goals for your cholesterol levels. Discuss ways you can meet your goals. Have your doctor help you fill out this brochure.

Everyday Life Changes to Lower Your Cholesterol

How much can a healthy diet and exercise improve my cholesterol levels? _____

How can I change my diet to improve my cholesterol levels?

Goal: _____

Goals	
Total cholesterol	
LDL (bad) cholesterol	
HDL (good) cholesterol	
Triglycerides	

How can I get more exercise to improve my cholesterol levels?

- Exercise _____ minutes every day.
- Good types of exercise: _____

What else can I do to lower my cholesterol and my risk of heart disease?

_____ Stop smoking.
 _____ Lose weight. Goal: _____





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Medicine to Lower Your Cholesterol

Should I take medicine to lower my cholesterol?

Yes _____ No, not now _____

If yes, what medicine should I take? _____

How and when should I take it? _____

What should I do if I miss a dose? _____

Are there any side effects or risks? _____

How long will it take for the medicine to work? _____

How will the medicine fit in with other medicines I am taking?

I am taking these medicines: _____

Follow-up & Contacts

Follow-up appointment dates: _____

Who else should I contact?

Name: _____ Phone number: _____

Primary care doctor:

Name: _____ Phone number: _____

After you and your doctor have filled out this brochure, have your doctor make a copy for your chart. Take a copy home. Put it where you will see it every day.

