TIA

EDUCATION

UNIVERSITY of COLORADO HEALTH

TABLE OF CONTENTS

What is a TIA?

A ***transient ischemic attack (TRAN-zee-uhnt iss-KEY-mik uh-tak)***, or TIA, is a temporary lack of blood flow to a part of the brain. The area affected by this lack of blood flow will be dysfunctional and produce symptoms similar to those seen with a stroke. However, these symptoms will usually resolve within an hour, but can last up to 24 hours. You will not experience long-term disability.

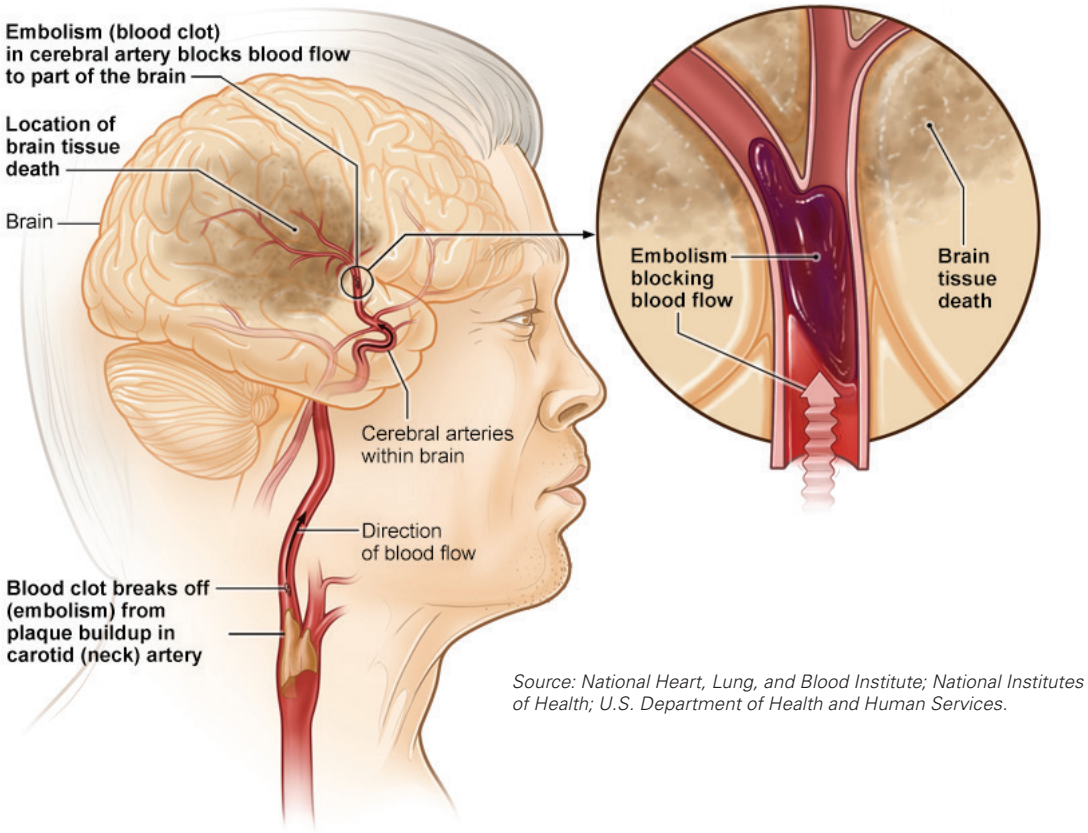
What is a stroke, and what types of strokes are there?

The most common type of stroke is called an ***ischemic (iss-KEY-mik) stroke*** and accounts for more than 80% of all strokes. This type of stroke occurs when blood flow to a part of the brain stops. Blood flow to the brain can either be blocked by a blood clot, by cholesterol build-up or by changes in the very small blood vessels in the brain.

When blood flow is blocked, your brain cells don't receive oxygen and nutrients that are necessary for their function. Consequently, the lack of oxygen causes the brain cells to die, causing the permanent symptoms of a stroke.

Within the brain, cells work together to coordinate all of the activities required for daily life. For example, certain brain cells work together to tell your muscles to move. Some brain cells interpret what your eyes see, and others control your ability to speak. The symptoms occurring from a stroke vary, depending on the area of the brain that loses blood flow and dies.

An ischemic stroke is not the only kind of stroke. Another type of stroke occurs when you have bleeding in the brain. This type is called a ***hemorrhagic (hem-uh-RAA-jik) stroke***. Please ask your doctor if you have questions about other types of strokes.



Source: National Heart, Lung, and Blood Institute; National Institutes of Health; U.S. Department of Health and Human Services.

How is a TIA related to a stroke?

TIAs and strokes have similar causes. Both TIAs and strokes are medical emergencies. Please call 911 even if your TIA symptoms have resolved. Having a TIA puts you at immediate high risk for having a more severe stroke.

What are the signs and symptoms of TIA and stroke?

TIA and stroke share the same signs and symptoms, but TIA symptoms usually resolve quickly (within an hour). Because both of these disorders attack the proper functioning of your brain, it may be difficult to recognize the symptoms yourself. If you or someone around you identifies any of the following symptoms, call 911 immediately.

- Sudden numbness or weakness of the face, arm, or leg (especially on one side of the body)
- Sudden confusion, trouble speaking or difficulty understanding speech
- Sudden double vision, blurry vision or loss of vision
- Sudden difficulty walking, dizziness (such as room spinning), loss of balance or coordination
- Sudden severe headache with no known cause

How can I recognize if someone is having a TIA or a stroke?

Act F.A.S.T. is a great way to remember the signs of a TIA or a stroke. Know the warning signs. Do not hesitate to call 911 if you are experiencing any of these symptoms.

F ACE

Look for an uneven smile

A RM

Check if one arm is weak

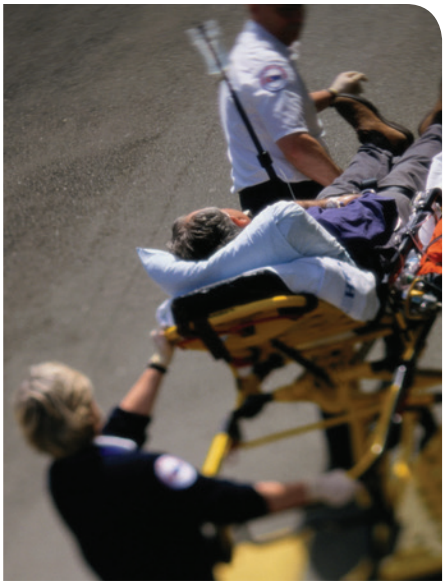
S PEECH

Listen for slurred speech

T IME

Call 911 at the first sign

What if I am unsure if this is a stroke, a TIA, or something else, like a migraine?



There are many other disorders that can look like a TIA or stroke. Do not hesitate to call 911 if you are unsure what you are experiencing or what you see another person experiencing is a TIA or stroke. Only the medical staff can determine the true diagnosis after examining the patient and performing blood and imaging tests.

What if my symptoms get better before I call 911?

Sometimes, your symptoms may resolve before you choose to call for help or before help arrives. Do not hesitate to call 911 if you are unsure what you or another person is experiencing. You are still at risk to suffer a stroke in the immediate future. Medical providers can help you prevent this with close monitoring and risk factor management.

I think I am having a TIA or a stroke. Should I get a ride to the Emergency Department or call 911?

Many patients feel they can make it to the Emergency Department (ED) faster when they have a loved one drive them, rather than wait for an ambulance to pick them up. This may be true, however once you get to the ED it is very likely you will be treated much faster if you come in with an ambulance. Paramedics are trained to recognize the signs of a TIA or a stroke, and they will call ahead while they are driving to the hospital. This allows the ED to prepare for your arrival. The ED will activate a team of healthcare providers involved in treating a TIA or a stroke and have them immediately prepare to treat you. If you come to the hospital by private car, this process cannot happen until after you have been checked in.

What information will the emergency service personnel need?

You can help the medical staff treat you accurately and quickly by providing information about your symptoms. The most important thing you can do in this situation is record the time the symptoms began. This will ultimately determine if you can receive emergency treatments when you arrive at the hospital.

EMS will ask you questions about your health and medications. If you have a medication list, please provide this. If your symptoms occur while you are at home, please tell them where you keep your medication bottles.

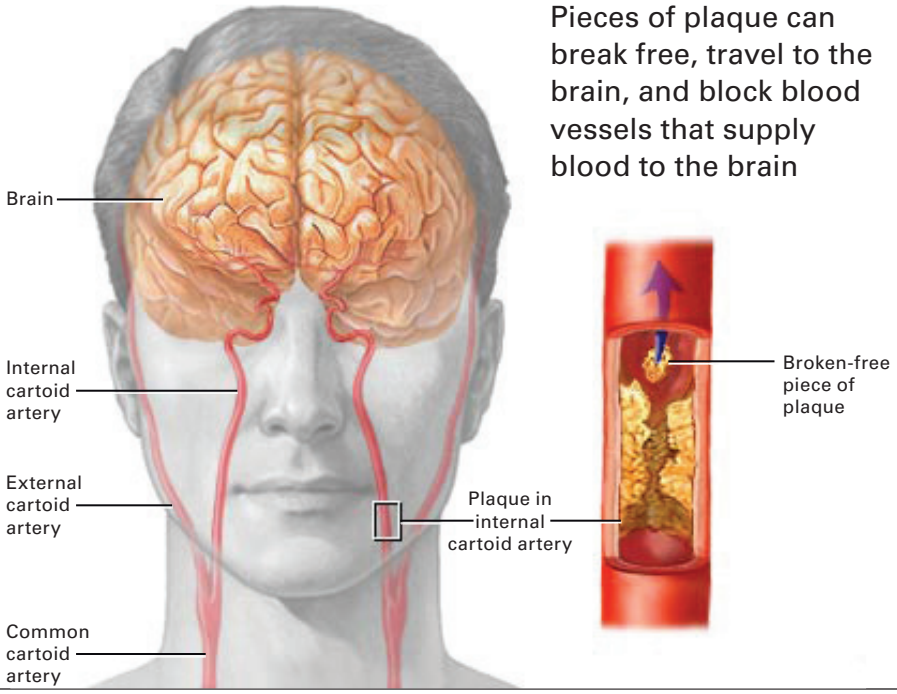
What are the most common causes of a TIA and ischemic stroke?

The most common causes of TIA and stroke include blood clots, ***cholesterol (kuh-LES-tuh-rawl)*** build-up, and damage of the very small blood vessels in your brain.

Blood clots can form along an area of injury on the blood vessel wall, in an area of standing blood, or in the heart, due to an irregular heart beat. The blood clot can travel up to the brain and cause a stroke.

Cholesterol and fat build up, also called atherosclerosis, can narrow an artery. Your doctor may also call the narrowing ***"stenosis" (sti-NOH-sis***). The narrowing can progress until the blood vessel is completely blocked and blood can no longer flow through the vessel. Sometimes after cholesterol forms along the artery wall, a piece can break off and travel up the artery to the brain. Blood clots can also form on areas of uneven cholesterol build up, and the blood clot can also travel to the brain. The narrowing of the blood vessel, as well as cholesterol pieces or blood clots that travel to the brain can cause a stroke.

Changes can occur in the very small blood vessels in your brain. The most common causes of the damage to these vessels are high blood pressure, high cholesterol, diabetes, and smoking. When these blood vessels become damaged, they can and become blocked and cause a stroke.

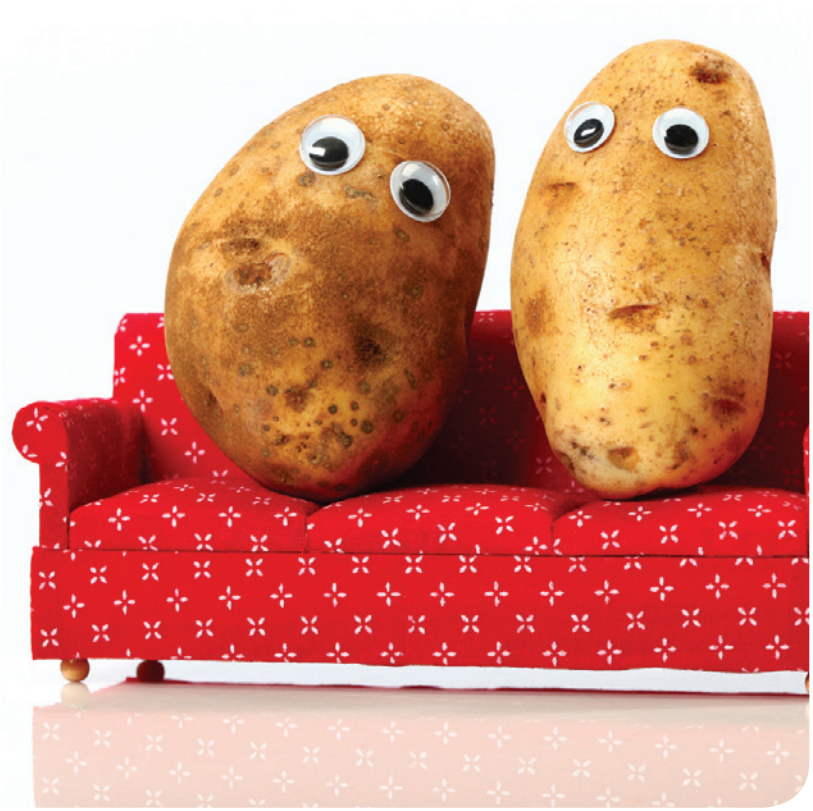


Who can have a stroke?

Every 40 seconds, someone in the United States suffers a stroke. Nearly three-quarters of all strokes affect people over the age of 65 every year, but strokes can happen to people of all ages.

Stroke is the fourth leading cause of death in the United States, behind heart disease, cancer, and chronic lower respiratory diseases. However, strokes cause more serious long-term disability than any of these diseases.

Risk Factors



What are risk factors?

Risk factors are medical problems that you have, or are facts about you that make you more likely to have a particular medical problem. If you've had a TIA or a stroke in the past, then this is a risk factor for a future stroke or TIA. Other examples of risk factors for strokes include high blood pressure, diabetes, age, and gender. Risk factors can change with time, especially if a condition becomes better or is more poorly controlled.

A TIA is a warning sign, alerting your body that you may have a stroke in the near future. There may be cholesterol build-up in your blood vessels that you did not know about, or a heart defect that wasn't causing any symptoms before. We can help you treat these problems or reduce their severity before they cause a serious stroke.

It is crucial for you to learn about your risk factors and keep them under control because strokes can be prevented if risk factors are managed properly.

What are risk factors that I cannot control?

- **Age:** After the age of 55, the risk of stroke increases every decade.
- **Gender:** Being a male or female affects your stroke risk in different ways, as men are at a greater risk to suffer a stroke.
- **Race:** African Americans suffer more TIAs and strokes than any other racial group in the United States.
  - Mexican Americans are also at an increased risk to suffer more strokes and TIAs at a younger age than Caucasians.
- **Family History:** If your family member has had a TIA or stroke, you are at an increased risk to suffer one as well.
  - Many of your controllable risk factors, like high cholesterol, are affected by your genes and are commonly seen in multiple family members. You can map out what runs in your family with our Family Tree at the back of this book.
- **History of TIA or stroke**
  - Having a stroke or TIA can put you at risk for a subsequent stroke or TIA.

What are risk factors that I can control?

High Blood Pressure or Hypertension (hahy-per-TEN-shuhn): High blood pressure affects 1 in 3 American adults. It is the most powerful risk factor leading to stroke, sometimes even referred to as a "silent killer." Over time, untreated high blood pressure can damage your blood vessels, increasing your risk of a stroke.

Since there are no symptoms associated with high blood pressure, it's very important that you check and record your blood pressure regularly to know if you are at risk. You can use the blood pressure log we provide at the end of this book. You can also find more resources online at www.heart.org (click on "Conditions," then "High Blood Pressure").

If you have a home blood pressure cuff, then you should sit quietly for several minutes before taking your blood pressure. Your arm should be propped onto a table so your elbow is bent halfway to the shoulder (i.e., at 90 degrees). You should use a cuff that takes your blood pressure in the upper part of the arm. Record your blood pressure (and pulse, if available) for your doctor. You can use a log like the one at the back of this book to help you record the numbers. Take the log with you to your doctor appointments.

You should also adopt a low-salt/high-potassium diet and exercise regularly to help lower high blood pressure. Over 75% of sodium you eat comes from packaged foods and restaurants.

Cigarette Smoking: The chemicals found in cigarette smoke are toxic to your blood vessels, and cause damage. Cholesterol builds up on your damaged blood vessel walls faster. You are also more likely to form dangerous blood clots.

You can use the quitting chart provided in the back of this book to help with your quit plan. There are many different effective methods you can use to help you quit. None is better than the other. You and your healthcare provider need to find the method that will work for you.

Diabetes Mellitus (dahy-uh-BEE-teez MEL-i-tuhs): Diabetes results from problems in the regulation of blood sugar (glucose) levels, leading to an unhealthy amount of sugar in the bloodstream. Insulin is in charge of regulating blood sugar levels by allowing extra sugar to travel from your blood into your cells after a meal. People with diabetes are either lacking enough insulin or their insulin is not working properly.

About 1/3 of ischemic stroke patients are diabetic. People with diabetes often have other risk factors that add up to a higher risk for TIA and stroke.

Your hemoglobin A1C level is a blood test that represents your average blood sugar level over the past 2-3 months. If you have diabetes, then your hemoglobin A1C level should be less than 7%.

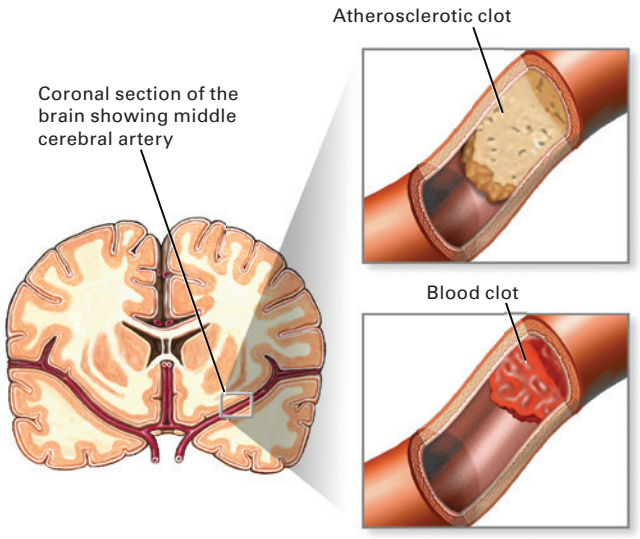
If you have diabetes, it's important to talk with your healthcare provider about whether you should be checking your blood sugar on a routine basis. Some people may need to check their blood sugar levels multiple times a day, especially before and after meals. Bring this record to your healthcare visits.

High Cholesterol (kuh-LES-tuh-rawl) or Hyperlipidemia (hahy-per-lip-i-DEE-mee-uh): Your body makes different kinds of cholesterol from the food you eat every day. High cholesterol commonly runs in families, but can also be due to poor diet and lack of exercise.

You can check your cholesterol levels with a blood test. To help lower your cholesterol levels, you can exercise regularly, adopt a healthy diet and take recommended medications.

LDL is the "bad" cholesterol that builds up inside of your blood vessels. Having too much LDL increases your risk for stroke and heart disease. Your goal LDL if you've had a stroke or TIA should be less than 100 mg/dL. However, if you've had a stroke or TIA plus diabetes or heart problems, then your goal should be less than 70 mg/dL.

HDL is the "good" cholesterol because it helps clear out the "bad" LDL cholesterol. Having too little HDL increases your risk for stroke and heart disease. Your goal HDL should be greater than 60 mg/dL.



Atrial Fibrillation (A-tree-al fi-bri-LA-shun): This is a common irregular heartbeat. When the different parts of the heart are not coordinated together, blood (that should be pumped out) can linger in the heart and form clots. When these clots are eventually pumped out of the heart, they can travel to the brain and cause a stroke.

- If you have atrial fibrillation, a blood thinner may be needed to prevent blood clots from forming.

Heart Disease: Stroke and heart disease share many of the same risk factors. Suffering from heart disease puts you at a higher risk to suffer from a stroke.

Coronary heart disease occurs when there is a buildup of cholesterol within the blood vessels that supply your heart muscles, called coronary arteries. It is the most common type of heart disease and the leading cause of death in the United States.

Obesity: Extra body fat, especially around your waist, increases your chances for developing many of the other risk factors for stroke. It will also worsen the risk factors you are already managing.

Body Mass Index or BMI is calculated from your height and weight. It is an estimate of the harmful body fat that puts you at risk for many diseases like stroke.

- An ideal BMI is less than 25. A BMI greater than 25 increases your chance of developing many of these stroke risk factors like diabetes, hypertension, sleep apnea, and elevated cholesterol and triglycerides.
- BMI = [(weight (lb) X 703)/(height (in) X height (in))]
- You can calculate your BMI online at http://www.uch.edu/bmi

Weight Category	BMI
Underweight	Less than 18.5
Healthy Weight	18.5 - 25
Overweight	25 – 30
Obese	30 or greater

Physical Inactivity: 30 minutes of moderate physical activity every day is enough to lower your risk for strokes, TIAs or heart disease. Other risk factors, such as diabetes and high blood pressure, can become better controlled by exercise.

You should talk to your doctor before starting an exercise program. You can select some recommended exercises in the back of the book. You can track your exercise progress at https://www.heart360.org.

Diet: Maintaining a healthy diet is a great way to control many other stroke risk factors like hypertension, obesity and high cholesterol. Please refer to our nutrition guide for more help.

You can read more about eating healthy at http://www.choosemyplate.gov. There are some great tools you can use to help create meal plans and monitor your diet and weight.

Alcohol Consumption: Drinking more than two alcoholic beverages per day for men and more than one alcoholic beverage per day for women increases your risk of a stroke, heart disease, and liver disease.

There are other conditions that may place you at higher risk for a stroke or TIA. Please ask your doctor about the risk factors below.

- Sleep apnea
- Excessive blood clotting
- Deep vein thrombosis
- Pulmonary embolism
- Patent foramen ovale
- Sickle cell disease
- Pregnancy
- Menopause
- Hormone replacement therapy
- Birth control usage
- Anti-phospholipid antibody syndrome

Testing

What tests differentiate between a TIA and a stroke and determine the type of stroke?

Brain imaging will be normal if you've had a TIA. With TIAs, symptoms have completely resolved indicating that permanent damage has not occurred. Brain imaging is still performed to confirm whether or not damage has occurred and if there is evidence of old strokes.

Computerized Tomography (CT) scan: A CT scan combines a series of X-rays taken from many different angles to create an image. As a part of emergency protocol, all patients suspected of having a stroke will get a CT scan after they are seen in the emergency room. CT scans can be performed quickly and will identify any bleeding in the brain (hemorrhagic stroke).

Magnetic Resonance Imaging (MRI) scan: MRI scans take longer to perform than CT scans, but create the most detailed and accurate image of the injured brain. They use powerful magnets to create a picture of your brain.

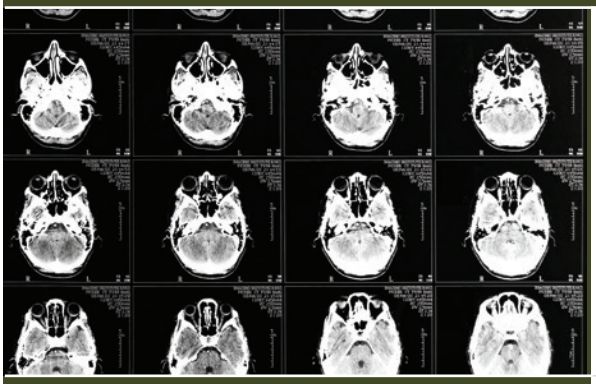
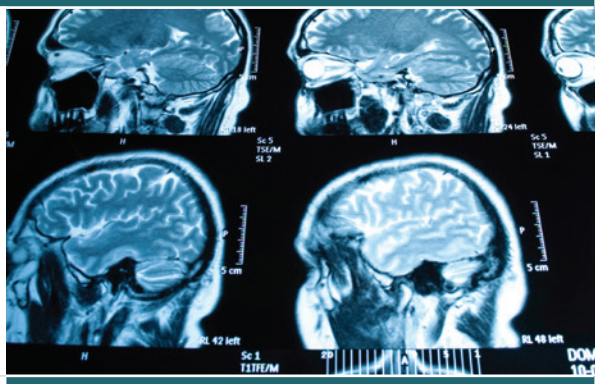
Which tests determine the cause of my TIA?

A CT with dye or MRI can be done to evaluate blood vessels in your neck and brain. This evaluation can determine if you have narrowing of the vessels, also called stenosis. A third option is carotid (kuh-ROT-id) ultrasound, or a doppler. This machine is similar to having an ultrasound of a baby, but it uses color to look at the blood vessels in your neck. It looks at the flow of blood to determine how much narrowing is present due to cholesterol build up.

If you have narrowing in a main artery you may need a surgical procedure to open up the artery and prevent a future TIA or stroke.

CT Scanner

MRI Scanner

CT Scan (or CAT Scan)		MRI
	Image sample	
Computed (**A**xial) **T**omography	Full name	**M**agnetic **R**esonance **I**maging
X-Rays	Method	Magnetic waves and radio waves
Images bone, soft tissue and blood vessels at the same time	Details	High soft tissue detail
5 - 10 minutes	Time	About 30 minutes
Moderate	Radiation	No radiation exposure
No major limitations	Limitations	Patients with pacemakers cannot get an MRI scan; metal implants are not advised due to possible injury or image distortion

What tests should be done to evaluate my heart?

The heart can cause strokes by moving blood clots to the brain or by not moving enough blood to the brain. An irregular heart beat, damage to the heart muscles, or problems with valves can lead to a stroke.

Electrocardiogram (ih-lek-troh-KAHR-dee-oh-gram) (ECG or EKG): Every stroke patient should have an EKG performed. Stickers are placed on your chest, and a print-out is generated. It measures the rate and rhythm of your heartbeat. Atrial fibrillation is a common cause of TIA and can sometimes be detected on this test.

Echocardiogram (ek-oh-KAHR-dee-oh-gram): This is an ultrasound of the heart. It helps to look at the muscles that make up the heart and the valves inside the heart. It can tell how well your heart is pumping.

Medications

Types of Medications Prescribed

It is important to take each of your medications at the same time each day. In general, you can take all of your medications together at the same time in the morning or evening, with or without food. Be sure to let your doctor or pharmacist know if you are taking any herbal supplements or vitamins because they can have an interaction with your prescription medications. Do not stop your medication unless you have discussed it with your doctor.

If you cannot afford your medication, there are medication assistance programs available that can provide discounts on some medications if you qualify. Ask your doctor or pharmacist if you are interested in getting more information about these programs.

The medications listed here are not a complete list but include some of the most common medications that you may be prescribed after a TIA or stroke. Medications have two different names: a generic name and a brand name. The generic name is listed first followed by the brand name. You can keep track of your medications using the log provided at the end of this book.

Antiplatelet (an-tee-PLEYT-lit) medications: pills that can lower your risk of forming dangerous blood clots by making it harder for pieces of your blood clots (platelets) to stick together. You may be taking:

- Aspirin (81 mg "baby" or 325 mg "full" strength)
- Clopidogrel (Plavix)
- Aspirin/Dipyridamole (Aggrenox)
- Other: _____

Cholesterol-lowering medications: medications that can help lower your level of the "bad" LDL cholesterol and raise your level of the "good" HDL cholesterol. Some can also lower your triglyceride levels, another kind of fat in the blood. These medications can lower your risk of TIA and stroke even if you have normal cholesterol levels. You may be taking:

- Simvastatin (Zocor)
- Rosuvastatin (Crestor)
- Atorvastatin (Lipitor)
- Pravastatin (Pravachol)
- Ezetimibe (Zetia)
- Fenofibrate (Lofibra or Tricor)
- Gemfibrozil (Lopid)
- Niacin (Niaspan)
- Omega 3 Acid Ethyl Esters (Lovaza)
- Fish oil
- Other: _____

Blood pressure-lowering medications: These pills can lower high blood pressure, which is the number one risk factor for having a stroke. Even though you may not feel the symptoms of high blood pressure, it is very important to take blood pressure medications every day. You may need a combination of different pills in order to get the best results. You may be taking:

- Triamterene/hydrochlorothiazide (Maxzide)
- Hydrochlorothiazide, HCTZ (Diuril)
- Atenolol (Tenormin)
- Metoprolol (Toprol)
- Lisinopril (Zestril)
- Losartan (Cozaar)
- Amlodipine (Norvasc)
- Diltiazem (Cardizem)
- Other: _____

Diabetic medications: These medications help control the level of glucose (sugar) in your blood when your body cannot keep the levels in check. High sugar levels over long periods of time can put you at risk for kidney failure, stroke, eye damage, and heart attacks. You may require a combination of these medications in order to see the best results. You may be taking:

- Metformin (Glucophage)
- Glipizide (Glucotrol)
- Glyburide (Diabeta)
- Sitagliptin (Januvia)
- Exenatide (Byetta)
- Pioglitazone (Actos)
- Insulin lispro (Humalog)
- Insulin aspart (Novolog)
- Insulin glargine (Lantus)
- Insulin glulisine (Apidra)
- Other: _____

Anticoagulant (an-tee-koh-AG-yuh-luhnt) medications: These medications reduce your stroke risk by making it harder for your blood to form dangerous clots (coagulation). Anticoagulants are not recommended for everyone, even if the source of the stroke is a clot, and are prescribed only for certain medical conditions. Because these medications lower your ability to form blood clots, you may be at risk for easy bruising and you may bleed more if you get a cut. You may be taking:

- Warfarin (Coumadin)
- Dabigatran (Pradaxa)
- Rivaroxaban (Xarelto)
- Other: _____

WORKBOOK

We've created helpful tools to help guide you on your road to recovery. Please fill out the pages in this workbook, as appropriate, to help you keep track of your progress.

MY DOCTORS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

Go to www.uch.edu/stroke to download more copies of this form

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

SPECIALTY

PROVIDER NAME | PHONE

ADDRESS

MEDICATIONS & PHARMACY

PHARMACY	PHONE
ADDRESS	

MAIL ORDER PHARMACY	PHONE
ADDRESS	

MEDICATION	
PRESCRIBED BY	
REASON FOR TAKING	
DATE STARTED	DOSAGE
A.M. / P.M.	

MEDICATION	
PRESCRIBED BY	
REASON FOR TAKING	
DATE STARTED	DOSAGE
A.M. / P.M.	

MEDICATION	
PRESCRIBED BY	
REASON FOR TAKING	
DATE STARTED	DOSAGE
A.M. / P.M.	

MEDICATION	
PRESCRIBED BY	
REASON FOR TAKING	
DATE STARTED	DOSAGE
A.M. / P.M.	

MEDICATION	
PRESCRIBED BY	
REASON FOR TAKING	
DATE STARTED	DOSAGE
A.M. / P.M.	

MEDICATION	
PRESCRIBED BY	
REASON FOR TAKING	
DATE STARTED	DOSAGE
A.M. / P.M.	

MEDICATION	
PRESCRIBED BY	
REASON FOR TAKING	
DATE STARTED	DOSAGE
A.M. / P.M.	

MEDICATION	
PRESCRIBED BY	
REASON FOR TAKING	
DATE STARTED	DOSAGE
A.M. / P.M.	

Go to www.uch.edu/stroke to download more copies of this form

MEDICATION

PRESCRIBED BY

REASON FOR TAKING

DATE STARTED | DOSAGE

A.M. / P.M.

MEDICATION

PRESCRIBED BY

REASON FOR TAKING

DATE STARTED | DOSAGE

A.M. / P.M.

MEDICATION

PRESCRIBED BY

REASON FOR TAKING

DATE STARTED | DOSAGE

A.M. / P.M.

MEDICATION

PRESCRIBED BY

REASON FOR TAKING

DATE STARTED | DOSAGE

A.M. / P.M.

MEDICATION

PRESCRIBED BY

REASON FOR TAKING

DATE STARTED | DOSAGE

A.M. / P.M.

MEDICATION

PRESCRIBED BY

REASON FOR TAKING

DATE STARTED | DOSAGE

A.M. / P.M.

MEDICATION

PRESCRIBED BY

REASON FOR TAKING

DATE STARTED | DOSAGE

A.M. / P.M.

MEDICATION

PRESCRIBED BY

REASON FOR TAKING

DATE STARTED | DOSAGE

A.M. / P.M.

MEDICATION

PRESCRIBED BY

REASON FOR TAKING

DATE STARTED | DOSAGE

A.M. / P.M.

MEDICATION

PRESCRIBED BY

REASON FOR TAKING

DATE STARTED | DOSAGE

A.M. / P.M.

○ Need to schedule
○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

○ Need to schedule
○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

○ Need to schedule
○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

○ Need to schedule
○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

○ Need to schedule
○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

○ Need to schedule
○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

○ Need to schedule
○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

○ Need to schedule
○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

Go to www.uch.edu/stroke to download more copies of this form

- ○ Need to schedule
- ○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

- ○ Need to schedule
- ○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

- ○ Need to schedule
- ○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

- ○ Need to schedule
- ○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

- ○ Need to schedule
- ○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

- ○ Need to schedule
- ○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

- ○ Need to schedule
- ○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

- ○ Need to schedule
- ○ Scheduled

APPOINTMENT FOR	DATE/TIME
PHYSICIAN	PHONE
ADDRESS	

BLOOD PRESSURE LOG

Date	Time (am)	Blood Pressure	Time (pm)	Blood Pressure	Comments
11/20/13	9:00	125/72	7:30	145/80	stressful day at work

Date	Time (am)	Blood Pressure	Time (pm)	Blood Pressure	Comments

My QUIT date is _____

I will try using *medication (patch, gum, pills)* to help me quit. My plan is _____

_____

I will try using *behavioral therapy* to help me quit. My plan is _____

_____

I will try using *counseling* to help me quit. My plan is _____

_____

My quit plan is: _____

_____

_____

Barriers to quitting:	What I can do instead:
I need to calm down when I am stressed.	I will go for a walk when I am stressed; walking helps to distract me when I am stressed.

Benefits of Quitting Timeline

sponsored by the American Lung Association

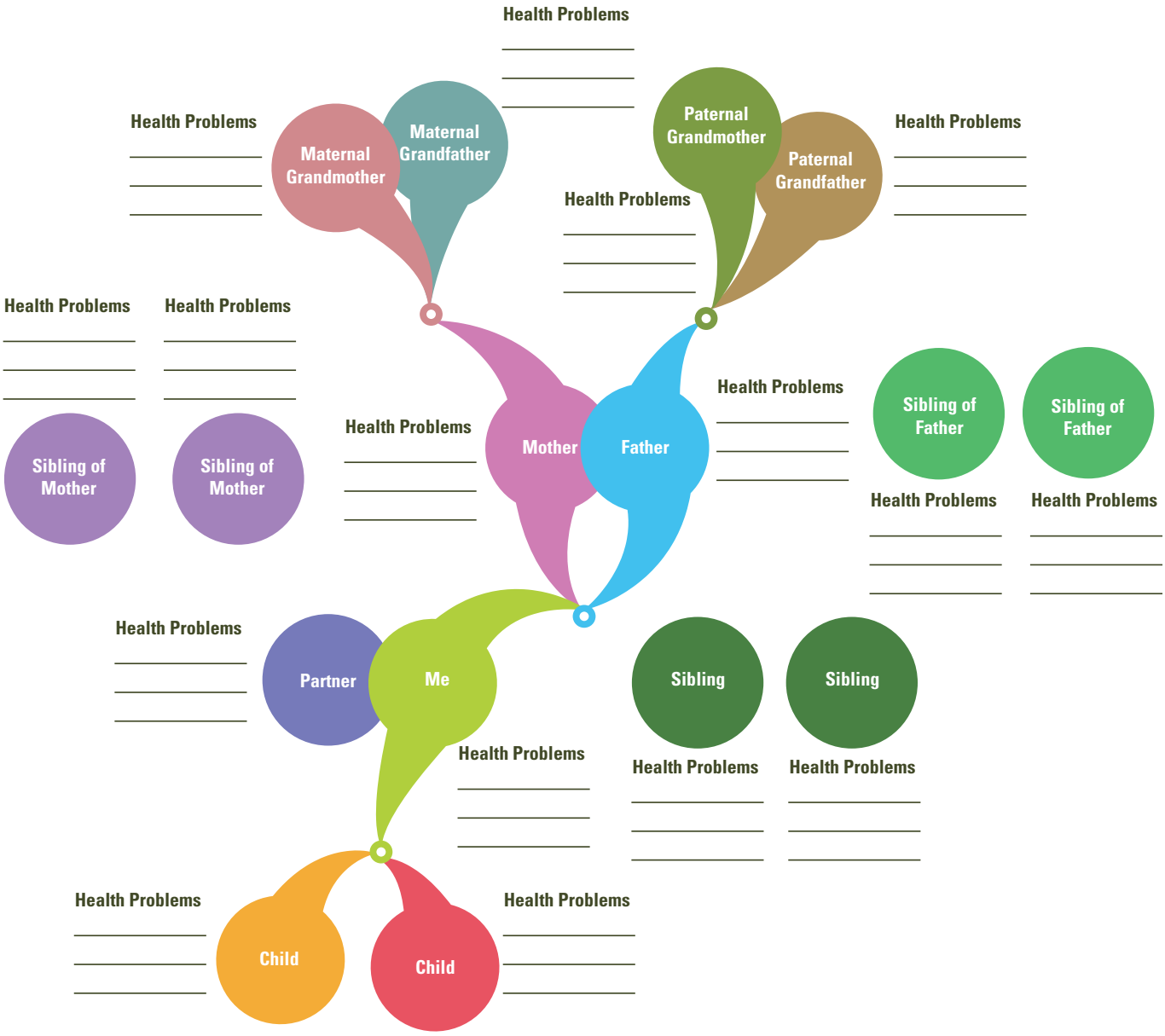
How far can you make it? Mark your progress along the way!

Resources to help you quit:

- University of Colorado Smoking Cessation Program: 303-724-7848
- Colorado Quit Line: http://www.co.quitnet.com/ or call 1-800-639-QUIT (1-800-639-7848)
- Nicotine Anonymous: http://www.nicotine-anonymous.org/ or call 1-877-TRY-NICA (1-877-879-6422)
- Freedom From Smoking online program: http://www.ffsonline.org/ sponsored by American Lung Association: http://www.lung.org/stop-smoking/ or call 1-800-LUNGUSA (1-800-586-4872)

FAMILY TREE

For each family member, write their medical problems below their name.
Here is a sample of a family tree.



BLOOD SUGAR

My goal A1C level is <7%. My current A1C level is _____%.

What times of the day do you usually check your blood glucose levels? _____

_____

- If you have diabetes, your goal fasting blood glucose level ranges between 70-130 mg/dL. Your goal post-meal blood glucose level is < 180 mg/dL.

  My blood glucose levels are usually around _____mg/dL (fasting) in the morning, and _____mg/dL after meals.

- If you do not have diabetes, your goal fasting blood glucose level is < 100 mg/dL. Your goal post-meal blood glucose level is < 140 mg/dL.

  My blood glucose levels are usually around _____mg/dL (fasting) in the morning, and _____mg/dL after meals.

CHOLESTEROL RECORD

- A low fat and high in fiber diet and exercise can help lower the "bad" and raise the "good" cholesterol.
- **My total cholesterol level is _____ mg/dL.**
  Your goal total cholesterol level is < 200 mg/dL.
- **My LDL level is _____mg/dL.**
  Your goal LDL level is < 100 mg/dL.
  If you have diabetes, your goal LDL level is < 70 mg/dL.
- **My HDL level is _____mg/dL.**
  Your goal HDL level is > 60 mg/dL.

My current weight is _____ pounds.

My current BMI is _____.

My goal BMI is less than 25.

My weight loss plan is: _____

_____

_____

_____

Please select some of the options below you would like to try, or fill in some of your own:

- ○ Brisk walking (you can find walking clubs online)
- ○ Gardening
- ○ Stretching and yoga
- ○ Bicycling
- ○ Mowing the lawn
- ○ Golf
- ○ Tennis
- ○ Water aerobics/swimming
- ○ Weight lifting
- ○ Taking the stairs instead of the elevator
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

UNIVERSITY of COLORADO HEALTH