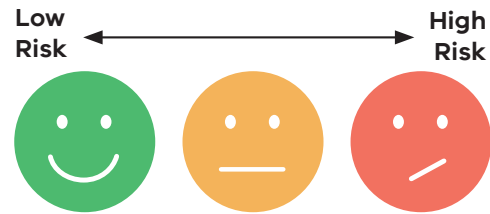


Now you have your score there are things you can do

So what next?

You should visit your GP if you are in the red zone.

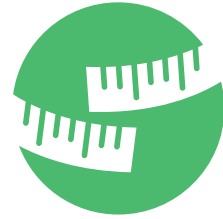
Diabetes risk score	Below 6	Between 6-11	12 and over
Heart, Stroke, Kidney score	All 'no' answers		Answered 'yes'
45 years old or older (35 years for Aboriginal or Torres Strait Islander people)	No		Yes



See next page to for tips to help reduce your risk.

Things you can do today to help reduce your risk

Be a healthy weight



Move more sit less – be active everyday



Eat a variety of healthy foods each day



Quit smoking



Further information

Find out more on how to keep your disease risk low by visiting the [Better Health Channel](http://betterhealth.vic.gov.au) on betterhealth.vic.gov.au



For local programs to support you

Speak to your GP

Or visit

Latrobe Community Health Service
Telephone: **1800 242 696**

Service details

This Health Check is also available on betterhealth.vic.gov.au/healthcheck

To receive this publication in an accessible format phone 9096 9407, using the National Relay Service 13 36 77 if required.

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Do your health check

Take the first step to a healthier life



This Health Check is also available on betterhealth.vic.gov.au/healthcheck



Begin your health check

These questions will help you find out if you are at risk of getting diabetes, heart disease, kidney disease or having a stroke in the future.

Tick your answers, add up your score and turn over for more.



Your information

What is your age group?

- a) Under 35 years 0 points
- b) 35 – 44 years 2 points
- c) 45 – 54 years 4 points
- d) 55 – 64 years 6 points
- e) 65 years or over 8 points

What was your sex at birth?

- a) Female 0 points
- b) Male 3 points

Are you of Aboriginal, Torres Strait Islander, Pacific Islander or Maori descent?

- No 0 points
- Yes 2 points

Where were you born?

- Australia 0 points
- Asia (including the Indian sub-continent) 2 points
- Middle East 2 points
- North Africa 2 points
- Southern Europe 2 points
- Other 0 points

Sub total 1

Do you currently smoke cigarettes or any other tobacco products?

- I don't smoke at all 0 points
- Yes 2 points

How often do you eat vegetables or fruit?

- Every day 0 points
- Not every day 1 point

On average, would you say you do at least 2.5 hours of physical activity per week (for example, 30 minutes a day on 5 or more days a week)?

- Yes 0 points
- No 2 points

Please select your waist measurement range for your gender.

Your waist measurement taken below the ribs (usually at the level of the navel, and while standing).

For those of Asian or Aboriginal or Torres Strait Islander descent:

Men	Women	
< 90 cm XS-S	< 80 cm Size 8	<input type="checkbox"/> 0 points
90-100 cm M-L	80-90 cm Size 10-12	<input type="checkbox"/> 4 points
> 100 cm XL+	> 90 cm Size 14+	<input type="checkbox"/> 7 points

For everyone else:

Men	Women	
< 102 cm XS-L	< 88 cm Size 8 - 12	<input type="checkbox"/> 0 points
102-110 cm XL	88-100 cm Size 14-16	<input type="checkbox"/> 4 points
> 110 cm 7XL	> 100 cm Size 18+	<input type="checkbox"/> 7 points

Sub total 2

Diabetes check



Have either of your parents, or any of your brothers or sisters been diagnosed with diabetes (type 1 or type 2)?

- No 0 points
- Yes 3 points

Have you ever been found to have high blood glucose (sugar) (for example, in a health examination, during an illness, during pregnancy)?

- No 0 points
- Yes 6 points

Are you currently taking medication for high blood pressure?

- No 0 points
- Yes 2 points

Sub total 3

Total

Add up the points in **Sub totals 1, 2 and 3.** Insert total amount of points in the **Total** box below.

Your diabetes risk score.



Heart, Stroke and Kidney check

Has your dad or brother had a heart attack before the age of 55 or your mother or sister had a heart attack before the age of 65?

- No
- Yes

Have you ever been told you have high cholesterol or are you taking tablets for high cholesterol?

- No
- Yes

Multiple choice questions

Have you been told by a doctor that you have or have had...

A stroke

- No
- Yes

Heart disease (for example, heart attack)

- No
- Yes

High blood pressure

- No
- Yes

Kidney disease

- No
- Yes

Have you ever been treated for kidney disease?

- No
- Yes

Have either of your parents, or any of your brothers or sisters been diagnosed with kidney disease?

- No
- Yes