

# Prevention of Cardiovascular Diseases

Heart Disease &  
Stroke Prevention

Division of Chronic Disease  
Prevention and Control  
www.vdh.virginia.gov



## FAST FACTS

VDH VIRGINIA  
DEPARTMENT  
OF HEALTH  
Protecting You and Your Environment  
www.vdh.virginia.gov

### *You Can Take Steps To Increase Your Physical Activity*

- **If you are not active right now, you need to start your physical activity program by walking at a moderate pace, or mowing the grass, or going up one flight of steps several times a day for a short amount of time. Then build up to walking for 10 minutes three times a day. Your goal is to work up to 30 total minutes a day, most days of the week.**
- **If you are physically active, you can start your program by walking for 10 minutes three times a day. Slowly build up to a total of 30 minutes, most days of the week.**
- **Improve the strength of your muscles and make your joints more flexible. Hold hand weights or two unopened eight ounce cans and bend and straighten your wrists and arms while watching television. Stretch your muscles by sitting in a chair or on the floor and reaching for your toes.**
- **If you are a man over age 40 or a woman over age 50, talk to your doctor before you start a physical activity program.**
- **If you have a chronic disease such as heart disease, diabetes, high blood pressure, or obesity; talk to your doctor before starting a physical activity program.**
- **“Bones and muscles age more from lack of use, than lack of youth.”**



**YOU CAN TAKE STEPS TO INCREASE YOUR PHYSICAL ACTIVITY LEVEL**

My physical activity level today was \_\_\_\_\_ .

My goal physical activity level is \_\_\_\_\_ .

I promise to work on the following changes everyday before my next appointment.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

My next appointment is: \_\_\_\_\_

Date

Time

**Physical Activity Guidelines** (How to determine active, somewhat active, non-active)\*

During the past month, did you participate in any physical activity or exercise such as running, biking, golf, gardening, or walking?  Yes  No

What type of physical activity or exercise did you spend the most time doing during the past month?

Activity (Specify) \_\_\_\_\_

How hard are you doing your physical activity or exercise?

Light  Somewhat Hard  Hard

How many days per week did you take part in these activities during the past month?

Days per week \_\_\_\_\_ Do not know, not sure \_\_\_\_\_

And when you took part in these activities, for how many minutes per day did you usually keep at it?

\_\_\_\_\_

**Active = exercise done for 20 or more minutes at the Hard level 3 or more times a week OR 30 or more minutes at the Somewhat Hard level at least 5 times a week.**

**Somewhat Active = exercise done for less than 20 minutes OR less than 3 times a week.**

**Not Active = Answered "No" to the first question.**

\*Behavioral Risk Factor Surveillance System