

My Goals for Managing My High Cholesterol

My Cholesterol Numbers Are:

Total cholesterol

Goal: Below 200 mg/dL

My number: _____

LDL cholesterol

Goal: Below 100 mg/dL (without heart disease);
below 70 mg/dL (with heart disease)

My number: _____

HDL cholesterol

Goal: 60 mg/dL or above

My number: _____

Triglycerides

Goal: Below 150 mg/dL

My number: _____

My High Cholesterol Concerns:

(Circle Yes or No.)

High blood pressure	Y	N
Diabetes	Y	N
Tingling in hands or feet	Y	N
Shortness of breath	Y	N
Muscle soreness	Y	N
Increase or decrease in urinating frequency	Y	N
Chest pain	Y	N

5 Questions I Want To Ask My Doctor:

1. How long before this new medication starts to work?

2. What are signs that my treatment isn't as effective as it should be?

3. What are my other treatment options?

4. Are there side effects that come with this medication?

5. What are some other ways I can help manage my high cholesterol?

Medication Tracker:

Statin: _____

Started taking on this date: _____

Bile acid sequestrant: _____

Started taking on this date: _____

Cholesterol absorption inhibitor: _____

Started taking on this date: _____

PCSK9 inhibitor: _____

Started taking on this date: _____

Small interfering RNA therapy: _____

Started taking on this date: _____

Exercise & Diet Check-In

Number of times I exercise a week: _____

Favorite activity: _____

How many minutes I do it for: _____

Number of fresh fruits or
vegetables I eat a day: _____

Type of oil I cook with: _____

My weight in pounds: _____

My goal weight: _____