

The Healthy Heart Miracle



Worksheets

For more information refer to *The Healthy Heart Miracle* by Dr. Gabe Mirkin.
Available at bookstores everywhere and at Amazon.com. ISBN 0-06-019680-7



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BEFORE AND AFTER PROGRESS WORKSHEET

NOTE: *Shaded boxes indicate that following tests or measurements do not need to be taken.*

	My Target	Week 1	Week 3	Week 8	Follow-up (6 months or 1 year)
Weight					
BMI	Under 25 See page 10		n/a		
Waist/Hip	See page 11		n/a		
Inch of Pinch	Under 1" See page 12		n/a		
Blood Pressure	120/80 or lower See page 27				
Total Cholesterol	See page 24				
LDL	See page 24				
HDL	See page 24				
Triglycerides	150 or lower See page 26				
HBA1C	6.1 or lower See page 29		n/a	Recheck if abnormal	Recheck if abnormal
CRP	Negative See page 29		n/a	Recheck if abnormal	Recheck if abnormal
Homocysteine	40 or lower See page 31		n/a	Recheck if abnormal	Recheck if abnormal
Lp(a)	Negative See page 31		n/a	Recheck if abnormal	Recheck if abnormal

NOTE: *Lab values can vary. Your lab report will show the normal range for each test used by that lab. Check with your doctor for an explanation and retesting recommendations.*

To download this form, go to www.healthyheartmiracle.com

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Choosing an Activity for Fitness

ACTIVITY _____ (see page 33 for list)

Make several copies of this worksheet and fill them out for each sport or activity you are considering. Tally your answers and you will see which ones fit you!

Skill Level

- | | |
|---|---|
| 3 <input type="checkbox"/> Easy, no skill needed. | 1 <input type="checkbox"/> Need to learn new skill. |
| 3 <input type="checkbox"/> Requires skill, but I already know how. | 0 <input type="checkbox"/> Too risky or too hard for me. |

Convenience

- | | |
|---|--|
| 3 <input type="checkbox"/> I can do this at home. | 1 <input type="checkbox"/> I would need to travel to do this. |
| 2 <input type="checkbox"/> I could do this nearby or in a convenient location. | 0 <input type="checkbox"/> This would be too inconvenient for me to consider. |

Equipment Needed

- | | |
|---|--|
| 3 <input type="checkbox"/> Need no equipment. | 1 <input type="checkbox"/> Expensive, but I think it could be worth fitting into my budget. |
| 2 <input type="checkbox"/> Need equipment, but it's inexpensive; I can buy it used or borrow it. | 0 <input type="checkbox"/> I could never afford this. |

Enjoyment

- | | |
|---|---|
| 3 <input type="checkbox"/> I think this would be a lot of fun. | 1 <input type="checkbox"/> This activity doesn't appeal to me. |
| 2 <input type="checkbox"/> I might learn to like it. | 0 <input type="checkbox"/> I can't think of anything I'd rather do less. |

Social Potential

- | | |
|---|---|
| 3 <input type="checkbox"/> I have a friend or group I could join to begin this right away. | 1 <input type="checkbox"/> I would do this only by myself. |
| 2 <input type="checkbox"/> I would enjoy finding and meeting other people who do this. | 0 <input type="checkbox"/> I would not enjoy the kind of people who do this. |

Improvement Potential

- | | |
|--|---|
| 3 <input type="checkbox"/> I could start doing this now and grow with it. It's a good sport for novices and experts. | 1 <input type="checkbox"/> It's not a starter sport for me, but I could work on it and enjoy it later. |
| 2 <input type="checkbox"/> It's easy to start with some room to improve but not much of a challenge (e.g., exercise machine). | 0 <input type="checkbox"/> I don't fit into this picture. |

Season/Weather

- | | |
|---|---|
| 3 <input type="checkbox"/> Year-round | 1 <input type="checkbox"/> I could do this only a few weeks or months per year (e.g., cross-country skiing). |
| 2 <input type="checkbox"/> I can't do this in bad weather, but I have an indoor backup plan (e.g., walking in a mall). | 0 <input type="checkbox"/> This sport can't be done in my climate or location. |

My Preference

- | | |
|--|---|
| 3 <input type="checkbox"/> Yes, this is definitely my choice. | 1 <input type="checkbox"/> No. I might consider this later, but not for now. |
| 2 <input type="checkbox"/> Maybe I'll put this activity on my short list. | 0 <input type="checkbox"/> No way. I would never do this. |

My total score for this activity is _____
17–23 Close to perfect for me **10–16 This has potential**
4–9 Maybe later **0–3 Not for me**

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DASH PLUS FITNESS LOG

Instructions

Use your Fitness Log to note each day's activities as you build your exercise program: what you did, length of time, distance, level of effort, how you felt, and any other helpful information.

You can use copies of this page or use any datebook or notebook. (See below)

If you are starting a new exercise program

- Get doctor's permission
- Complete Self-Assessment (page 15)
- Record physical activity every day
- Check local gyms, classes, etc.
- Complete exercise selection checklist (page 251)

Week _____

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

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DASH PLUS FOOD LOG

Instructions

Use your Food Log to note new recipes you tried that day, changes you made, foods you liked or didn't like, how you felt, shopping reminders, and any other helpful information.

You can use copies of this page or use any datebook or notebook.

Week _____

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

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