



Know Your Numbers

Name _____

Date _____

Your Numbers:

Recommended Numbers:

HDL _____

HDL **40 mg/dL or higher** _____

LDL _____

LDL **less than 100 mg/dL** _____

Triglycerides _____

Triglycerides **less than 150 mg/dL** _____

Blood Pressure _____ / _____

Blood Pressure **130 / 80 or less** _____

Weight _____

Weight _____

BMI _____

BMI **18.5–24.9 desired** _____

HbA1C _____

HbA1C **less than 7** _____