Lipid Lab Log and Risk Worksheet

This page holds your lab results and your risk numbers in one place. Bring it, or your patient portal, to every visit.

Why I'm doing this: _____

My changes so far (from Chapter 27): _____

My goals, set with my doctor: LDL under _____ mg/dL Non-HDL under _____ mg/dL ApoB under _____ mg/dL (if your doctor uses one; Chapter 4)

My next panel is due: _____

Before each panel

- **Use the same lab each time,** at about the same time of day.
- **Fast or don't fast, but do it the same way each time.** Most people don't need to fast, unless your doctor asks you to (Chapter 2).
- **Pick a normal week.** Not during an illness, right after a heavy drinking stretch or a run of holiday meals, or while your weight is still dropping fast.
- **Write down what's different,** such as a new medicine, a recent cold, or a change you made.

Your lab log

Date	Lab	Fasting? (Y/N)	Total	LDL (equation, if named)	HDL	Triglycerides	Non-HDL (total minus HDL)	ApoB (if done)	Notes (what I changed, illness, weight, medicines)

All numbers in mg/dL. **Work out your non-HDL yourself:** total cholesterol minus HDL. It needs no formula and barely moves with meals, so it's a good number for comparing one panel with the next.

Lp(a), once: Date _____ Result _____ Unit (circle one): **mg/dL** or **nmol/L**

Write the unit exactly as your report prints it. The two units don't convert with a simple formula (Appendix C).

Reading the log. Compare panels taken the same way, not single numbers. LDL can swing about 10% between two tests with nothing changed, so by my arithmetic a change under about 20% to 25% between

two single tests may be noise, and averaging two panels before and two after brings that to about 15% to 20% (Chapter 2). A change that holds over two rechecks is the one to trust. After a change in treatment, the guideline checks a panel 4 to 12 weeks later, then every 6 to 12 months, and once a year when things are stable (Chapter 2).

Your risk worksheet (PREVENT)

The AHA's free PREVENT calculator estimates your chance of a heart attack or stroke over the next 10 years, and over 30 years if you're 30 to 59 (Chapter 4). Fill in these numbers before your visit.

Don't use this calculator if you already have heart disease or have had a stroke, have FH or another known disease-causing gene variant, have a coronary calcium score of 300 or more, have end-stage kidney disease, or are outside ages 30 to 79.

What the calculator asks	My number now	My number before a statin, if I take one (my approach; your doctor may do it differently)
Sex		
Age		
Top blood pressure number (systolic)		
Total cholesterol (mg/dL)		
HDL cholesterol (mg/dL)		
eGFR (kidney function, from a routine metabolic panel)		
BMI (body mass index)		
Diabetes (yes or no)		
Currently smoke (any cigarette in the last 30 days)		
Take a statin (yes or no)		
Take a blood pressure medicine (yes or no)		
Optional: urine albumin-to-creatinine ratio (mg/g)		
Optional: A1c (%)		
Optional: ZIP code		

If you take a statin, run it once with your current numbers and once with your numbers from before the statin, and bring both. The calculator can't tell how much the pill is already doing (Chapter 4). If you don't have your pre-statin numbers, ask the office to look in your chart or old portal results; if they can't be found, your doctor can estimate them or decide from your history.

My results:

- 10-year ASCVD risk (heart attack and stroke): _____% *(This is the one the guideline uses for cholesterol decisions; the page opens on total CVD.)*
- 30-year ASCVD risk (ages 30 to 59): _____%

Where it falls in the 2026 US guideline: under 3% low · 3% to under 5% borderline · 5% to under 10% intermediate · 10% or higher high.

Things the calculator doesn't count (check any that apply and bring them up):

- ☐ A parent, brother or sister with heart disease or a stroke early (a man before 55, a woman before 65). Parent's or sibling's age at their heart attack or stroke: _____ (write the exact age)
- ☐ South Asian or Filipino ancestry
- ☐ Lupus, rheumatoid arthritis, severe psoriasis or another long-term inflammatory disease
- ☐ Preeclampsia, gestational diabetes, high blood pressure in pregnancy, a preterm delivery or early menopause
- ☐ Lp(a) of 50 mg/dL (125 nmol/L) or higher
- ☐ Triglycerides that stay at 175 or higher (nonfasting) or 150 or higher (fasting)
- ☐ LDL that stays at 160 to 189, non-HDL that stays at 190 to 219, or apoB of 120 or higher
- ☐ hs-CRP of 2 mg/L or higher on more than one test

Questions for my doctor: _____

Call your doctor's office within a few days about triglycerides of 500 mg/dL or higher, the same day at 1,000 or higher, and make an appointment about an LDL of 190 or higher (Chapter 5). Pain in the upper belly that spreads to your back needs care right away, and chest pain or pressure, or signs of a stroke, mean 911 (Chapter 5). Never start, stop or change a cholesterol medicine because of this page or a calculator result.

Units

US labs report cholesterol and triglycerides in mg/dL. Most of the rest of the world, and many of the big trials, use mmol/L. Use this page when you read a study, a foreign lab report or a guideline from another country.

- **Total, LDL, HDL and non-HDL cholesterol:** mmol/L = mg/dL ÷ 38.67, and mg/dL = mmol/L × 38.67. In this book, "per 39 mg/dL" means per 1 mmol/L. The 2018 US cholesterol guideline rounded the factor to 38.6.
- **Triglycerides:** a different factor, because triglycerides and cholesterol have different molecular weights. mmol/L = mg/dL ÷ 88.6.
- **ApoB:** g/L × 100 = mg/dL. An apoB of 1.2 g/L is 120 mg/dL.
- **Lp(a): no conversion.** Read the warning below.

mg/dL	Cholesterol (LDL, HDL, total, non-HDL), mmol/L	Triglycerides, mmol/L
40	1.0	
55	1.4	
70	1.8	
100	2.6	
130	3.4	
150		1.7
160	4.1	
175		2.0
190	4.9	
200		2.3
500		5.6
1,000		11.3

Most paired values above are the ones the 2026 US guideline prints. I worked out the rows for 40 and 200 with the same factors.

> **Lp(a) warning: no conversion.** Lp(a) comes in mg/dL or nmol/L, and no single factor converts one to the other (Chapter 3). Write the unit exactly as your report prints it, and if you switch labs, ask whether the new one uses the same unit.