

Stroke Risk Scorecard

Each box that applies to you equals 1 point. Total your score at the bottom of each column and compare with the stroke risk levels on the back.

RISK FACTOR	HIGH RISK	CAUTION	LOW RISK
Blood Pressure	■ 130/≥80 or unknown	□ 120-129/<80	■ <120/<80
Atrial Fibrillation	Irregular heartbeat	🗌 l don't know	Regular heartbeat
Smoking	Smoker	Trying to quit	Nonsmoker
Cholesterol	>240 or unknown	200-239	<200
Diabetes	Yes	Borderline	No
Physical Activity	None None	□ 1-2 times a week	■ 3-4 times a week
Weight	Overweight	Slightly overweight	Healthy weight
Stroke in Family	Yes	Not sure	No
TOTAL SCORE	High Risk	Caution	Low Risk

Risk Scorecard Results

Stepped

stroke prevention plan. Make an appointment today. High Risk > 3: Talk to your healthcare provider immediately and ask about a

risk for stroke. Take control now and work towards reducing your risk. Caution 4-6: You have several risks that if elevated will place you at a higher

informed about your numbers. Get tips at www.stroke.org. Low Risk 6-8: You're doing well at controlling stroke risk! Continue to stay

reduce your risk of stroke. Ask your healthcare professional how to

To reduce your risk:

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Know your blood pressure.

2. Find out whether you have atrial fibrillation.

3. If you smoke, stop.

4. Find out if you have high cholesterol.

control your diabetes. 5. If diabetic, follow recommendations to

6. Include exercise in your daily routine.

7. Enjoy a lower-sodium (salt), lower-fat diet.

Use FAST to remember warning signs of stroke:

Side of the face droop? FACE: Ask the person to smile. Does one

ARMS: Ask the person to raise both arms.

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phrase. Is their speech slurred or strange? SPEECH: Ask the person to repeat a simple

.vləfeibəmmi **Г-Г-**9 ll**6**3 TIME: If you observe any of these signs,

1-800-STROKES (787-6537) • www.stroke.org