

# What's Your Stroke Risk?

RISK FACTOR	HIGH RISK	CAUTION	LOW RISK
<b>Blood Pressure</b>	<input type="checkbox"/> > 140/90 or I don't know	<input type="checkbox"/> 120-139/80-89	<input type="checkbox"/> <120/80
<b>Atrial Fibrillation</b>	<input type="checkbox"/> Irregular heartbeat	<input type="checkbox"/> I don't know	<input type="checkbox"/> Regular heartbeat
<b>Smoking</b>	<input type="checkbox"/> Smoker	<input type="checkbox"/> Trying to quit	<input type="checkbox"/> Nonsmoker
<b>Cholesterol</b>	<input type="checkbox"/> > 240 or unknown	<input type="checkbox"/> 200-239	<input type="checkbox"/> <200
<b>Diabetes</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Borderline	<input type="checkbox"/> No
<b>Physical Activity</b>	<input type="checkbox"/> None	<input type="checkbox"/> 1-2 times a week	<input type="checkbox"/> 3-4 times a week
<b>Weight</b>	<input type="checkbox"/> Overweight	<input type="checkbox"/> Slightly overweight	<input type="checkbox"/> Healthy weight
<b>Stroke in Family</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure	<input type="checkbox"/> No
<b>TOTAL SCORE</b>	<input type="checkbox"/> HIGH RISK	<input type="checkbox"/> CAUTION	<input type="checkbox"/> LOW RISK



**HIGH RISK  $\geq 3$ :** Talk to your healthcare provider immediately and ask about a stroke prevention plan. Make an appointment today.



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



**LOW RISK 6-8:** You're doing well at controlling stroke risk! Continue to stay informed about your numbers.

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