



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	<input type="checkbox"/> 130/≥80 or unknown	<input type="checkbox"/> 120-129/<80	<input type="checkbox"/> <120/<80
Atrial Fibrillation	<input type="checkbox"/> Irregular heartbeat	<input type="checkbox"/> I don't know	<input type="checkbox"/> Regular heartbeat
Smoking	<input type="checkbox"/> Smoker	<input type="checkbox"/> Trying to quit	<input type="checkbox"/> Nonsmoker
Cholesterol	<input type="checkbox"/> >240 or unknown	<input type="checkbox"/> 200-239	<input type="checkbox"/> <200
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Borderline	<input type="checkbox"/> No
Physical Activity	<input type="checkbox"/> None	<input type="checkbox"/> 1-2 times a week	<input type="checkbox"/> 3-4 times a week
Weight	<input type="checkbox"/> Overweight	<input type="checkbox"/> Slightly overweight	<input type="checkbox"/> Healthy weight
Stroke in Family	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure	<input type="checkbox"/> No
TOTAL SCORE	<input type="checkbox"/> High Risk	<input type="checkbox"/> Caution	<input type="checkbox"/> Low Risk

Stroke Awareness 2022

I will not have a stroke

1. What is your overall risk level?

HIGH: 3 or more high risk factors

CAUTION: 4-6 Caution risk factors

LOW: 6-8 Low risk factors

2. If you are interested in actively reducing your risk of stroke over the next year, please select one or more areas you'd like to address:

Blood pressure

Smoking

Cholesterol

Diabetes

Physical activity

Weight

None – I am satisfied with my current stroke level

Other _____

3. What do you plan to do to meet your goal(s)?

Exercise

Eat healthier

Stop smoking

Check my blood pressure

Check my cholesterol level

Check my blood sugar level

None – I am satisfied with my current stroke risk level

4. If you would like to receive quarterly DOH emails on stroke news please share your email address:

Participant _____

Date _____



Risk Scorecard Results



High Risk ≥ 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. Get tips at www.stroke.org.

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

To reduce your risk:

1. 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.
5. If diabetic, follow recommendations to control your diabetes.
6. Include exercise in your daily routine.
7. Enjoy a lower-sodium (salt), lower-fat diet.

Use FAST to remember warning signs of stroke:



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



ARMS: Ask the person to raise both arms. Does one arm drift downward?



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



TIME: If you observe any of these signs, **call 9-1-1 immediately.**

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