

# Stroke Risk Scorecard

For each risk factor, check only one risk category that applies to you. Each check mark equals 1 point. Total your score at the bottom of each column and compare with the stroke risk levels below.

Risk Factor	Risk Category		
	High	Caution	Low
Blood Pressure	<input type="checkbox"/> > 140 / 90 or unknown	<input type="checkbox"/> 120-139/80-89	<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
Exercise	<input type="checkbox"/> Don't exercise regularly	<input type="checkbox"/> Exercise 1-2 days/week	<input type="checkbox"/> Exercise 3+ days/week
Diet – Fast Food Intake	<input type="checkbox"/> Weekly	<input type="checkbox"/> A couple times/month	<input type="checkbox"/> None or < once/month
Stroke in Family	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure	<input type="checkbox"/> No
<b>TOTAL SCORE</b>			

## Risk Scorecard Results



**High Risk 3 or more:** Talk to your doctor about helping you reduce your stroke risk.

**Caution 4-6:** A good start. Work on reducing risk.

**Low Risk 6-8:** You're doing very well at controlling stroke risk!

*Scorecard information from the National Stroke Association [www.stroke.org](http://www.stroke.org).*