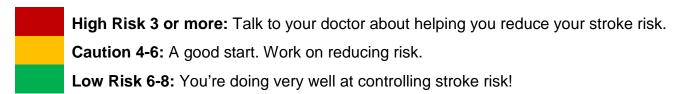
## Stroke Risk Scorecard

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	☐ > 140 / 90 or unknown	<u> </u>	☐ <120/80
Atrial Fibrillation	☐ Irregular heartbeat	☐ I don't know	Regular heartbeat
Smoking	☐ Smoker	☐ Trying to quit	Nonsmoker
Cholesterol	☐ >240 or unknown	<u> </u>	☐ <200
Diabetes	☐ Yes	☐ Borderline	□ No
Exercise	☐ Don't exercise regularly	Exercise 1-2 days/week	☐ Exercise 3+ days/week
Diet – Fast Food Intake	☐ Weekly	☐ A couple times/month	☐ None or < once/month
Stroke in Family	☐ Yes	☐ Not sure	□ No
TOTAL SCORE			

## **Risk Scorecard Results**



Scorecard information from the National Stroke Association www.stroke.org.

