




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 |
| TOTAL SCORE | | | |

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.