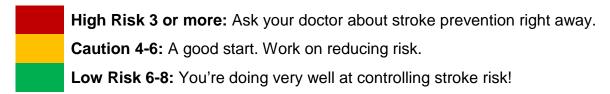
## Stroke Risk Scorecard

Check each box 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	High Risk	Caution	Low Risk
Blood Pressure	☐ > 140 / 90 or unknown	<u> </u>	<u> </u>
Atrial Fibrillation	☐ Irregular heartbeat	☐ I don't know	Regular heartbeat
Smoking	☐ Smoker	☐ Trying to quit	Nonsmoker
Cholesterol	☐ >240 or unknown	200-239	<u></u> <200
Diabetes	☐ Yes	Borderline	☐ No
Exercise	☐ Don't exercise	☐ Some exercise	Regular exercise
Diet	Overweight	☐ Slightly overweight	☐ Healthy weight
Stroke in Family	☐ Yes	☐ Not sure	☐ No
TOTAL SCORE			

## **Risk Scorecard Results**



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

