

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	■ >140/90 or unknown	□ 120-139/80-89	< 120/80
Atrial Fibrillation	☐ Irregular heartbeat	☐ I don't know	Regular heartbeat
Smoking	■ Smoker	☐ Trying to quit	■ Nonsmoker
Cholesterol	■ >240 or unknown	□ 200-239	< 200
Diabetes	■ Yes	☐ Borderline	■No
Exercise	■ Couch potato	☐ Some exercise	■ Regular exercise
Diet	■ Overweight	☐ Slightly overweight	■ Healthy weight
Stroke in Family	Yes	☐ Not sure	■No
TOTAL SCORE	High Risk	Caution	Low Risk



Risk Scorecard Results



High Risk ≥3: Ask about stroke prevention right away.



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



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

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.

Act FAST and CALL 9-1-1 IMMEDIATELY at any sign of a 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