




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 | <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 | <input type="checkbox"/> Some exercise | <input type="checkbox"/> Regular exercise |
| Diet | <input type="checkbox"/> Overweight | <input type="checkbox"/> Slightly overweight | <input type="checkbox"/> Healthy weight |
| 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:** Ask your doctor 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!

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