

Stroke Risk Scorecard

Each box that applies to you equals one point. Total your score on each column and compare with the stroke risk levels below.

Call 9-1-1 immediately if you experience stroke symptoms.

RISK FACTORS	HIGH RISK	CAUTION	LOW RISK
Blood Pressure	<input type="checkbox"/> 130/80 or higher (or unknown)	<input type="checkbox"/> 120-129/<80	<input type="checkbox"/> Lower than 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 higher (or unknown)	<input type="checkbox"/> 200-239	<input type="checkbox"/> Under 200
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Borderline	<input type="checkbox"/> No
Exercise	<input type="checkbox"/> Couch potato	<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	<input type="checkbox"/> HIGH RISK	<input type="checkbox"/> CAUTION	<input type="checkbox"/> LOW RISK
Assessment	If you scored 3 or more , ask your doctor about stroke prevention soon.	If you scored 4-6 , this is a good start. Work on reducing your risk.	If you scored 6-8 , you are doing very well at controlling stroke risk.

At the sign of a stroke, BE FAST.

B

BALANCE

Does the person have sudden loss of balance?

E

EYESIGHT

Does the person have blurred, double vision or no vision in one or both eyes?

F

FACE

Does the person's face look uneven? *Ask the person to smile.*

A

ARMS

Does one arm drift down? *Ask the person to raise both arms.*

S

SPEECH

Does the person have trouble speaking or seem confused?
Ask the person to repeat a simple phrase.

T

TIME

If you observe any of these signs, call 911!

Reduce your risk of stroke.

BLOOD PRESSURE Know your blood pressure. If it's high, work with your doctor to lower it.

ATRIAL FIBRILLATION Ask your doctor to check for atrial fibrillation.

CIGARETTE SMOKING If you smoke or use other forms of tobacco, stop!

DIABETES If you are diabetic, follow your doctor's recommendations carefully to control your diabetes.

POOR DIET Lower the sodium (salt) and fat in your diet.

PHYSICAL INACTIVITY Include exercise in your daily routine.

HIGH CHOLESTEROL Find out if you have high cholesterol. If so, work with your doctor to control it.

Talk to your doctor about lowering your risk of stroke.



**Lutheran
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