

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 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"/> 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



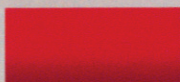
www.peninsulahomecare.com

Wicomico & Somerset Counties 410-543-7550

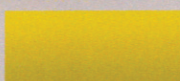
Worcester County 410-208-4828

Sussex County 302-629-4914

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:

F **FACE:** Ask the person to smile. Does one side of the face droop?

A **ARMS:** Ask the person to raise both arms. Does one arm drift downward?

S **SPEECH:** Ask the person to repeat a simple phrase. Is their speech slurred or strange?

T **TIME:** If you observe any of these signs, call 9-1-1 immediately.

1-800-STROKES (787-6537) • www.stroke.org