




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.