

## **STROKE RISK**SCORECARD

Add up your score at the bottom of each column and compare your total with the stroke risk levels below.

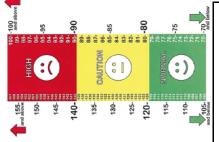
RISK FACTOR	HIGH RISK 🙁	+ 2	CAUTION :	+ 1	LOW RISK	
What is your age group?	≥65 years old		55-64 years old		<55 years old	0
What is your blood pressure? Today, my blood pressure is	Greater than 140/90 or I don't know		120-139/80-89		Less than 120/80	0
What is your cholesterol level?	High, but not taking a reducer or I don't know		High and taking a reducer		Not High	0
Do you have diabetes?	Yes		Borderline		No	0
Do you smoke?	I am a smoker		I'm actively trying to quit		I am a nonsmoker	0
Do you have an irregular heartbeat? (atrial fibrillation)	I have an irregular heartbeat		I don't know		My heartbeat is normal	0
Are you at a healthy weight?	My BMI is ≥ 30		My BMI is 25-29		My BMI is ≤ 24	0
Do you exercise?	I exercise rarely		I exercise sometimes		I exercise 3 times/week (Subtract one point)	
Do you or your family have a history of TIA/stroke?	Yes		Not sure		No	0
SCORES	SUBTOTAL:		+ SUBTOTAL:			
OVERALL RISK	Total Score: ≥ 7 = HIGH R  Talk to your doctor about stroke pred right away.		Total Score: 4-6 = CAUT You're off to a good start, but keep u on reducing your risk factors for stre	orking	Total Score: 0-3 = LOW  You're controlling your risk for st far.	

## YOUR HOME BLOOD PRESSURE LOG

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## <u>Instructions for self-measured blood pressure at home:</u>

- Rest for five minutes before taking blood pressure. Write any factors you feel may have affected your blood pressure in the comments section.  $\widehat{\mathbf{z}}$ 
  - Give these numbers to your doctor or clinical office staff in person. 3



COMMENTS																
HIGH • • • ≥140/90																
CAUTION 120-139/80-89																
NORMAL (••)																
DATE																







