




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: _____ + SUBTOTAL: _____ TOTAL SCORE _____		
OVERALL RISK	Total Score: ≥ 7 = HIGH RISK <i>Talk to your doctor about stroke prevention right away.</i>	Total Score: 4-6 = CAUTION <i>You're off to a good start, but keep working on reducing your risk factors for stroke.</i>	Total Score: 0-3 = LOW RISK <i>You're controlling your risk for stroke so far.</i>

Blood Pressure Locator Tool

[illegible]

- 1) Rest for five minutes before taking blood pressure.
- 2) Write any factors you feel may have affected your blood pressure in the comments section.
- 3) Give these numbers to your doctor or clinical office staff in person.

UK HealthCare **NORTON**
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STROKE CARE NETWORK