## 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 on the back.

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>HIGH RISK</th>
<th>CAUTION</th>
<th>LOW RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>&gt;140/90 or unknown</td>
<td>120-139/80-89</td>
<td>&lt;120/80</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>Irregular heartbeat</td>
<td>I don’t know</td>
<td>Regular heartbeat</td>
</tr>
<tr>
<td>Smoking</td>
<td>Smoker</td>
<td>Trying to quit</td>
<td>Nonsmoker</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>&gt;240 or unknown</td>
<td>200-239</td>
<td>&lt;200</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>Borderline</td>
<td>No</td>
</tr>
<tr>
<td>Exercise</td>
<td>Couch potato</td>
<td>Some exercise</td>
<td>Regular exercise</td>
</tr>
<tr>
<td>Diet</td>
<td>Overweight</td>
<td>Slightly overweight</td>
<td>Healthy weight</td>
</tr>
<tr>
<td>Stroke in Family</td>
<td>Yes</td>
<td>Not sure</td>
<td>No</td>
</tr>
<tr>
<td>TOTAL SCORE</td>
<td>High Risk</td>
<td>Caution</td>
<td>Low Risk</td>
</tr>
</tbody>
</table>

BAPTIST HEALTH

Stroke & Cerebrovascular Center

Changing Health Care for Good®
Risk Scorecard Results

Ask your health care 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.

Source: National Stroke Association

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!

BE FAST and CALL 911 IMMEDIATELY at any sign of a stroke:

B Balance: Is there a sudden loss of balance or coordination?
E Eyes: Is there persistent blurred vision and/or sudden trouble seeing?
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 911 immediately.

Call 904.202.CARE (2273) to find a Baptist Primary Care physician or neurologist.

baptistjax.com stroke.org