

# Stroke Risk Scorecard

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

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.



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. Eat a diet low in salt and animal fat.

Source: National Stroke Association

**High Risk  $\geq 3$ : 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