

Your Parkview Stroke Risk Scorecard*

Check the box on each horizontal line that applies to you. Total your score at the bottom of each column. Each box equals 1 point. Compare with the stroke risk key at right.

*Information from the National Stroke Association™

Risk Scorecard Key (Results)

3 or more points in the **High Risk** column?
Ask your physician about stroke prevention right away!

4 to 6 points in the **Caution** column?
Good start; keep reducing your risk.

6 to 8 points in the **Low Risk** column?
Great! You're controlling your stroke risk.

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
Family stroke history	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure	<input type="checkbox"/> No
Totals			