

Stroke Risk Quiz



Together to End Stroke™

Directions:

1. For each risk factor, select the box (higher risk or lower risk) that applies to you. Select only one box per risk factor.
2. Enter a 1 on the blank line next to each checked box.
3. Add up your total for each vertical column.

Risk Factors*	Higher Risk	Lower Risk
Is your blood pressure greater than 120/80 mm/Hg?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Have you been diagnosed with atrial fibrillation?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Is your fasting blood sugar greater than 100 mg/dL?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Is your body mass index greater than 25kg/m ² ?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Is your diet high in saturated fat, trans fat, sweetened beverages, salt, excess calories?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Is your total blood cholesterol greater than 180 mg/dL?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Have you been diagnosed with diabetes mellitus?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Do you participate in 40 minutes of moderate to vigorous physical activity 3-4 days a week?	<input type="checkbox"/> No or Unknown _____	<input type="checkbox"/> Yes _____
Do you have a family history of stroke?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Do you smoke?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
TOTAL SCORE (add your points for each column)	_____	_____

Stroke Risk Results

*Some stroke risk factors cannot be changed such as age, family history, race, gender, and prior stroke.

**Higher
Risk**

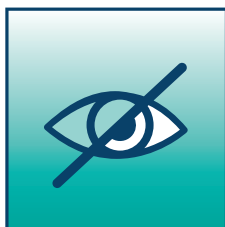
Did you score higher in the “higher risk” column or are you unsure of your risk? Talk to your healthcare provider about how you can reduce your risk.

B E F A S T



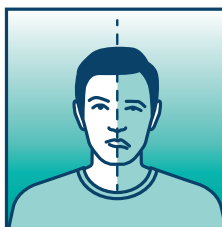
BALANCE:

Loss of
Balance,
Dizziness



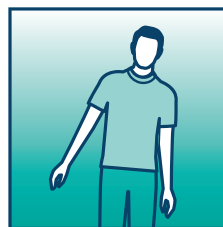
EYES:

Double/Blurred
Vision or Loss
of Vision



FACE:

Uneven Face/
Drooping



ARMS:

Weakness,
Numbness



SPEECH:

Slurred Speech
or Difficulty
Speaking



TIME:

Time is
Important!
Call 9-1-1

**SPOT THE WARNING SIGNS OF A STROKE
DON'T HESITATE – CALL 9-1-1**