

What will you score?

Stroke Risk Quiz

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) | _____ | _____ |

Higher Risk

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

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