



**American
Stroke
Association.**
A division of the
American Heart Association.

STROKE RISK ASSESSMENT

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 blood sugar greater than 100 mg/dL?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Is your body mass index greater than 25 kg/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 160 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 get less than 150 minutes of moderate to vigorous-intensity activity per week?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Do you have a personal or family history of stroke, TIA or heart attack?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
Do you use tobacco or vape?	<input type="checkbox"/> Yes or Unknown _____	<input type="checkbox"/> No _____
TOTAL SCORE (add your points for each column)	_____	_____

*Some stroke risk factors cannot be changed such as age, family history, race, gender, and prior stroke. **Excess calories means eating more than your body can burn off in a day.

STROKE RISK ASSESSMENT RESULTS

If you scored higher in the “higher risk” column or you are unsure of your risk, ask your health care professional about how you can reduce your risk. Stroke is largely preventable, treatable and beatable.

**Stroke is an
EMERGENCY.**

Call 911
immediately
if these signs
are present:

B.E. F.A.S.T.

Balance
Loss

Eye (Vision)
Changes

Face
Drooping

Arm
Weakness

Speech
Difficulty

Time to
Call 911

Other stroke symptoms include sudden:

- Numbness or weakness of face, arm, or leg, especially on one side of the body
- Confusion, trouble speaking or understanding speech
- Severe headache with no known cause

**By learning and sharing the
B.E. F.A.S.T. warning signs,
you can help defeat stroke.**

Learn more at [stroke.org](https://www.stroke.org)