



# PARKVIEW

## STANLEY WISSMAN STROKE CENTER

This information is provided to you by Parkview Stanley Wissman Stroke Center, Fort Wayne, Ind.  
For more information on stroke symptoms, visit [www.parkview.com/stroke](http://www.parkview.com/stroke).

### Defend yourself against stroke

- Work with your physician to lower high blood pressure and cholesterol.
- Find out whether you have atrial fibrillation. Ask your physician.
- If you smoke, STOP. Help is available.
- If you consume alcoholic drinks, do so only in moderation.
- If you're diabetic, follow your physician's recommendations carefully to control your blood sugar.
- Include exercise you enjoy in your daily routine.
- Follow a lower-sodium (salt), lower-fat diet.

When it comes to stroke, **BE FAST** and call 911.  
Any of these sudden signs could mean a stroke.



**B Balance** Loss of balance, loss of coordination or severe dizziness



**E Eyes** Change in vision in one or both eyes



**F Face** Uneven or drooping smile, numbness of face



**A Arm/Leg** Weakness/numbness/paralysis especially on one side of the body



**S Speech** Slurred speech, difficulty talking or understanding



**T Time** Call 911 right away

# 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
<b>Totals</b>			