



**PARKVIEW**

**STANLEY WISSMAN STROKE CENTER**

This information is provided to you by Parkview Stanley Wissman Stroke Center, Fort Wayne, Ind. For more on stroke risk, symptoms and treatment, call the stroke center at (260) 266-1452 or 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.

## Act FAST to save brain cells when a stroke occurs!

Know the symptoms of stroke:

<b>F</b>	<b>FACE</b>	Uneven smile/facial droop, numbness/tingling or vision problem
<b>A</b>	<b>ARMS/ LEGS</b>	Numbness/tingling, weakness, paralysis or difficulty walking, especially on one side
<b>S</b>	<b>SPEECH</b>	Slurred speech, difficulty talking or difficulty understanding speech
<b>T</b>	<b>TIME</b>	Time. <b>Call 911 immediately</b>

## 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>			