



FOR LIFE

STROKE RISK *Quiz*

PRINT THIS STROKE QUIZ, THEN TAKE THE QUIZ BY CIRCLING THE ANSWER THAT BEST FITS YOUR LIFESTYLE AND HEALTH HISTORY. SHARE THE RESULTS WITH YOUR FAMILY PHYSICIAN TO DISCUSS IF YOU NEED TO TAKE ANY PREVENTATIVE ACTION.

Blood Pressure

- A) >140/90
- B) 120-139/80-89
- C) <120/80

Cholesterol

- A) >240
- B) 200-239
- C) <200

Diabetes

- A) Yes
- B) Borderline
- C) No

Smoking

- A) I still smoke.
- B) I'm trying to quit.
- C) I am a non-smoker.

Atrial Fibrillation

- A) I have an irregular heartbeat.
- B) I don't know.
- C) My heartbeat is not irregular.

Diet

- A) I am overweight.
- B) I am slightly overweight.
- C) My weight is healthy.

Exercise

- A) I never exercise.
- B) I exercise sometimes.
- C) I exercise regularly.

Family History of Stroke

- A) Yes
- B) Unknown
- C) No

Reading The Results

Higher Risk: If you have 3 or more answered A), please discuss stroke prevention with your doctor.

Moderate Risk: If you have 4-6 answered B), please discuss stroke prevention with your doctor.

Lower Risk: If you have 6-8 answered C), you are controlling your risk for stroke. Please discuss results with your physician.



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