Stroke Risk Quiz

American Heart Association | American Stroke Association

Together to End Stroke™

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?	Yes or Unknown	No
Have you been diagnosed with atrial fibrillation?	Yes or Unknown	No
Is your fasting blood sugar greater than 100 mg/dL?	Yes or Unknown	No
Is your body mass index greater than 25kg/m2?	Yes or Unknown	No
Is your diet high in saturated fat, trans fat, sweetened beverages, salt, excess calories?	Yes or Unknown	No
Is your total blood cholesterol greater than 180 mg/dL?	Yes or Unknown	No
Have you been diagnosed with diabetes mellitus?	Yes or Unknown	No
Do you participate in 40 minutes of moderate to vigorous physical activity 3-4 days a week?	No or Unknown	Yes
Do you have a family history of stroke?	Yes or Unknown	No
Do you smoke?	Yes or Unknown	No
TOTAL SCORE (add your points for each column)		

STROKE RISK RESULTS

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

Higher Risk →

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

Learn How to Spot a Stroke

FACE DROOPING

ARM WEAKNESS

SPEECH DIFFICULTY

TIME TO CALL 911

Call 9-1-1 Immediately