

The following questions can help determine your risk for heart disease and stroke. Please take a moment to fill out the survey. Based on a confidential evaluation of your risk factors by a member of our medical staff, you will receive follow-up information

WARNING SIGNS:

- Sudden weakness or numbness of the face, arm or leg on one side of the body.
- Sudden dimness or loss of vision, particularly in one eye.
- Loss of speech, or trouble talking or understanding speech.
- Sudden severe headaches with no known cause.
- Unexplained dizziness, unsteadiness or sudden falls, especially along with any of the previous symptoms.

If you or someone you know experiences one or more of these symptoms, call 911 immediately.

MEN	
1. Systolic Blood Pressure	
<i>The first (highest) number from your most recent blood pressure measurement.</i>	
	Points
	Score
	0
	1
If you are not taking	2
blood pressure	3
lowering	4
medications and	5
your systolic blood	6
pressure is:	7
	8
	9
	10
	0
If you are taking	1
blood pressure	2
lowering	3
medications and	4
your systolic blood	5
pressure is:	6
	7
	8
	9
	10
2. Diabetes	Score
If you do not have a history of diabetes	0
If you do have a history of diabetes	2
3. Cigarette Smoking	Score
If you do not smoke	0
If you do smoke	3
4. Cardiovascular Disease	Score
If you have never had any of the problems listed below	0
If you have a history of coronary or cardiovascular disease (heart attack, chest pain, narrowed coronary blood vessels, narrowed arteries in the legs or congestive heart failure) other than stroke	4
5. Atrial Fibrillation	Score
<i>A specific type of rapid irregular heartbeat</i>	
If you do not have a history of atrial fibrillation	0
If you do have a history of atrial fibrillation	4
6. Physical Activity	Score
If you live an active life	0
If you are inactive (your job requires you to sit at a desk most of the day and you spend much of your leisure time in sitting activities watching TV, reading, etc.)	1
TOTAL SCORE	

WOMEN	
1. Systolic Blood Pressure	
<i>The first (highest) number from your most recent blood pressure measurement.</i>	
	Points
	Score
	0
	1
If you are not taking	2
blood pressure	3
lowering	4
medications and	5
your systolic	6
pressure is:	7
	8
	9
	10
	0
If you are taking	1
blood pressure	2
lowering	3
medications and	4
your systolic blood	5
pressure is:	6
	7
	8
	9
	10
2. Diabetes	Score
If you do not have a history of diabetes	0
If you do have a history of diabetes	2
3. Cigarette Smoking	Score
If you do not smoke	0
If you do smoke	3
4. Cardiovascular Disease	Score
If you have never had any of the problems listed below	0
If you have a history of coronary or cardiovascular disease (heart attack, chest pain, narrowed coronary blood vessels, narrowed arteries in the legs or congestive heart failure) other than stroke	4
5. Atrial Fibrillation	Score
<i>A specific type of rapid irregular heartbeat</i>	
If you do not have a history of atrial fibrillation	0
If you do have a history of atrial fibrillation	4
6. Physical Activity	Score
If you live an active life	0
If you are inactive (your job requires you to sit at a desk most of the day and you spend much of your leisure time in sitting activities watching TV, reading, etc.)	1
TOTAL SCORE	