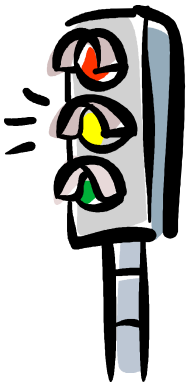

STROKE RISK ASSESSMENT

These are parts of your health profile that you *can* change.

Health issue	**Lowest risk**	**Medium risk**	**Highest risk**
Blood pressure	<120/80	120-139/80-89	>140/90 or "don't know"
Cholesterol	<200	200-239	>240
Glucose control	Not diabetic	Diagnosed as borderline diabetic	Diagnosed with Diabetes
Smoking	Non-smoker	Trying to quit	Still smoking
Alcohol intake	<1 drink/day (for women), or <2 drinks/day (for men)	>1 drink/day (for women), or >2 drinks/day (for men)	Any 1 of these is true: -I feel I should cut down on my drinking. -People are annoyed by or have criticized my drinking. -I've felt bad or guilty about my drinking. -I have had a drink first thing in the morning to steady my nerves or to get rid of a hangover.
Weight (measured by Body Mass Index, or BMI)	Normal (BMI=18-24)	Overweight (BMI=25-29)	Obese (BMI>30)
Activity	Regular exercise	Occasional exercise	No exercise
Medical management	I do not have an irregular heartbeat.	I don't know if I have an irregular heartbeat.	I have an irregular heartbeat (called atrial fibrillation).