

This tool is not intended to result in a diagnosis or a treatment recommendation. It's meant to help you have a more meaningful discussion with your doctor.

Print out this checklist, check all the following that apply to you and take it to your doctor to discuss the results.

Age	
<input type="checkbox"/>	You are over age 65
Family History	
<input type="checkbox"/>	Someone in your family has had a stroke
Personal Medical History	
<input type="checkbox"/>	You have already had a stroke
<input type="checkbox"/>	You have had a transient ischaemic attack, or "warning stroke"
<input type="checkbox"/>	You have coronary artery disease, or you have had a heart attack
<input type="checkbox"/>	Your doctor has told you that you have an abnormal heartbeat, such as atrial fibrillation
Tobacco Use	
<input type="checkbox"/>	You smoke, or live or work with people who smoke every day
Total Cholesterol and HDL Cholesterol	
<input type="checkbox"/>	Your total cholesterol level is 6 mmol/L or higher
<input type="checkbox"/>	Your HDL ("good") cholesterol level is less than 1 mmol/L
Blood Pressure	
<input type="checkbox"/>	Your blood pressure is 140/90 mmHg or higher, or you've been told that your blood pressure is too high
Physical Inactivity	
<input type="checkbox"/>	You don't accumulate at least 30 minutes of physical activity on most days of the week
Excess Body Weight	
<input type="checkbox"/>	Your doctor has told you that you are overweight or obese
Diabetes	
<input type="checkbox"/>	You have diabetes or take medicine to control your blood sugar