

# STROKE PREVENTION – MY RISK FACTORS

Your risk factors can increase your chances of having another stroke. Some risk factors include your age or family history which you cannot change. You can improve other risk factors with healthy habits or treatments.

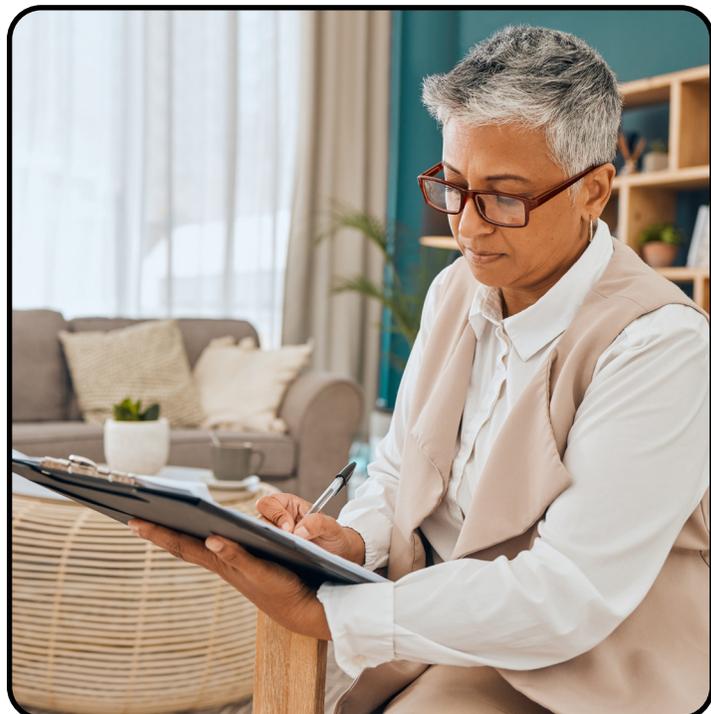
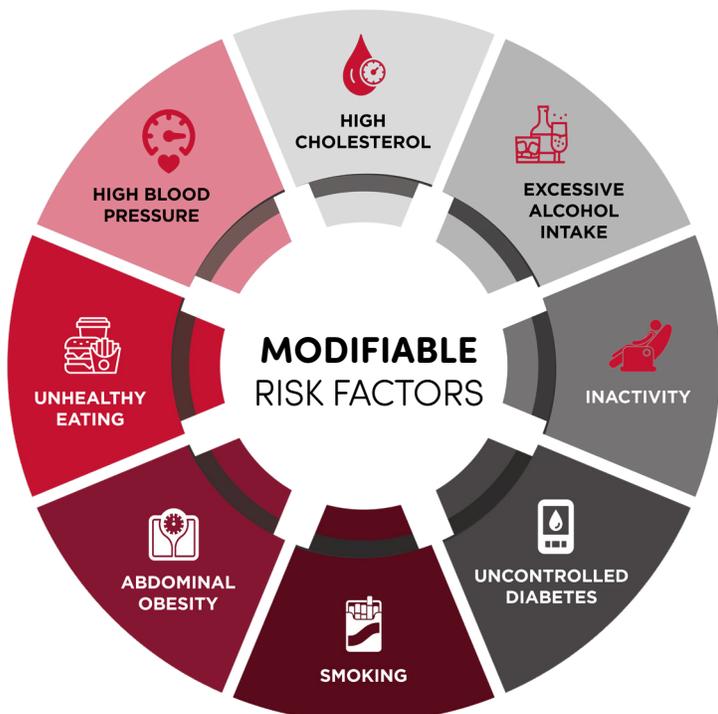
## MY STROKE RISK FACTORS (CHECK THOSE THAT APPLY TO YOU)

### RISK FACTORS I CAN CHANGE

- High blood pressure
- Smoking/vaping
- Diet/Unhealthy eating
- Uncontrolled diabetes
- Stress/Mood
- Abdominal obesity
- Inactivity
- High cholesterol
- Alcohol intake

### RISK FACTORS I CANNOT CHANGE

- Atrial fibrillation
- Family history
- Prior TIA or stroke



# MY STROKE RISK FACTORS

Review your risk factors with a health care provider and talk about things you can change.

RISK FACTORS	MY VALUES	TARGET	THINGS I CAN CHANGE															
 <b>Blood Pressure</b>	Today's blood pressure:	<table border="1"> <tr> <td colspan="3">Systolic (mm Hg)</td> </tr> <tr> <td colspan="3">Diastolic (mm Hg)</td> </tr> <tr> <td>Below 140</td> <td>Below 130</td> <td>Below 135</td> </tr> <tr> <td>Below 90</td> <td>Below 80</td> <td>Below 85</td> </tr> <tr> <td><b>CLINIC</b></td> <td><b>DIABETES</b></td> <td><b>AT HOME</b></td> </tr> </table>	Systolic (mm Hg)			Diastolic (mm Hg)			Below 140	Below 130	Below 135	Below 90	Below 80	Below 85	<b>CLINIC</b>	<b>DIABETES</b>	<b>AT HOME</b>	
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 <b>Cholesterol</b>	Cholesterol: LDL: Triglycerides: Non-HDL: HDL:	Cholesterol: <5.2 LDL: < 1.8 Triglycerides: <1.7 Non-HDL: <2.6 HDL: >1.0 (men) >1.3 (women)																
 <b>Diabetes</b>	HbA1C: Fasting blood sugar:	For most people with diabetes: HbA1C: 7% or less Fasting blood sugar: 4-7 mmol/L Prediabetes = HbA1C: 6-6.4%																
 <b>Diet</b>	Meals/day: Fruits & veggies/day: Proteins:	3 meals per day 7 servings of fruits & vegetables/day Lean proteins High fibre																
 <b>Inactivity</b>	Exercise: Minutes/day: Days/week:	150 minutes moderate to vigorous activity per week in periods of 10 minutes or more																
 <b>Waist Circumference</b>	Waist circumference:	MEN: <102 cm (40") WOMEN: <88 cm (35") Focus on healthy habits and wellbeing																
 <b>Smoking/Vaping</b>	<input type="checkbox"/> Smoking <input type="checkbox"/> Cutting back <input type="checkbox"/> Non-smoker	Smoke and tobacco free																
 <b>Alcohol Intake</b>	Drinks/week:	Less than 2 drinks per week Drinking less is better None is best																
 <b>Stress/Mood</b>	Feeling stressed, sad, depressed or anxious <input type="checkbox"/> Rarely <input type="checkbox"/> Often	Practice good mental health habits Speak with a health provider																
 <b>Atrial Fibrillation</b>	Atrial fibrillation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication taken as prescribed  Wear a medical alert bracelet or necklace with the name of your anticoagulation medication																

# MY HEALTH GOALS



**SPECIFIC** What EXACTLY do I want to achieve?

**MEASURABLE** How will I measure progress or success?

**ATTAINABLE** Is it something that I can reach?

**RELEVANT** Does it fit with where I am at in my life right now?

**TIMELY** What is my deadline?

**MY MOTIVATION**

To get started, ask yourself:  
 What inspires me to be healthy?  
 What can have the biggest impact on my health?

**I AM MOTIVATED BY:**

## CHOOSE 1 GOAL YOU CAN WORK ON IN THE NEXT 2 MONTHS

Make it **SMART** and **keep track** of your progress. Consider challenges and solutions.

**MY SMART GOAL**

**MY GOAL:** I will \_\_\_\_\_ for at least \_\_\_\_ each week so I can \_\_\_\_\_.

**TIPS TO MAKE THIS GOAL SMART:**  
**S:** I will follow a walk-to-run plan  
**M:** for 20 minutes  
**A:** 3 days a week  
**R:** so I can build up to 30 minutes, 4 days a week  
**T:** in 2 months.

**MY PLAN FOR KEEPING ON TRACK**

**Tracking:** I will keep track using my calendar or a running app on my phone.  
**Challenges:** I work from 9-5 pm and it's dark at night when I get home.  
**Solutions:** I can walk-run before work on Tuesdays, Fridays and Saturdays for 20 minutes.

**MY SMART GOAL**

**MY GOAL**  
**S:**  
**M:**  
**A:**  
**R:**  
**T:**

**MY PLAN FOR KEEPING ON TRACK**

**Tracking:**  
**Challenges:**  
**Solutions:**