

# Stroke Awareness

*I Will Not Have a Stroke*

1. What is your overall risk level?

**≥ 3 High Risk Factors**

**Caution: 4 to 6 Caution Risk Factors**

**Low: 6 to 8 Low Risk Factors**

2. If you are interested in actively reducing your risk of stroke over the next year, please select one or more areas you'd like to address:

Blood pressure     Smoking     Cholesterol     Diabetes     Physical activity

Weight     None – I am satisfied with my current stroke level     Other \_\_\_\_\_

3. What do you plan to do to meet your goal(s)?

Exercise     Eat healthier     Stop smoking     Check my blood pressure

Check my cholesterol level     Check my blood sugar level

None – I am satisfied with my current stroke risk level     Other \_\_\_\_\_

4. If you would like to receive DOH emails on stroke news, please share your email address:

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**Email:** [ntrauma@doh.hawaii.gov](mailto:ntrauma@doh.hawaii.gov)

**Mail:** Developmental Disabilities Division  
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Participant \_\_\_\_\_

Date \_\_\_\_\_