



## PRIMARY PREVENTION CHECKLIST

**GOALS: To raise awareness of risk for stroke. To provide continuing education and support to modify risk factors for stroke**

### CLIENT/PATIENT:

QUESTIONS	YES	EVIDENCE
1. Is the person over 55 years of age?		Stroke risk approximately doubles with every decade after 55.
2. Is there a family history of stroke and/or cardiovascular disease?		There is evidence of an inheritable component to stroke.
3. Does this person have hypertension/ or do they need to be screened for hypertension?		Untreated high blood pressure increases the risk for stroke 3-4 times.
4. Are they at risk for diabetes/ do they need to be tested for diabetes?		Diabetics have 1.5-2.5 greater risk for ischemic stroke. Diabetes is also strongly correlated with high blood pressure, high cholesterol and being overweight.
5. Does this patient have high (bad) cholesterol or do they need to be screened for high cholesterol?		High cholesterol in the blood can double the risk of ischemic stroke. Further, high cholesterol can increase the risk of heart disease (an independent risk factor).
6. Is the patient a smoker, or living with second hand smoke?		Smoking increases the risk of stroke two to six times. Second-hand smoke doubles the risk for stroke.
7. Is the patient overweight?		Being overweight increases risk of stroke, high blood pressure, high cholesterol and diabetes.
8. Is the patient physically inactive?		A sedentary lifestyle is an independent risk factor for stroke and also increases the risk of high blood pressure, becoming over weight, diabetes and heart disease.
9. Is the patient a heavy drinker?		More than 1-2 drinks per day (maximum of 9 for women and 14 for men per week) and binge drinking can double the risk of ischemic stroke and increase the risk of hemorrhagic stroke 2-3 fold. Heavy drinking is also linked to rising blood pressure and obesity.
10. If a smoker and female, is she on birth control pills or HRT?		HRT may increase a woman's risk of heart attacks, strokes and blood clots.
11. Does this person fall into an at-risk socio-economic group defined by low education, or lower occupational level? For example: Does the individual rent his/her home?		Socioeconomic factors account for a significant proportion of the variation in heart disease across Ontario. Living conditions, education and occupational levels are key predictors of heart disease, an independent risk factor. For example; there is evidence that house ownership is a discriminating measure of SES in predicting risk of coronary heart disease.



## SECONDARY PREVENTION CHECKLIST

**GOAL: To prevent another stroke occurrence**

**CLIENT/PATIENT:**

QUESTIONS	YES	EVIDENCE
1. Has this patient had a stroke?		Approximately 25% of stroke survivors experience a recurrent stroke within 5 years.
2. Is this patient experiencing TIAs?		The risk of stroke for individuals with TIA is 5% within 48 hours, 8% within 1 month, 12% within 1 year and up to 30% within 5 years.
3. Does the patient have uncontrolled high blood pressure?		Untreated high blood pressure increases the risk for stroke 3-4 times.
4. Does the patient require multiple medications?		Patient adherence to medications can be compromised with multiple medications and dosage schedules.
5. Are medications required that are not currently covered by a drug plan?		The newest medications for stroke treatment may not yet be funded automatically and a Section 8 form might need to be filled out in order to qualify for coverage.
6. Does the patient have diabetes?		Diabetics have 1.5-2.5 greater risk for ischemic stroke. Diabetes is also strongly correlated with high blood pressure, high cholesterol and being overweight.
7. Does this patient have asymptomatic carotid stenosis?		Individuals with atherosclerosis may have no TIAs or other symptoms. Over 5 years they have a 11% risk for stroke.
8. Is there history of coronary vascular disease?		Having coronary vascular disease increases by 2 times the risk of ischemic stroke.
9. Does the patient have atrial fibrillation?		Individuals with atrial fibrillation have 3-5 times greater risk for ischemic stroke.
10. Does the cholesterol level need to be lowered?		Following a stroke, patients should receive statins to lower cholesterol.
11. Is the patient a smoker, or living with second hand smoke?		Smoking increases the risk of stroke two to six times. Second hand smoke doubles the risk for stroke.
12. Is the patient overweight?		Being overweight increases risk of stroke, high blood pressure, high cholesterol and diabetes.
13. Is the patient physically inactive? Are there blocks to supervised activity programs?		A sedentary lifestyle is an independent risk factor for stroke and also increases the risk of high blood pressure, becoming overweight, diabetes and heart disease.
14. Is the patient a heavy drinker?		More than 1-2 drinks per day (maximum of 9 for women and 14 for men per week) and binge drinking can double the risk of ischemic stroke and increase the risk of hemorrhagic stroke 2-3 fold. Heavy drinking is also linked to rising blood pressure and obesity.
15. Does the patient lack a support system (of family and friends) at home?		Social isolation is associated with higher mortality rates in males and females.
16. Does the patient need transportation to appointments and outings?		Lack of access to medical treatment and services can interfere with necessary care.
17. Does this person fall into an at-risk socio-economic group defined by low education, or lower occupational level? For example: Does the individual rent his/her home		Socioeconomic factors account for a significant proportion of the variation in heart disease across Ontario. Living conditions, education and occupational levels are key predictors of heart disease. For example; there is evidence that house ownership is a discriminating measure of SES in predicting risk of coronary heart disease.
18. Are there safety /health concerns in the patient's home?		Seniors and those with disabilities may be at greater risk for falls and injuries.