INTRODUCTION

This guide was created for adults who have had a stroke or mini-stroke. We wish you success in recovering from stroke and hope that you will find this guide helpful through your journey to healing.

What You Need to Know About Stroke

- Every stroke is different.
- Two people with similar strokes may be affected in different ways.
- The journey to recovery for each survivor is different. The support of family, friends and a rehabilitation network is a great help in recovery.
- No one is able to predict how long it’s going to take, what lies ahead or how much the survivor will recover.
- Life will be changed forever in some way for the stroke survivor and those closest to them.

According to the National Stroke Association, stroke is the number 1 cause of adult disability in the USA – you are not alone. The most important things to remember about stroke are:

- Know the symptoms and when to seek medical attention promptly.
- Reduce risk for stroke and prevent another stroke.
- Learn how to manage and adapt to problems or disability due to a stroke.

It is important to realize that you are more likely to have another stroke unless you make changes in your daily habits: The good news is that there is much you can do, to adapt to life after a stroke and to reduce your risk for stroke!

This booklet will tell you how. It is based on the most up-to-date national recommendations of the American Heart Association, the American Stroke Association, the National Stroke Association and experienced healthcare providers here in Maine.

Rehabilitation programs help stroke patients to recover and maintain a healthy lifestyle through exercise, education and emotional support. Please check with your healthcare provider to see what program is right for you. Also, please check your insurance plan to see what is covered.

We hope you will find this booklet helpful in understanding your stroke and what you can do about it. To learn more about stroke, please go to the MaineHealth Stroke website at www.mainehealth.org/strokeinfo or contact the MaineHealth Learning Resource Centers at 1-866-609-5183 (toll-free). They have free materials and offer many low-cost health education classes.

This booklet was made possible by MaineHealth (www.mainehealth.org).
TABLE OF CONTENTS

The type of stroke I had was: *(circle one)*

Ischemic     Hemorrhagic     TIA

Other things I should know about my own stroke include:

To find out more about your stroke, read:

- **SECTION 1: What Is Stroke?** ................................................................. 4
  - Warning Signs of Stroke ................................................................. 5
  - Kinds of Stroke ............................................................................... 6
  - Effects of Stroke ........................................................................... 7
- **SECTION 2: Hospital and Rehabilitation** ............................................... 8
  - Stroke Care at the Hospital .......................................................... 9
  - Rehabilitation ............................................................................... 10
- **SECTION 3: Going Home** ................................................................... 12
  - Changes in Your Home ................................................................... 13
  - Complications from Stroke .......................................................... 14
  - Communication Difficulties ......................................................... 15
  - Medications and Stroke .............................................................. 16
  - Tips for Caregivers ..................................................................... 18
 SECTION 4: Preventing Stroke ........................................................................19
  Risk Factors for Stroke ........................................................................19
  Tobacco Use and Secondhand Smoke Exposure ......................................20
  High Cholesterol ..................................................................................22
  Poorly Controlled Diabetes .....................................................................24
  High Blood Pressure .............................................................................26
  Being Overweight or Obese ....................................................................27
  Being Physically Inactive .......................................................................28

 SECTION 5: Other Risk Factors ..............................................................30
  Stress ....................................................................................................30
  Excess Alcohol Use ..............................................................................31
  Hormone Replacement Therapy (HRT) ...................................................32

 SECTION 6: Regaining Your Life ..............................................................33
  Take Charge – An Action Plan for Health ..............................................34
  My Action Plan ....................................................................................35
  Choose Healthy Foods ...........................................................................36
  Sexual Activity .......................................................................................38
  Driving ................................................................................................39
  Emotional Changes ..............................................................................40
  Good Ways to Cope with Stress and Emotional Changes .......................42

 SECTION 7: Tool Kit ..................................................................................43
  Guidelines for Stroke Patients ...............................................................44
  High Blood Pressure: Understanding the Numbers ..................................45
  Medication Chart ..................................................................................46
  Questions for My Doctor .......................................................................47

 SECTION 8: Stroke Resources ..................................................................48
  Local Resources ....................................................................................48
  Statewide Resources ............................................................................50
  National Resources ...............................................................................50
  Internet Resources ................................................................................51
  Glossary of Stroke Terms ......................................................................52

 5 Key Points – Review List .................................................................inside back cover
What is Stroke?

A stroke is a brain injury that occurs when a blood vessel in the brain is blocked or bursts. Without blood and the oxygen it carries, part of the brain starts to die. The part of the body controlled by the damaged area of the brain does not work properly.

Brain damage can begin within minutes, so it is important to know the signs and act FAST. Immediate treatment can help limit damage to the brain and increase the chance of recovery. Time lost is brain lost!
If you notice one or more of these signs in yourself or someone else, don’t wait! Stroke is a medical emergency.

**Call 9-1-1 immediately.**

Look for these 5 signs of stroke:

1. **Walk** (Is balance off?)
2. **Talk** (Is speech slurred or face droopy?)
3. **Reach** (Is one side weak or numb?)
4. **See** (Is vision all or partly lost?)
5. **Feel** (Is headache severe?)

All stroke symptoms are **SUDDEN**.

- Do not ignore symptoms even if they go away.
- Call 9-1-1. Care can begin as soon as the ambulance arrives.
- Do NOT drive yourself unless it is the only option.
- Check the time so you’ll know when the stroke started.
- At the hospital, say “I think I’m having a stroke.” This will help in getting fast treatment.

**Quick medical attention is important.**

Adapted from the American Stroke Association.
**KINDS OF STROKE**

There are two major kinds of stroke: **Ischemic (i-skee-mik) Stroke** and **Hemorrhagic (hem-er-ah-jik) Stroke**.

- **Ischemic Stroke**
  In an ischemic stroke, a blood clot blocks a blood vessel in the brain. The clot may form in the blood vessel or travel from somewhere else in the bloodstream. This stops oxygen and nutrients getting to your brain, and cells begin to die within minutes. Most strokes are ischemic.

- **Hemorrhagic Stroke**
  In a hemorrhagic stroke, there is bleeding into or around the brain. These strokes are less common but more deadly than ischemic strokes.

**A blood clot**

Treatment for ischemic stroke works to restore blood flow to the brain. If less than 3 hours have passed since your symptoms began, doctors may use a medication that dissolves blood clots.

**A bleed**

Treatment for hemorrhagic stroke is more difficult. Surgery or other treatments to stop bleeding or reduce pressure in the brain may be an option. Medicines may be used to control blood pressure, brain swelling and other problems.

**What is a Mini-Stroke?**

A mini-stroke is a warning sign. This is also called a **Transient Ischemic Attack**, or TIA. TIAs usually don’t cause damage, but they can be a serious warning sign that you are at risk of having a stroke. Receiving early treatment for a TIA, as well as changes to reduce your risk, may help prevent a stroke.
EFFECTS OF STROKE

Where the stroke is located in your brain determines what bodily functions will be affected. Physical and mental effects may include changes in:

- **Communicating**
  This can include problems with:
  - talking and understanding what people say
  - writing and understanding written words
  - being able to name things or find the right words
  - slurred speech

- **Seeing**
  This can mean seeing less on one side or the other, in one eye or both eyes, or double vision. Patients may also have problems seeing or judging how far away things are and whether they are above or below, in front or behind other things.

- **Ability to Move**
  This may include weakness, loss of feeling or difficulty with:
  - moving parts of the body, including mouth, arm or leg
  - swallowing and eating
  - controlling bladder and bowels
  - knowing parts of your own body and where they are
  - coordinating movements and keeping balance

- **Feelings and Depression**
  Many stroke patients feel sad, helpless and frustrated at times. Recovering from a stroke is a big challenge. It is important to watch for signs of depression and find help. See Emotional Changes section, pages 40-42.

- **Learning and Memory**
  This can include trouble with:
  - learning and keeping new information
  - following directions
  - paying attention

- **Behavior**
  Stroke patients sometimes act differently than before their stroke. They may talk more than normal or seem more nervous or careful. Emotions may seem mixed up, crying or laughing for no reason.

- **Judgment and Thinking**
  Problems some patients face include:
  - acting differently than usual, not caring about things, acting without thinking, being moody and feeling sadder than usual
  - trouble understanding time
  - difficulty with math, organizing things or understanding how things work

Facial droop is a common sign of stroke.
Hospital and Rehabilitation

Stroke care begins as soon as you call 9-1-1 or enter the emergency department. Next steps may include a hospital stay and rehabilitation care. Recovery from stroke continues with changes in your life to regain abilities, stay healthy and prevent another stroke.
STROKE CARE AT THE HOSPITAL

**Emergency Department**

First, the doctor:
- asks for your medical history
- asks what time you started feeling something was wrong
- does a physical exam to check for weakness and brain or nerve problems
- does lab tests and takes a scan of the brain (CT scan or MRI)

Then, if your doctor decides you have had a stroke, other studies are done to understand exactly what caused the stroke.

Your doctor and nurses may take other steps in the emergency department, including:
- monitor your heart, blood pressure and pulse
- provide oxygen
- give you blood pressure medication

**Treatment**

Quick medical attention is important. A diagnosis within 3 hours may enable the doctor to use medicine that restores blood flow to reduce damage and lead to a better recovery. This medicine, t-PA, is not safe for everyone and cannot be used with a hemorrhagic stroke or with other bleeding problems.

Other doctors who specialize in care of the brain may be part of the team to decide on treatment. These may include a neurologist and a neurosurgeon.

**Admission to the Hospital**

After emergency care, you are admitted to the hospital so your doctors and nurses can continue your care. If t-PA was given, care is delivered in the hospital’s critical care unit for at least 24 hours or until the patient is stable. Some other patients may also stay in the critical care unit, including those with a hemorrhage.

Care in the hospital may also include:
- heart monitoring for 24 hours or longer
- no food or drink by mouth until your doctors are sure you can swallow properly
- IV fluids
- bed rest for the first day and then out-of-bed activities
- medications and devices to prevent blood clots
- aspirin or other blood thinning medicines (not for hemorrhagic strokes)

You will also begin to receive occupational and physical therapy, education and counseling about your stroke and ways to improve your recovery.

Discharge planning will help you move from the hospital to a rehabilitation facility or to home.
REHABILITATION

Recovery from your stroke can begin right away.

In rehabilitation (or “rehab”), stroke patients participate in therapy to help them regain control of their bodies through exercise, education and emotional support.

Stroke rehabilitation begins right away. Stroke patients often recover at a faster rate in the first 3 months and may continue to improve for years. Daily rehabilitation exercises should continue when the patient returns home.

An important part of rehabilitation is taking the steps to prevent a future stroke. This may mean following through with taking prescribed medicine and making some lifestyle changes.

How Long Does Rehabilitation Take?

For many people, rehabilitation is an ongoing process. The road to recovery can be long and frustrating. Keeping a positive outlook is important. The support of family and friends is also important.

The Rehabilitation Team

<table>
<thead>
<tr>
<th>Type of Rehabilitation Specialist</th>
<th>Goal of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietician</td>
<td>Plan a healthy diet.</td>
</tr>
<tr>
<td>Occupational Therapist (OT)</td>
<td>Relearn eating, drinking, dressing, bathing, cooking, reading, writing, toileting. Reeducate muscles, and learn to care for arms, hands and fingers. Improve vision and thinking.</td>
</tr>
<tr>
<td>Physical Therapist (PT)</td>
<td>Relearn movement to sit, stand, walk; improve patient’s strength, balance and coordination.</td>
</tr>
<tr>
<td>Psychological/Psychiatric Therapist</td>
<td>Reduce some mental and emotional problems.</td>
</tr>
<tr>
<td>Recreational Therapist (RT)</td>
<td>Help patient return to activities.</td>
</tr>
<tr>
<td>Speech Therapist (SLP/ST)</td>
<td>Relearn language and talking skills, as well as swallowing. Learn ways to improve memory and cope with reduced memory.</td>
</tr>
<tr>
<td>Vocational Counselor</td>
<td>Get the patient back to work.</td>
</tr>
</tbody>
</table>

Active participation speeds recovery.

Tips for successful recovery:
- Be involved as much as possible in your care.
- Participate in a stroke rehabilitation program as soon as possible.
- Have at least one family member go to therapy sessions with you.
- Ask for help if you are feeling sad, depressed or helpless.

The rehabilitation team usually includes staff with different skills working together to help you.
Where Does Stroke Rehabilitation Take Place?

**Acute Rehabilitation:** Most stroke patients can benefit from a stay in a rehabilitation hospital that offers:
- 24-hour nursing care
- Daily physician care
- Average of 3 hours of therapy a day

Research proves that early therapy means a better chance to recover more functions.

**Skilled Nursing Facility:** Rehabilitation can take place in nursing facilities that have small rehabilitation units. This less intense rehabilitation is for patients who:
- Need nursing care
- Do not require daily physician visits
- Cannot tolerate 3 hours of therapy a day

Also, this is often the next step in a patient's recovery after discharge from the acute rehabilitation hospital.

**Home Therapy:** Patients may benefit from nursing and therapy services within their own home. Usually, this takes place a few days a week and can help them return to a more normal life. An important part of home therapy is the exercises patients do on their own and with a caregiver. Having a family member or other caregiver participate in sessions with the therapist helps the caregiver understand the exercises so they can help the patient at home. This can improve and speed recovery.

**Outpatient Therapy:** To receive outpatient therapy, patients must be able to be transported to a clinic. During therapy, patients may work to improve or regain their ability to do community activities, recreational activities and return to driving and work.

**Beyond Therapy:** Recovery will continue beyond these services. Patients are often able to get better and better and do more activities as recovery continues for years after their stroke. Community resources can help through recreation, exercise, and socializing.

*See Local Resources section, pages 48–49.*

---

**Caregiver Profile:**

“**My husband made much greater progress because I learned what he needed, how I could help and I was able to work with him over and over and over. It’s very important that a member of the family be directly involved in therapy visits.**” – Beverly, Biddeford

**Patient & Caregiver Profile:**

“We were having trouble fitting in all the exercises our therapists told us to do for Helen. Our doctor and therapist gave us advice on which exercises are most important and good ideas on how to fit them into our daily routine.”

– Nathan & Helen, Gorham

---

Find a local exercise group in your community.
Most stroke survivors are able to go home from the hospital or rehabilitation facility and do many of the activities they did before the stroke.

4 Key Factors
Going home depends on 4 factors:
1. ability to move around and communicate needs
2. ability to follow medical advice
3. ability to care for yourself
4. a caregiver – someone who is available to help when needed
Living at home successfully also depends on how well your home can be changed to meet your needs.

- **Safety** – you may need to remove throw rugs or clutter from the floor, install grab bars and take other safety measures.
- **Accessibility to the house** – you may need to install railings on steps or a ramp.
- **Adaptive equipment** – you may need devices to help with walking or moving around, eating, cooking, cleaning, dressing and going to the bathroom so you can be more independent.
- Your doctor and therapists may recommend a more supportive place, if being home is not safe for you.

These facilities include:

- **Nursing facility**: usually for patients who need ongoing medical attention.
- **Assisted living facility**: for patients who are able to live somewhat independently but need assistance with taking medications, making meals and housekeeping.
COMPLICATIONS FROM STROKE

After a stroke the most important thing is to prevent complications from the stroke AND to prevent another stroke. Remember, each stroke is different, depending on the part of the brain that has been injured.

Common Complications
Talk with your doctor, nurse or therapists if you have any of these complications. They can help you find ways to prevent or lessen them.

- **Blood clots** – These can be prevented through blood thinning medications, compression devices and exercise.
- **Depression** – Treating depression can improve your recovery. See Emotional Changes section, pages 40–41.
- **Muscle tightness** – Less exercise and movement can lead to muscle tightness. Daily exercises can help. Talk with your doctor and therapist.
- **Pain** – Pain can often be reduced through medication and other therapies.
- **Seizures** – Changes in the brain can cause convulsions. These can be treated.
- **Infection of the urinary tract** – This can often be prevented or treated successfully.
- **Aspiration pneumonia** – This happens sometimes with swallowing problems. Therapy can often improve your ability to swallow properly.
- **Bedsores and skin breakdown** – You can prevent skin sores caused by decreased ability to move. Talk with your doctor.
COMMUNICATION DIFFICULTIES

A stroke can sometimes result in problems talking and understanding what others are saying.

This can be very frustrating to patients and people they try to communicate with. It is important to remember that these difficulties do not mean the stroke victim is less intelligent.

- **What You Can Do:**
  - Have a card handy to let other people know you have had a stroke and have difficulty talking.
  - Do the speech exercises you learn with your therapist.
  - Try a word or picture book or board.
  - Use gestures and point to help get your message across.

- **How Can Caregivers Help?**
  - Find a quiet place.
  - Have only one person talking at a time.
  - Speak slowly and clearly.
  - Use your normal voice.
  - Avoid finishing sentences, interrupting or correcting.
  - Be patient – give the person time.
  - Pay close attention to gestures and facial expressions.

Try a word or picture book or board.
MEDICATIONS AND STROKE

Most patients who survive a stroke are prescribed medications by their healthcare provider. For some patients, this may be the first time they have ever had to take medications regularly. Other patients may find that now they must take many more medications than before the event.

It is important that you and your family understand each of the medications prescribed.

- What is it for?
- When and how often should I take it?
- What kinds of side effects could it cause?
- What should I do if I have a problem taking the medication?

There are several places you can go for answers to these questions.

- **First**, ask your healthcare provider at your visit.
- **Second**, call your healthcare provider’s office.
  You may need to leave a message, but someone will call you back.
- **Third**, ask your pharmacist, or read the drug information sheet that he or she gives you with the prescription.

It is also important that you know which medications you are taking and how often and what their doses are. When you go to a healthcare provider’s appointment or to the hospital, they will need to know this information to take care of you. Some patients find that it helps to keep a card in their wallet or purse with all their medications and doses listed. For patients who must take several medications, it may help to keep track of them with a chart such as the one on page 46.

---

**Patient Profile:**

“I had a stroke 2 years ago and have been making steady progress. I am committed to exercising three times a week, eating healthy and taking my medications as prescribed.” – Larry, age 49, Greene

---

A watch with an alarm can help remind you.
Medicines for Stroke Patients:

Medicines to prevent clotting:
- Aspirin
- Heparin (e.g., Calciparine)
- Warfarin (e.g., Coumadin)
- Ticlopidine (e.g., Ticlid)
- Clopidogrel (e.g., Plavix)
- Dipyridamole and aspirin combination (Aggrenox)

Medicines to reduce cholesterol:
- Bile acid binders (e.g., cholestyramine, cholestipol)
- Fenofibrate
- Gemfibrozil
- HMG-CoA reductase inhibitors (e.g., Lovastatin, Pravastatin, Simvastatin)
- Niacin

Medicines to reduce high blood pressure:
- Beta Blockers (reduce the heart rate to lower blood pressure)
- Diuretics (rid the body of excess water)
- Vasodilators, ACE Inhibitors, and Calcium Channel Blockers (relax and open narrowed blood vessels to lower blood pressure)

Tips for Remembering to Take Your Medicines:
- Take medicines at the same time each day (with meals or brushing your teeth or other daily events).
- Use a weekly pill box (separate compartments for each day, or time of day).
- Use a calendar or drug reminder chart.
- Wear a wristwatch with an alarm.
- Leave notes for yourself.
- Try an email reminder or beeper service.
- Have a family or friend remind you.
TIPS FOR CAREGIVERS
Caregivers Need Care Too.

A stroke changes the lives of those who care for the patient, too. Caring for someone who has had a stroke is rewarding and very important. It can also be stressful, frustrating, tiring and difficult. As a caregiver, remember to take care of yourself, too.

Expect Emotional Challenges
Caregivers have many of the emotional changes that stroke patients have. See Emotional Changes section, pages 40–42.

Stay Positive
Many stroke patients recover to lead a fulfilling life. Your loved one is counting on you. Your positive attitude makes a big difference.

Take Care of Yourself
- Join a support group. See Local Resources section, page 49.
- Get help from family and friends.
- Talk with a religious or spiritual leader.
- Take time to enjoy things you like to do.
- Realize that it is OK to feel angry, sad or frustrated.
You are more likely to have another stroke unless you make changes in your daily habits.

**YOU CAN REDUCE YOUR RISK OF STROKE**

You can make changes so you will be less likely to have another stroke.

Some risk factors for stroke, such as getting older, can’t be changed. Those who have a family history of cardiovascular disease or sickle cell disease and those who are African American, Native American and Alaskan Native have a higher risk. If you’ve already had a stroke, TIA or heart attack, you are more likely to have another stroke.

- **Risk Factors You Can Control:**
  - tobacco use or smoke exposure
  - blood pressure
  - high cholesterol
  - weight and healthy eating
  - physical activity
  - blood sugar (diabetes)
  - stress
  - excess alcohol
  - illegal drug use

You can take steps to reduce your risk of a stroke or a heart attack, regardless of your age or family history. To reduce your risk, it’s vital to make changes for each risk factor you have. You can make changes gradually, one at a time, but making them is very important.

**You can take steps to reduce your risk of stroke.**
RISK FACTOR #1
TOBACCO USE AND SECONDHAND SMOKE EXPOSURE

The Goal: Be tobacco-free. This means no use (smoking or chewing) of tobacco products or exposure to secondhand smoke.

The Risk – Why is this important?
- If you smoke, quitting tobacco is the #1 thing you can do to improve your health.
- Tobacco use raises the risk of stroke.
- Tobacco users are up to six times more likely to suffer a heart attack than nontobacco users.
- Tobacco use puts stress on the heart in many ways. The chemicals in cigarettes narrow the coronary arteries, raise blood pressure and make the heart work harder.
- Tobacco use shortens the user’s life span.

The Benefits
Quitting smoking directly increases the body’s ability to recover from a stroke by increasing the flow of oxygen to the muscles, brain and body tissues. This allows the body’s systems to work properly and maintain function.

- **20 minutes after quitting:** Your heart rate and blood pressure drop.
- **12 hours after quitting:** The carbon monoxide level in your blood drops to normal.
- **2 weeks to 3 months after quitting:** Your heart, blood vessels and lungs work better.
- **1 to 9 months after quitting:** Coughing and shortness of breath decrease; lungs are better able to filter and handle mucus, reducing the risk of infection.
- **1 year after quitting:** The risk of coronary heart disease is half that of a smoker.
- **5 years after quitting:** Your stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting.
- **10 years after quitting:** The lung cancer death rate is about half that of a continuing smoker. The risk of cancer of the mouth, throat, esophagus, bladder, cervix and pancreas decreases.
- **15 years after quitting:** The risk of coronary heart disease is that of a nonsmoker.
What Can I Do Now?

■ Action Plan

Develop your own Action Plan – see page 35.

You can quit tobacco. Decide to quit. Set a quit date and mark it on your calendar. Then follow these steps to success:

■ Get Ready

- Write down all your reasons for quitting.
- Tell friends and family about your plan to quit so they can support you.
- Pay attention to when and why you smoke.
- Try new ways to relax.
- Take up a hobby to keep your hands busy.

■ Get Set

- Make an appointment with your healthcare provider to ask about medications to help you quit. Nicotine patches and nicotine gum are now available without a prescription (be sure to follow directions carefully).
- Call the Maine Tobacco HelpLine (1-800-207-1230) for free professional counseling over the phone. HelpLine counselors have helped thousands of Maine residents to quit smoking.

■ Quit

- Go to places where people don’t smoke.
- Remind yourself of all the good reasons why you are quitting.
- Stay positive. You can make it.
- Stay healthy and smoke-free.
- If you slip, try again. You learn something new every time you quit. It takes some people many times to be successful.

Call the Maine Tobacco Helpline toll-free (1-800-207-1230) for free counseling.

Patient Profiles:
Maine Tobacco HelpLine Comments

“It’s nice to talk to someone and have them say, ‘You can do this!’” – Tony, age 30, Pittsfield

“I am a closet smoker and felt that I would be uncomfortable talking about this, but I was able to feel comfortable and was able to relax.” – Helene, age 51, Androscoggin County

“Very beneficial. Nicotine is so addictive, but this call has got my mind more focused on quitting.” – Tom, age 44, York
RISK FACTOR #2

HIGH CHOLESTEROL

The Goal: Maintain the following numbers:

- Total cholesterol at or less than 200 mg/dL.
- HDL (“good” cholesterol) at least 40 mg/dL, and over 60 mg/dL is even better.
- LDL (“bad” cholesterol) at or less than 70 mg/dL (fasting) for those who have had a stroke.
- Triglycerides at or less than 150 mg/dL (fasting).

The Risk – Why is this important?

- High blood cholesterol is another major risk factor for stroke and one that you can do something about.
- Your body makes enough cholesterol to work normally, but cholesterol from foods is harmful. Over a period of years, extra cholesterol and fat circulating in the blood build up in the walls of the arteries. This buildup, called plaque, makes the arteries narrower and sticky. As a result, less blood gets through and blood clots can form.
- HDL, the “good” cholesterol, helps remove cholesterol from the blood, preventing it from building up in your arteries.
- LDL, the “bad” cholesterol, carries most of the cholesterol in the blood. If your level of LDL is too high, it can lead to cholesterol buildup and blockage in your arteries.
- Triglycerides are a form of fat carried through the bloodstream. High triglycerides may be a sign of a problem that contributes to heart disease.

The Benefits:

- Lowering high levels of LDL cholesterol and/or triglycerides can reduce your risk of stroke.
- Making lifestyle changes recommended in this booklet to treat other risk factors can also improve cholesterol levels.
What Can I Do Now?

■ **Action Plan:**

*Develop your own Action Plan — see page 35.*

■ **Know Your Numbers:**

- Ask your doctor what is a healthy weight for you, and aim for that healthy weight.
- Consider working with a registered dietician to develop a healthy eating plan. Having a healthy weight is not as hard as you might think, and it does not have to mean missing out on foods. It may just be learning to use substitutes in your recipes or using a different cooking method. Eating foods that are high in saturated fat, trans fat and cholesterol contributes to high levels of LDL cholesterol.
- Get regular moderate-intensity physical activity. Moderate intensity would be walking with a friend at a pace where you can talk. If you can't talk because you are too short of breath, you are going at an intensity greater than moderate. If you can sing, you can pick up the pace to be at moderate intensity to build heart fitness.
- Take your medications as prescribed. If you have questions about your medications or experience side effects, talk with your healthcare provider.
- Quit tobacco and drink only a moderate amount of alcohol. This will help to raise your HDL. See Tobacco and Alcohol sections, pages 20, 21 and 31.

---

**Patient Profile:**

“I’ve always considered myself to be a very healthy person. I don’t smoke and I’m not overweight. So when I found out that I have high cholesterol, it came as a surprise. After my healthcare provider’s appointment, I wanted to learn as much as I could about high cholesterol. I learned that it puts me at risk for stroke and heart disease, so I’ve started making changes. Now I avoid foods with lots of saturated fat and cholesterol, and I eat less red meat and more fish.”

— Julie, S. Paris
RISK FACTOR #3
POORLY CONTROLLED DIABETES

The Goal: Prevent or delay the onset of diabetes. Manage diabetes if you have it.

The Risk – Why is this important?
- Most patients with diabetes die from stroke or heart disease, not directly from their diabetes.
- Diabetes is a major risk factor for stroke and heart disease. People with diabetes have at least twice the risk as patients without diabetes.
- Over many years, high levels of blood sugar can damage your body. This can cause heart and circulatory issues as well as other problems. Diabetes is also the number 1 cause of kidney failure, blindness and lower limb amputation in adults.

The Benefits:
- Patients with diabetes whose blood sugar is under control have a lower risk of heart attacks or strokes than patients whose blood sugar is not under control.
- Patients with pre-diabetes can prevent diabetes by changing their lifestyle, losing weight, getting regular exercise and eating a healthy diet.
- Patients with diabetes and pre-diabetes who take positive steps to control their blood sugar will feel better.

Types of Diabetes

Pre-diabetes is when a person’s blood sugar levels are higher than normal but not high enough for a diagnosis of diabetes. Having pre-diabetes you are likely to develop diabetes and may already be having the adverse health effects.

Type 1 diabetes is when your body stops making insulin. You need to take shots of insulin so your body will be able to carry sugar to your cells.

Type 2 diabetes is when your body does not make enough insulin OR it is not able to use the insulin it does make. This causes a buildup of sugar in your bloodstream. This is the most common type of diabetes.
What Can I Do Now?

- **Action Plan:**
  Develop your own Action Plan – see page 35.

- **Know Your Numbers and Risk Factors for Type 2 Diabetes:**
  - increasing age
  - being overweight, especially having extra weight around the waist
  - being physically inactive
  - having a family history of diabetes
  - giving birth to a baby weighing more than 9 pounds

- **Important to Know:**
  **Fasting Blood Glucose (Blood Sugar)**
  - **What is a fasting blood glucose?** A fasting glucose is the preferred test for diagnosing diabetes. After you have fasted overnight, you will be given a blood test the following morning.
  - **Why do I need this test?** This test shows if you have diabetes or are likely to develop the disease. Fasting blood glucose levels of 126 mg/dL or higher mean you have diabetes. Levels between 100 and 125 mg/dL mean that you have pre-diabetes and an increased risk of developing diabetes.
  - **How often do I need this test?** You should have the test at least every 3 years, beginning at age 45 (especially if you are overweight or obese). If you have risk factors for diabetes, you should be tested at a younger age and more often.

Food choices make a difference.
RISK FACTOR #4
HIGH BLOOD PRESSURE

The Goal: Maintain a blood pressure less than 120 (top number) and less than 80 (bottom number).

- **The Risk – Why is this important?**
  - High blood pressure is a major risk factor for strokes, heart attacks and other blood vessel disease.
  - One in three U.S. adults has high blood pressure, but because there are no symptoms, nearly one-third of these people don’t know they have it.
  - High blood pressure is often called the silent killer because it doesn’t cause symptoms. As a result, many people pay little attention to their blood pressure until they are sick.

- **The Benefits:**
  - Having a normal blood pressure and keeping it low greatly reduce the risk of stroke, heart failure, heart attack and sudden death.

What Can I Do Now?

- **Action Plan:**
  Develop your own Action Plan – see page 35.

- **Know Your Numbers:**
  - Have a healthy weight – blood pressure may be lowered without the use of medication through weight loss and exercise.
  - Consider going to a registered dietician to learn how to prevent or manage high blood pressure through healthy eating (foods to eat, foods to avoid).
  - The Dietary Approaches to Stop Hypertension (DASH) diet can help you lower your blood pressure by eating fruits, vegetables, whole-grain foods and low-fat milk products and limiting your salt intake. The DASH diet is available at the Learning Resource Centers. See Local Resources section, page 48.
  - Get at least 30 minutes of moderate-intensity physical activity most days of the week.
  - Be tobacco-free, which means no tobacco use or exposure to secondhand smoke.
  - If your blood pressure remains high even after you make lifestyle changes, your healthcare provider will probably prescribe medicine.
  - Take your medications as prescribed.

Eat well and be active.
RISK FACTOR #5
OVERWEIGHT AND OBESITY

The Goal: Get to and keep a healthy weight.

- **The Risk – Why is this important?**
  - Today, nearly two-thirds of American adults are overweight or obese.
  - Being overweight increases your risk of many diseases, including stroke.
  - The more overweight you are, the greater the risk of stroke and heart disease.

- **The Benefits:**
  - Losing weight can improve your health in many ways. Just losing 5-10% of your current weight (10-20 pounds for someone at 200 pounds) can make a difference in the way you feel on a daily basis.

Here are some other ways losing weight will benefit your health:
- increase your energy level
- lower your cholesterol levels
- lower your blood pressure
- reduce strain on your joints, particularly the knees and hips
- decrease your risk of sudden death from heart disease or stroke
- prevent Type 2 diabetes
- improve your blood sugar levels

**What Can I Do Now?**

- **Action Plan:**
  Develop your own Action Plan — see page 35.

Talk with your healthcare provider about whether you should lose weight.
- To develop a weight-loss or weight-maintenance program that works well for you, talk with your healthcare provider or a registered dietician. Check with your insurance plan to see if nutrition counseling is covered.
- Get more physical activity every day. See Physical Activity section, pages 28–29. Talk with your healthcare provider before starting a physical activity program.
RISK FACTOR #6
BEING PHYSICALLY INACTIVE

The Goal: Get at least 30 minutes of physical activity on most days of the week. This is true for most of us; however, your specific goal depends on your overall condition and diagnosis. Talk about this with your healthcare provider.

- **The Risk – Why is this important?**
  - Physical inactivity is a major risk factor for stroke and also increases your chances of other risk factors, such as high blood pressure, diabetes and obesity.
  - Lack of physical activity may also lead to more healthcare provider visits, more hospitalizations and more medicines for a variety of illnesses.

- **The Benefits:**
  It has been proven that regular physical activity for 30 minutes or more most days of the week helps to reduce your risk of heart disease, stroke, high blood pressure, diabetes and even other medical problems, such as colon cancer and osteoporosis.

  **Regular exercise can:**
  - reduce tension, stress, depression and anxiety
  - improve self-image and well-being
  - reduce or maintain body weight and possibly lower cholesterol
  - build and maintain healthy muscles, bones and joints

Get at least 30 minutes of activity on most days.

Patient Profile:

“Don’t wait until it is too late to eat right, exercise, keep your weight down and have regular physicals. This could save your life.”
– Al, age 55, Westbrook
What Can I Do Now?

**Action Plan:**

**Develop your own Action Plan** — see page 35.

- Talk with your healthcare provider before starting a physical activity program.
- If you have not been physically active in the past, just walking each day can greatly improve your health.
- Start with what you can do, and build from there.
- Enroll in a physical activity program in your local community.
- Choose an activity that you like to do. This may depend on your physical condition. Some people join a gym, for others brisk walking or rigorous household chores (car washing, gardening, raking leaves, etc.) work best.
- If necessary, divide your activity into shorter periods of time over the day.
- Remember to try and exercise most days of the week. Some exercise most days is better than a lot of exercise only once a week.
- If you have peripheral vascular disease (PVD), walking is essential to maintain adequate blood flow to your legs. You may not be able to walk very far at first. If you get leg pain, rest until it goes away, and then try walking some more. Your healthcare provider can give you specific information.

**Activity Calories Burned per Hour***

- Bicycling 6 mph ........................................ 240
- Bicycling 12 mph ....................................... 410
- Cleaning .................................................. 240
- Cross-country skiing .................................. 700
- Dancing ..................................................... 370
- Gardening ............................................... 324
- Hiking ..................................................... 408
- Jogging 5.5 mph ....................................... 740
- Playing with kids .................................... 216
- Swimming 25 yards per minute ................. 275
- Tennis, singles ......................................... 400
- Walking 3 mph ......................................... 320

* For a healthy 150-pound person. A lighter person burns fewer calories; a heavier person burns more. If you are trying to lose weight, you will be more successful if you boost your activity level beyond 30 minutes most days of the week.
Other Risk Factors

You can lessen your risk of stroke by reducing other risks, including stress, excess alcohol use and hormone replacement therapy.

**STRESS**

**The Goal:** Manage your stress in a healthy way.

**The Risk – Why is this important?**

Both sudden and long-term stress have been shown to increase a patient’s risk of heart attack and stroke.

**What Can I Do Now?**

**Action Plan:**

*Develop your own Action Plan – see page 35.*

- Enjoy the benefits of healthy habits as they can protect your health.
- Consider regular physical activity which can relieve stress and lower your risk of stroke.
- Consider stress management programs to help you find new ways of handling your stress.
- Share your feelings and concerns with family and friends as it can help you to be happier and live longer. Good relationships play an important role!

Share feelings with family and friends.
EXCESS ALCOHOL USE

The Goal: If you drink, drink only a moderate amount of alcohol.

Important to Know: What Is Moderate Drinking?
Moderate drinking is defined as no more than one drink per day for women and no more than two drinks per day for men. Count one drink* as:
- 12 ounces of beer
- 5 ounces of wine
- 1½ ounces of 80-proof hard liquor

The Risk – Why is this important?
- Excess alcohol use increases a patient’s risk for stroke and heart attack.

What Can I Do Now?

Action Plan:
Develop your own Action Plan – see page 35.

- If you are a nondrinker, this is not a recommendation to start using alcohol.
- If you are pregnant or if you are planning to become pregnant, you should not drink alcohol.
- If you have another health condition that could make alcohol use harmful, you should not drink alcohol.
- If you are more than a moderate drinker, be aware that this increases your risk of stroke. Consider cutting back, and talk to your healthcare provider.

Limit your alcohol use.
HORMONE REPLACEMENT THERAPY (HRT)

The Goal: If you are thinking about taking hormone replacement therapy (estrogen or estrogen plus progesterone), talk with your healthcare provider. If you are already taking HRT, stay informed of the risks and benefits of this treatment.

■ The Risk – Why is this important?
In the past, HRT was thought to help protect women against stroke and heart disease. Recent findings show that routine use of oral HRT may increase the risk of cardiovascular disease in women.

- Studies have shown that taking HRT can increase a woman’s risk of stroke, blood clots and heart attack. Because of this, HRT is NOT routinely recommended.
- For some women, using HRT for short-term relief of menopausal symptoms may outweigh the increased risk of stroke and heart disease.
- Recent findings suggest that taking HRT in a patch form may be safer than taking it by mouth.
- If you and your healthcare provider decide that you will use HRT, it is recommended that HRT be used for as short a time period as possible.

What Can I Do Now?

■ Action Plan:
Develop your own Action Plan – see page 35.

Talk with your healthcare provider to learn more about you and HRT.
Regaining Your Life

Many stroke patients are able to live a fulfilling life. Much depends on you taking an active role to improve your health.
TAKE CHARGE –
AN ACTION PLAN FOR HEALTH

Taking care of your heart and blood vessels is one of the most important things you can do for your health and well-being. This involves changing daily habits, so it can require some real effort.

■ To Make the Process Easier:
  - Change only one habit at a time.
  - Set realistic goals.

Remember, nobody’s perfect.
  - Nobody always eats the ideal diet or gets just the right amount of physical activity.
  - It’s important to follow a plan that will work for you and will lower your risk of stroke and heart disease.
  - Remember to keep at it. Work with your healthcare provider. Ask family members and friends for support. If you slip, try again. Be good to your heart and blood vessels, and they will reward you many times over.

■ Important to Know:
  Health Is a Family Affair
When it comes to healthy living, what’s good for you is good for your whole family. If you are trying to make healthy lifestyle changes, your chances of success are better if you and your family make changes together.

Whatever your current health condition or habits, the following Action Plan can help you live a healthier life.

Use the My Action Plan on page 35.
MY ACTION PLAN

Name: ______________________________________ Date: __________________

☐ I have worked with another healthcare provider to set a goal.

What I Will Do

Choose One Goal:
I will ____________________________________________________________
(Examples: increase my physical activity; take my medications; make healthier food choices; reduce my stress; reduce my tobacco use)

Choose One Action:
I will ___________________________________________________________
(Examples: walk more; eat more fruits and vegetables)

How Much/How Often

How much: ______________________________________________________
(Example: 20 minutes)
How often: ______________________________________________________
(Example: three times a week on Monday, Wednesday, Friday)

Confidence

Circle a number to show how sure you are about doing the activity. Try to choose an activity on which you score a 7 or above.

1 2 3 4 5 6 7 8 9 10
Not sure at all  Somewhat sure  Very sure

MY SIGNATURE

HEALTHCARE PROVIDER SIGNATURE
**CHOOSE HEALTHY FOODS**

It is important to keep a balance between the calories you eat and the calories you burn so that you can maintain a healthy weight. If you need to lose weight, you will need to eat fewer calories than you burn. Your body burns calories by being physically active.

- Choose a variety of grains daily; half of your daily grains should come from whole grains.
- Choose a variety of fruits and vegetables daily.
- Choose a diet that is low in saturated fat, trans fat and cholesterol.
- Choose foods and beverages that are low in added sugar.
- Choose and prepare foods with little or no salt.
- If you drink alcoholic beverages, do so in moderation. *See Alcohol section, page 31.*
- Balance the calories you take in with the calories you use through physical activity.
- Keep foods safe to eat (correct refrigeration, good hand-washing practices).

**Visit This Online Website:**

[www.mypyramidtracker.gov](http://www.mypyramidtracker.gov)

My Pyramid Tracker (www.mypyramidtracker.gov) is a diet and physical activity assessment tool that gives you information on your diet quality and physical activity status and links you to other helpful websites.

**Patient Profile:**

“The healthcare provider sent me to a dietician. She is the one who taught me the things that I had to do in order to eat right. It was hard at the beginning because once you have bad habits, they are hard to break. But once I realized it was for my own good and no one was going to take care of me except me, I decided to start eating better.”

– Jose, age 54, Portland

---

**EAT LESS** red meat, processed foods and foods with added sugar.

For proteins, **EAT MORE** seeds, nuts, legumes, low-fat dairy and fish.

**EAT MOST** plant based foods with lots of whole grains, vegetables, fruits and healthy oils like canola and olive oil.
### Nutrition Tips

**Important to Know:**

**Lowering Your Total Cholesterol**

Total cholesterol is the main cause of the buildup of fat (plaque) deposits on your artery walls (arteriosclerosis). This buildup causes a higher risk of stroke and heart disease.

- Choose these more often: Fish, chicken (without the bones or skin), skim or 1% milk and other low-fat dairy products, egg whites, fruits and vegetables.
- Choose these less often: Whole milk and other fatty dairy products, ice cream, butter, egg yolks, red meat, sausage, bacon, biscuits, donuts, high-fat snacks (chips, candy, crackers, etc.), fried food and fast food.

**Important to Know:**

**Increasing Your High-Density Lipoprotein (HDL)**

Increase HDL (the “good” cholesterol) as much as possible. This helps clear your arteries and veins of the fat that can cause clogging, which seems to lower risk of heart attack and stroke.

- Increase omega-3 fatty acids, found in deep-sea fish (bluefish, herring, mackerel, salmon, swordfish, trout, tuna – albacore or bluefin); eat at least two servings per week.
- Use natural foods such as hickory nuts, soybean kernels, soybeans (green, raw, soybean nuts) and flaxseed.
- Increase monounsaturated fats found in food items such as olive oil, canola oil, peanut oil, peanuts, pecans, almonds, walnuts, cashews (alone or in combination), natural peanut butter, olives and avocados.

**Important to Know:**

**What Is Trans Fat?**

Trans fats or trans fatty acids are types of dietary fat that raise your “bad” cholesterol (LDL). They are formed when vegetable oil is hardened to become margarine or shortening in a process called hydrogenation. To reduce trans fats in your diet, read food labels and buy fewer products that list “hydrogenated oil” or “partially hydrogenated oil” as an ingredient.

- The main sources of trans fats are foods made of hydrogenated oils, such as margarine or shortening, and store-bought cookies, cakes, pies, snack food and fried foods.
- Limit commercially baked goods, fast foods, stick margarines, donuts, biscuits, fried food, cookies, Pop Tarts, microwave popcorn and many prepackaged foods.
- Read labels carefully!

---

**Have fun cooking healthy meals.**
**SEXUAL ACTIVITY**

Many people who have had a stroke or other serious condition wonder if they can still have sex. The answer is yes. Although sex may not be as easy as it once was, it can still be rewarding. Check with your doctor before leaving the hospital to find out when you can safely resume sexual activity.

To increase your ability to enjoy sex, try the following:

- Talk openly with your partner about your sexual needs and concerns.
- Pick a time for sex when you feel rested and comfortable.
- Avoid sex after eating a big meal or drinking alcohol.
- Have sex in a comfortable room that is not too hot or too cold.
- Have sex in less strenuous positions such as lying on the bottom or you and your partner lying side by side.

If intercourse is difficult for you, try to find other ways of being physically close and intimate with your spouse or partner. For example, consider:

- Find other ways to show affection.
- Try mutual forms of sexual stimulation other than intercourse.
- Increase nonsexual affection and communication with your spouse or partner.

If you are having sexual difficulties, do not hesitate to talk with your healthcare provider.

Certain medications may cause problems with sex, including:

- Decreased sex drive, problems with ejaculation, impotence or inability to have an orgasm or climax.

It is important to discuss these issues with your healthcare provider.

Many stroke patients find ways of being physically close.
DRIVING

Getting out of the house can give you a sense of freedom, control and independence. Going the places you want and doing the things you enjoy will help in your recovery.

Driving uses many skills that can be affected by stroke. Luckily, most stroke survivors can regain the ability to drive safely by getting new training or using special equipment. Those who are unable to do so can learn new ways of getting around.

Please talk with your doctor and therapists about returning to driving. Please also contact the Department of Motor Vehicles for the laws regarding driving after stroke.

Your doctor may order an evaluation by a driver rehabilitation specialist (DRS). The evaluation will include a vision exam and a test to see if you can react in ways to keep you safe on the road.

The DRS may offer tips to improve your driving skills and can train you on equipment that will make driving easier and safer.

To find a DRS in your area, contact:

Unable to Drive?
You may not be able to drive after a stroke. You may have trouble turning the steering wheel or thinking clearly about the cars around you. There are ways to help maintain your independence and get to the places you want:
- Ride with family and friends.
- Take a taxi, shuttle bus or van.
- Use public transportation such as buses, trains and subways.
- Try a scooter, if it’s safe for you.
- Walk.
EMOTIONAL CHANGES

■ Managing Stress

Stress is your body’s response to change and what is happening around you. It is natural, but when stress gets in the way of your ability to think clearly, to get things done or does not go away, it is time to act.

Changes that occur after a stroke can be stressful. Because stress raises your blood pressure and heart rate, as a stroke survivor, it is very important for you to manage stress. Too much stress for long periods can be harmful and raises your risk for heart attack and another stroke.

■ Signs of Stress:

- Emotionally, stress can make you feel afraid, angry, helpless or excited.
- Physically, stress can make you feel sweaty or short of breath, or make your heart race or give you a headache.

Ask your doctor about emotional changes you feel as soon as you feel them.

After a stroke, you may have changes in the way you feel, act and think. These changes may be temporary or long-lasting. Some people may not have any of these changes, while others may have a lot of these changes. Ask your doctor, nurse or therapists about how to deal with these changes.

Dealing with a flood of emotions can be difficult for anybody to manage – stroke survivors often have many different feelings. Some emotions are normal responses to the changes in your life after a stroke. However, not all emotions are a normal part of recovery. Some emotions are caused by brain injury. How these emotions feel to you, how long they last and how strong they are may tell you that you should get help dealing with these emotions. If not treated, severe emotional changes can get in the way of your recovery.

Stay active – this can help reduce stress.
When sadness turns into depression, it is time to act.

**Depression**

Depression is the most common emotional change experienced by stroke survivors. Grieving for what you have lost is an important part of the recovery process. But when sadness turns into depression, it is time to act.

**Depression Symptoms**

- crying all the time
- difficulty concentrating
- easily agitated
- feeling fatigue or “slowed down”
- feeling sad or “empty” most of the time
- feeling worthless or helpless
- loss of appetite or weight gain
- losing interest or pleasure in ordinary activities
- ongoing thoughts of death or suicide
- oversleeping or trouble sleeping

**Anxiety (Extreme Worry)**

Often stroke survivors have both depression and anxiety.

**Anxiety Symptoms**

- feeling panicky and out of breath
- feeling sick to your stomach
- headache
- low energy
- muscle tension
- ongoing worry, fear, restlessness and irritability that do not seem to let up
- poor concentration
- scary rapid heart beat
- shaking

**Severe Emotional Changes**

Dramatic changes in emotions over short periods and uncontrolled emotions can be sudden and intense and often are bigger than normal for the situation.

Some stroke survivors may laugh or cry at the wrong times, like laughing at a funeral, crying at a comedy club or even crying uncontrollably for little or no reason. This is a common problem for stroke survivors.
GOOD WAYS TO COPE WITH STRESS AND EMOTIONAL CHANGES

- **Care for yourself.** Eat healthy foods. Get enough sleep. Try to walk or get some type of physical activity every day, especially outdoors. Take time to relax by breathing deeply.

- **Prepare yourself.** Prepare for those things you know will be stressful – planning for them can help you manage them.

- **Take time for yourself.** Take time every day to do something that you truly enjoy. It might be spending time with friends or family or listening to music.

- **Tell your story.** Find a friend or family member who is a good listener to share your experiences. Even writing them down in a journal is a good release. Talking about and sharing your feelings are good ways of dealing with them.

- **Accept your feelings.** Fear, sadness and anger are natural, common responses to a diagnosis of stroke. Accept your emotions as part of your recovery.

- **Get support.** Connecting with others going through similar experiences can be very reassuring and helpful. Consider joining a support group in your area. Invite a friend or family member to attend with you. See Local Resources section, pages 48–49.

- **Seek professional counseling.** Sometimes additional support and guidance are needed. Your healthcare provider can help you find a counselor.

- **Talk with a spiritual leader.** Being in touch with your spiritual side may help when you are faced with a serious illness. Your clergy or rabbi may be able to help you with your feelings. They are trained to listen and provide guidance. This can help both you and your family to cope with your diagnosis.

- **Celebrate “small victories.”** Every little success should be a reason to celebrate and recognize your progress. Enjoy each precious day.
Tool Kit

Use the tools in this section to help you plan, to keep track of important information and to review with your doctor.
GUIDELINES FOR STROKE PATIENTS

Discuss and fill out this chart with your doctor or nurse.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Goal</th>
<th>How Often</th>
<th>Why It Is Important</th>
<th>My Numbers</th>
<th>My Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>Optimal less than 120/80&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Every visit</td>
<td>High blood pressure can cause kidney damage and strokes.</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td><strong>Overweight</strong></td>
<td>Healthy Weight</td>
<td>Every visit</td>
<td>Healthy weight reduces risk.</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td>No tobacco use</td>
<td>Every visit</td>
<td>Quitting lowers your risk of premature death.</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>Less than 200</td>
<td>Every year (more often if needed)</td>
<td>It is used to estimate your risk of developing heart disease.</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td><strong>LDL “Bad” Low-Density Lipids</strong></td>
<td>Less than 70&lt;sup&gt;2&lt;/sup&gt; (stroke patients)</td>
<td>Every year (more often if needed)</td>
<td>It checks for “bad” cholesterol. High LDL can cause heart disease and strokes.</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td><strong>HDL “Good” High-Density Lipids</strong></td>
<td>Greater than 40</td>
<td>Every year (more often if needed)</td>
<td>It checks for “good” cholesterol. HDL helps keep “bad” cholesterol from building up in the arteries.</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td><strong>Triglycerides</strong></td>
<td>Less than 150</td>
<td>Every year (more often if needed)</td>
<td>It is a form of fat in your blood that can raise your risk of heart disease.</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td><strong>Blood Sugar</strong></td>
<td>Less than 100</td>
<td>Every 3 years (more often if needed)</td>
<td>It checks sugar level in the blood.</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td><strong>Hemoglobin Alc (for those with diabetes)</strong></td>
<td>Less than 7.0</td>
<td>Every 3–6 months</td>
<td>It checks for control of blood glucose levels over the past 2–3 months.</td>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

<sup>1</sup>If you are being treated for hypertension and/or diabetes, the treatment goal is less than 130/80.

<sup>2</sup>Further reduction to less than 70 may be reasonable. Talk with your healthcare provider.
HIGH BLOOD PRESSURE: UNDERSTANDING THE NUMBERS

Your blood pressure category is determined by the higher number of either your systolic pressure (the amount of force used when the heart beats, the top number) or your diastolic pressure (the pressure that exists in the arteries between heartbeats, the bottom number).

<table>
<thead>
<tr>
<th></th>
<th>Top Number (Systolic)</th>
<th>Bottom Number (Diastolic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Blood Pressure</td>
<td>Less than 120</td>
<td>and</td>
</tr>
<tr>
<td>Pre-hypertension</td>
<td>120–139</td>
<td>or</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>140 or higher</td>
<td>or</td>
</tr>
</tbody>
</table>

What Is Pre-hypertension?
If your blood pressure is between 120/80 and 139/89, then you have pre-hypertension. This means that you don’t have high blood pressure now but are likely to develop it in the future. You can take steps to prevent high blood pressure by adopting a healthy lifestyle. Talk to your healthcare provider if you are in the pre-hypertensive range, and start managing your blood pressure now.
MEDICATION CHART

This chart is designed to help you keep track of your medications and their doses. Put a check in the box after you take your medication. Make photocopies of this chart, keep the pages in a folder and bring it to your next healthcare provider appointment.

If you have trouble paying for medications, please see MedAccess in Local Resources section, page 48.

<table>
<thead>
<tr>
<th>Morning Medications</th>
<th>Dose</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Midday Medications</th>
<th>Dose</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evening Medications</th>
<th>Dose</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>As Needed Medications</th>
<th>Dose</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONS FOR MY DOCTOR
AND MY OTHER HEALTHCARE PROVIDERS

Getting answers to these questions will give you important information about your health and what you can do to improve it.

**Bring this list to your healthcare provider’s office.**

**Choose two or three questions to discuss with your provider.**

- What is my risk for another stroke?
- What is my blood pressure? What does it mean for me, and what do I need to do about it?
- What is my blood pressure goal?
- What are my cholesterol numbers? (These include total cholesterol, LDL [bad cholesterol], HDL [good cholesterol] and triglycerides.) What do they mean for me, and what do I need to do about them?
- What are my goals for my cholesterol numbers?
- What is a healthy weight for me? Does this mean I need to lose weight for my health?
- What is my blood sugar level? Does it mean I’m at risk for diabetes?
- What other screening tests for stroke and heart disease do I need? How often should I return for checkups?
- For smokers: What can you do to help me quit using tobacco?
- How much physical activity do I need? What kinds of activities are helpful?
- What is a healthy eating plan for me? Should I see a registered dietician to learn more about healthy eating?
- How can I tell if I’m having a stroke or a heart attack? What should I do if I think I may be having a stroke or a heart attack?
- Questions about medications: Should I be on a beta-blocker? Should I be taking aspirin?
Stroke Resources

For more information, please call the MaineHealth Learning Resource Centers at 1-866-609-5183 (toll-free) or go to the MaineHealth Stroke website at www.mainehealth.org/strokeinfo.

LOCAL RESOURCES

- **American Heart Association/ American Stroke Association**
  51 U.S. Route 1, Suite M
  Scarborough, ME 04074
  1-800-937-0944 (toll-free)
  (207) 879-5700
  www.americanheart.org
  Provides free pamphlets on stroke, heart disease, prescription drug use, exercise and healthy living tips.

- **MaineHealth Learning Resource Centers**
  1-866-609-5183 (toll-free)
  www.mainehealth.org/lrc
  Provides health information and resources to patients, families and communities. Extensive library of books and videos on a wide variety of healthcare topics. Computers are also available, along with help to search for health information. Professional health educators are always present to assist with your health information needs.

- **Maine Tobacco HelpLine**
  1-800-207-1230 (toll-free)
  Provides free, confidential, individualized smoking cessation counseling and information to any Maine caller. Information for friends and loved ones of tobacco users is also provided.

- **MedAccess**
  1-877-275-1787
  www.mainehealth.org/mh_body.cfm?id=4002
  Provides free help to low income people without prescription coverage (& Medicare) to access their medications at low or no cost.

- **Neuroscience Institute at Maine Medical Center**
  (207) 662-6924
  wwwmmc.org/stroke
  Brings together researchers and healthcare partners to provide the best possible care to people with brain, spinal cord and nervous system disorders and diseases. Specialized services are provided across the entire continuum of care, from acute illness and injury in the emergency room and in the intensive care unit to chronic disorders in outpatient offices to rehabilitative physical and occupational therapy.
Partnership for Healthy Aging
(207) 775-1095
www.mainehealth.org/pfha
Dedicated to helping older adults remain active, healthy and live independently. PFHA works with local, state and national organizations and resources for older adults to provide a continuum of care and services to promote successful aging:

- **A Matter of Balance**: helps older adults overcome fear of falling and increase activity levels.
- **EnhanceWellness**: health promotion program for independent living seniors with chronic disease.
- **EnhanceFitness**: strength training, aerobics, balance and stretching for older adults; safe for wide range of abilities.
- **Living Well**: course to help older adults with chronic conditions deal with frustration, fatigue, pain and isolation through exercise, nutrition and communication.

Southern Maine Agency on Aging (SMAA)
136 U.S. Route One
Scarborough, ME 04074
1-800-427-7411 (statewide)
(207) 396-6500 (local)
Provides many services and programs for adults over 60 and their caregivers to promote independence and healthy lifestyles. Services offered include home-delivered meals, healthy aging programs, information and referral, health insurance counseling and volunteer opportunities.

Support Groups
Help stroke patients, caregivers and family members give and receive both emotional and practical support as well as exchange information. To find a support group in your area, please call your local hospital or one listed below:

- **New England Rehabilitation Hospital**
  Portland – (207) 662-8589
- **MaineGeneral Medical Center**
  Waterville – (207) 872-4123/872-4349
- **Bay Side Neuro Rehabilitation**
  Portland – (207) 761-8402
- **Parkview Adventist Medical Center**
  Brunswick – (207) 373-2000
- **Southern Maine Agency on Aging**
  1-800-427-7411
- **Mid Coast Hospital**
  Brunswick – (207) 373-6175
STATEWIDE RESOURCES

- 2-1-1  
  www.211maine.org  
  Provides searchable database of community resources throughout the State of Maine. It includes crucial addresses, phone numbers, key contacts and support groups, as well as detailed information essential to finding the most appropriate services for your needs. Available 24 hours a day, 7 days a week.

- Bureau of Elder and Adult Services  
  Maine Department of Health and Human Services  
  1-800-262-2232 (8am to 5pm)  
  TTY 1-(888)-720-1925  
  www.maine.gov/dhhs/beas  
  Promotes many programs and services such as information on prescription drug assistance, legal education and healthy living for older adults, for their families and for people with disabilities.

- Maine Tobacco HelpLine  
  1-800-207-1230  
  Hours: Monday–Thursday, 10 am–8 pm,  
  Friday, 10 am–5 pm &  
  Saturday, 10 am–2 pm  
  Provides free, confidential, individualized smoking cessation counseling and information to any Maine caller. Information for friends and loved ones of tobacco users is also provided.

- Maine CDC/DHHS Cardiovascular Health Program  
  www.healthymainepartnerships.org/mcvhp  
  Provides free resources on stroke and heart disease prevention, symptoms, and risk factor management.

NATIONAL RESOURCES

- American Heart Association/American Stroke Association  
  www.americanheart.org  
  Provides warning signs, healthy living tips and information on stroke, heart disease and heart failure.

- Eat Right  
  www.eatright.org  
  Provides information on health and nutrition; and is run by the American Dietetic Association.

- Heart Information Network  
  www.heartinfo.org  
  Offers current events, heart facts, and special feature guides to different types of disease and how to find a provider as well as many other topics.

- Shape Up America!  
  www.shapeup.org  
  Offers information regarding fitness and weight management.

- National Cancer Institute  
  Smoking Cessation  
  www.smokefree.gov  
  1-800-QUITNOW (1-800-784-8669)  
  Offers free information and support when quitting smoking.

- U.S. Department of Health and Human Services  
  www.health.gov/dietaryguidelines  
  Provides nutritional guidelines offered by the USDA and a listing of links to federal agencies that address health risks.
- **National Heart, Lung, and Blood Institute Health Information Center**
  1-800-575-WELL (1-800-575-9355)
  www.nhlbi.nih.gov
  Provides a toll-free recorded health messages line. This website provides information on the prevention and treatment. It also offers free materials and helpful tools at the sites listed below:
  - **Act in Time to Heart Attack Signs**
    www.nhlbi.nih.gov/actintime/index.htm
  - **Heart-Healthy Recipes**
  - **High Blood Cholesterol: What You Need to Know**
  - **Live Healthier, Live Longer**
    (lowering elevated blood cholesterol)
    www.nhlbi.nih.gov/health/chd
  - **Your Guide to Lowering High Blood Pressure**
    www.nhlbi.nih.gov/hbp/index.html

**INTERNET RESOURCES**

- **American Stroke Association**
  1-888-4-STROKE
  www.americanheart.org
  Provides a wealth of information on stroke-specific issues and is a division of the American Heart Association.

- **National Institute of Neurological Disorders and Stroke (NINDS)**
  1-800-352-9424
  www.ninds.nih.gov/disorders/stroke/stroke.htm
  Provides free information about stroke available through their website.

- **Medline Plus**
  http://medlineplus.gov
  Provides lots of information about stroke. It has a section on drugs, an illustrated medical encyclopedia, interactive patient tutorials and the latest health news.

- **National Stroke Association**
  www.stroke.org
  1-800-STROKES (1-800-787-6537)
  Provides information and support to people who want to learn more about stroke, have survived a stroke, know someone who has had a stroke or care for a stroke survivor.

- **Smoking Cessation**
  National Cancer Institute
  1-800-QUITNOW (1-800-784-8669)
  www.smokefree.gov
  Offers free information and support quitting smoking.

- **National Centers for Disease Control and Prevention**
  Stroke Prevention website
  www.cdc.gov/stroke
GLOSSARY OF STROKE TERMS

This glossary contains a number of terms you may hear when your doctor talks about stroke.

For a more complete list of stroke terms, please go to the MaineHealth Stroke website at www.mainehealth.org/strokeinfo.

ADLs – activities of daily living (things you do every day).

Ambulatory – walking or mobility.

Aneurysm – weak or thin spot on an artery wall that has ballooned out from the wall and filled with blood, or damage to an artery leading to pooling of blood between the layers of the blood vessel walls.

Anticoagulant – drug therapy used to prevent the formation of blood clots that can become lodged in cerebral arteries and cause strokes.

Aphasia – inability to understand or create speech, writing or language in general due to damage to the speech centers of the brain.

Arteriosclerosis – chronic disease characterized by abnormal thickening and hardening of the arterial walls, making them less elastic.

Atrial fibrillation – irregular beating of the left atrium, or left upper chamber of the heart.

Brain attack – another name for stroke.

Carotid arteries – two major arteries, one on either side of the neck, that carry blood to the head.

Cerebellum – back part of the brain that controls body movement (e.g., balance, walking, etc.)

Cerebrovascular accident (CVA) – another name for stroke.

Cerebrovascular disease (CVD) – reduction in the supply of blood to the brain either by narrowing of the arteries through the buildup of plaque on the inside walls of the arteries, called stenosis, or through blockage of an artery due to a blood clot.

CT scan – stands for computed axial tomography. This is a test that shows three-dimensional pictures of the brain.

Dysphagia – trouble eating and swallowing.

Embolic stroke – result of a blood clot forming elsewhere in the body (usually the heart) and traveling through the bloodstream to the brain. In the brain, the clot reaches a vessel it cannot pass through and blocks the flow of oxygen-carrying blood.

Hemiparesis – one-sided weakness.

Hemiplegia – one-sided paralysis.

Hemorrhagic – sudden bleeding into or around the brain.

High density lipoprotein (HDL) – also known as the “good” cholesterol; compound that helps remove cholesterol from the blood, preventing it from building up in your arteries.

Hypertension – abnormally high arterial blood pressure.

Infarct; Infarction – tissue death resulting from an inadequate supply of oxygen, due to a reduction or lack of blood flow to the area.

Ischemia – loss of blood flow to tissue, caused by an obstruction of the blood vessel, usually in the form of plaque stenosis or a blood clot.

Low-density lipoprotein (LDL) – also known as the “bad” cholesterol; a compound that carries the majority of the total cholesterol in the blood and deposits it on the inside of your arteries.
**MRI** – stands for magnetic resonance imaging. It is a test like a CT scan that shows doctors images of the brain.

**Neglect** – decreased attention to body and space, most commonly to one side of the body, following stroke.

**Paralysis** – loss of voluntary movement of the limbs due to lack of strength.

**Paresis** – weakness or partial paralysis.

**Plasticity** – ability to be formed or molded; in reference to the brain, the ability to adapt to deficits and injuries.

**Stenosis** – narrowing of an artery due to the buildup of plaque on the inside wall of the artery.

**Thrombotic stroke** – most common type of stroke. This occurs when a clot blocks one of the blood vessels in the brain. It can result from the buildup of fatty deposits or cholesterol.

**Transient ischemic attack (TIA)** – short-lived stroke that lasts from a few minutes up to 24 hours; often called a mini-stroke.

**Vein** – vessel that carries blood back to the heart from various parts of the body. Veins have thinner walls than the arteries because the blood they are carrying is under less pressure.

---

**SOURCES**

- [American Stroke Association](#)/[American Heart Association](#)
- [National Stroke Association](#)
- [Maine CDC/DHHS Cardiovascular Health Programs](#)
- [Maine CDC/DHHS Healthy Maine Partnerships](#)
- [MaineHealth Center for Tobacco Independence](#)
- [National Institutes of Health](#)
MaineHealth is a nationally-recognized, not-for-profit group of leading hospitals, physicians and healthcare organizations working together to help make the people of Maine the healthiest in America. As one of the nation’s top 40 integrated healthcare delivery systems, we offer a comprehensive range of healthcare services to the communities of Southern, Central and Western Maine.

MaineHealth is working together to make high quality healthcare accessible to all. We’re hospitals, physicians, nurses, outpatient care centers, home health agencies, outpatient surgery centers, diagnostic centers and much more, with a common goal to support healthy individuals and healthy communities. We’re part of the fabric of our community, using our collective strengths to improve the health of area residents.

Member organizations of MaineHealth include Maine Medical Center, Miles Memorial Hospital, St. Andrews Hospital, Stephens Memorial Hospital, Spring Harbor Hospital, HomeHealth Visiting Nurses, NorDx, Synernet, and Maine Physician Hospital Organization. Affiliates of MaineHealth include MaineGeneral Medical Center, Mid Coast Hospital, Southern Maine Medical Center, St. Mary’s Regional Medical Center, and Penobscot Bay Medical Center.

Imagine a day when diseases are preventable; outcomes are always positive and the highest quality healthcare is available to all. That’s the goal of each and every healthcare organization that makes up MaineHealth.

All information in this booklet comes from medical research and local health experts. To learn more about this topic or for references used in this booklet, please call the MaineHealth Learning Resource Centers, toll-free, at 1-866-609-5183 and ask to speak with a health educator or email requests to learningcenter@mmc.org.

The information provided through this booklet and its links is provided for your education and enrichment and should not be used for diagnosing and treating a health problem or disease. It should not be relied on for personal diagnosis, treatment or any other medical purpose. This list does not constitute an endorsement of the information contained in the resources. If you believe that a particular therapy or diagnosis applies to your situation, please contact your doctor or healthcare provider to discuss it further.
ACKNOWLEDGMENTS

MaineHealth would like to acknowledge the dedicated work of the members of the Stroke Workgroup in developing this resource booklet for patients and their families. Special thanks to the Patient Education Subcommittee.

Patient Education Subcommittee:
Chair: Darcy Evans
Mary Bitterauf, BS, CHES
Bonnie Butterfield, PT
Peggy Chausse, MA, CHES
Sharon Hartl, OT
Archana Mahimkar, MS, MBA
Andrene Rauch, PT
Paul Steltzer, PT
Hannalie Van Der Westhuyzen, OTR

2008 Members of the MaineHealth Stroke Workgroup:
Pat Adams, RN
Aqui Alamo, MD
Kathy Bean, RN
John Belden, MD
Jennifer Bennett
Cindy Bernier, RN
Joel Botler, MD
Heather Brewer
David Burke, MD
Bonnie Butterfield, PT
Dottie Carroll, RN, BS
Gail Castonguay, RN, BSN
Rebecca Chagrasulis, MD
Jean Childs, MS, OTR
Beth Church
Stephen Cook, MD
Janet Corbett
Marlene Cormier, MD
Greg Coyne, RN
Anita Day, RN, MS
Kim DeMerchant, RN

Rajiv Desai, MD
Steven Diaz, MD
Georgann Dickey, NP
Mary Dimascio
Peter Dipietrantonio, MD
John Dolan, MD
Darcy Evans
Jeff Fecko, MD
Cheryl Fecteau, RN
Bob Fernandez, MD
Steve Fisher, MD
Mark Fourre, MD
Judi Gallant
Melissa Gallant
Michael Gibbs, MD
Peggy Gillooly
Darlene Glover, RN, MSN
Barbara Grillo
Susan Olson Gwozdz, MS, FACHE
Kent Hall, MD
Robert Hand, EMT-P
Julia Hanrahan
Peter Harbage
Ralph Harder, MD
Sharon Hartl, OT
Eileen Hawkins, RN, MSN, CNRN
Peggy Haynes, MPA
Rosemary Henry, MS, RN
Dianne Hoffman
Kelly Holbrook
Dory Holmes, MPH, OTR/L
Nancy Jackson, RN
Steve Juchnik, RN
Syed Kazmi, MD
Steven Keegan
Scott Kemmerer, MD, FACEP
Janice Korda
Andrew Lackoff, MD
Anita Lalonde, RN
Kathy Lane, RN, MSN, NP
Frank Lavoie, MD
Deb MacLeod, RN
Archana Mahimkar, MS, MBA
Cindy McLeod, RN
Elaine McMahon, RN, MS
Tom McOsker
William Medd, MD, OHIM
Chris Michalakes, MD
Scott Miller
Joy Moody, RN, MSN
Amy Morse
Joanne Moulton, RN
Jay Mullen, MD
Joseph Newsome, RN
Wendy Osgood, MS, PT
Maureen Parkin
Peggy Pinkham
Gina Quinn-Skillings, MD
Andreene Rauch PT
Carl Robinson, MD
Joanna Salamone, RN, MS
John Saucier, MD
Shelly Shibles, RN, BSN
Laura Smith, PTA
John Southall, MD
Robert Stein, MD
Sidney Steinkeler, MD
Paul Steltzer, PT
Shelly Stuart, RN
John Taylor, DO
Jana Tobin
Helen Troy, RN
Hannalie Van Der Westhuyzen, OTR
Roxie Walton, RN
Francine Wheelock
Arlene Wing
Cal Yates

MaineHealth Staff:
Mary Becker, MD – Medical Director
Richard Veilleux, MPH, MBA – Program Manager
Joel Richard – Administrative Support

Special thanks also to the MaineHealth Cardiovascular Health Workgroup and Patient Education Subcommittee for their work in developing the resource booklet on which this guide is based.

Thanks also to the staff and patients of New England Rehabilitation Hospital of Portland for their contributions.
Any one of the **WARNING SIGNS** is a reason to call 9-1-1. The faster you call for help, the better your chances for a full recovery.

- Sudden weakness or numbness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headaches with no known cause

Your personal **RISK FACTORS** for stroke are: *(check all that apply)*

- High Blood Pressure
- Diabetes
- Smoking
- Obesity
- Other: ____________________
- Other: ____________________
- History of Stroke, TIA or MI
- Atrial Fibrillation
- Elevated Lipids/Cholesterol
- Physical Inactivity
- Other: ____________________
- Other: ____________________

It is important to know your **MEDICATIONS** and to take them as prescribed. Please review your list of discharge medications with your nurse.

It is also important to obtain **FOLLOW-UP** medical care after a stroke. Please follow up with your doctor after discharge.

Dr. _________________________ Phone:____________________