

## Choose your topics

	<b>Stroke- what is it?</b>	<b>Stroke- What are the risk factors?</b>	<b>Understanding medications for stroke prevention</b>	<b>Lifestyle changes to prevent stroke</b>	<b>Develop an action plan to prevent stroke</b>
<b>What is it about?</b>	<b>Causes of stroke</b>  <b>The warning signs of stroke</b>	<b>Modifiable</b> risk factors  <b>Non-Modifiable</b> risk factors	<b>Medications</b> you may need to take to help prevent another stroke	<b>Lifestyle changes</b> to help prevent another stroke	<b>Planning</b> which health professionals you will see <b>for stroke prevention</b>
Me <input checked="" type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes
My Family/friends <input checked="" type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes