

STROKE CHAMPION ACTION PLAN



I, _____ on this date _____

make this pledge to myself and those I care about, that I am Stroke Ready and I will **BEFAST**

I know that I need to **BEFAST** and **CALL 911** if I see someone having any of these signs:



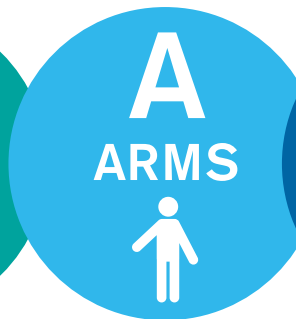
Sudden loss
of balance



Sudden
trouble seeing



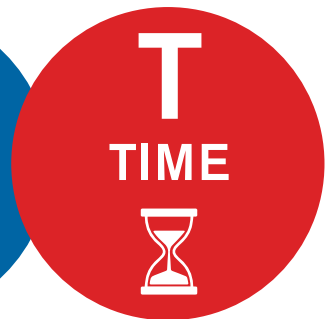
Uneven or
crooked smile



Sudden arm or
leg weakness



Speech is slurred
or drooling



Sudden headache
Time to call 911