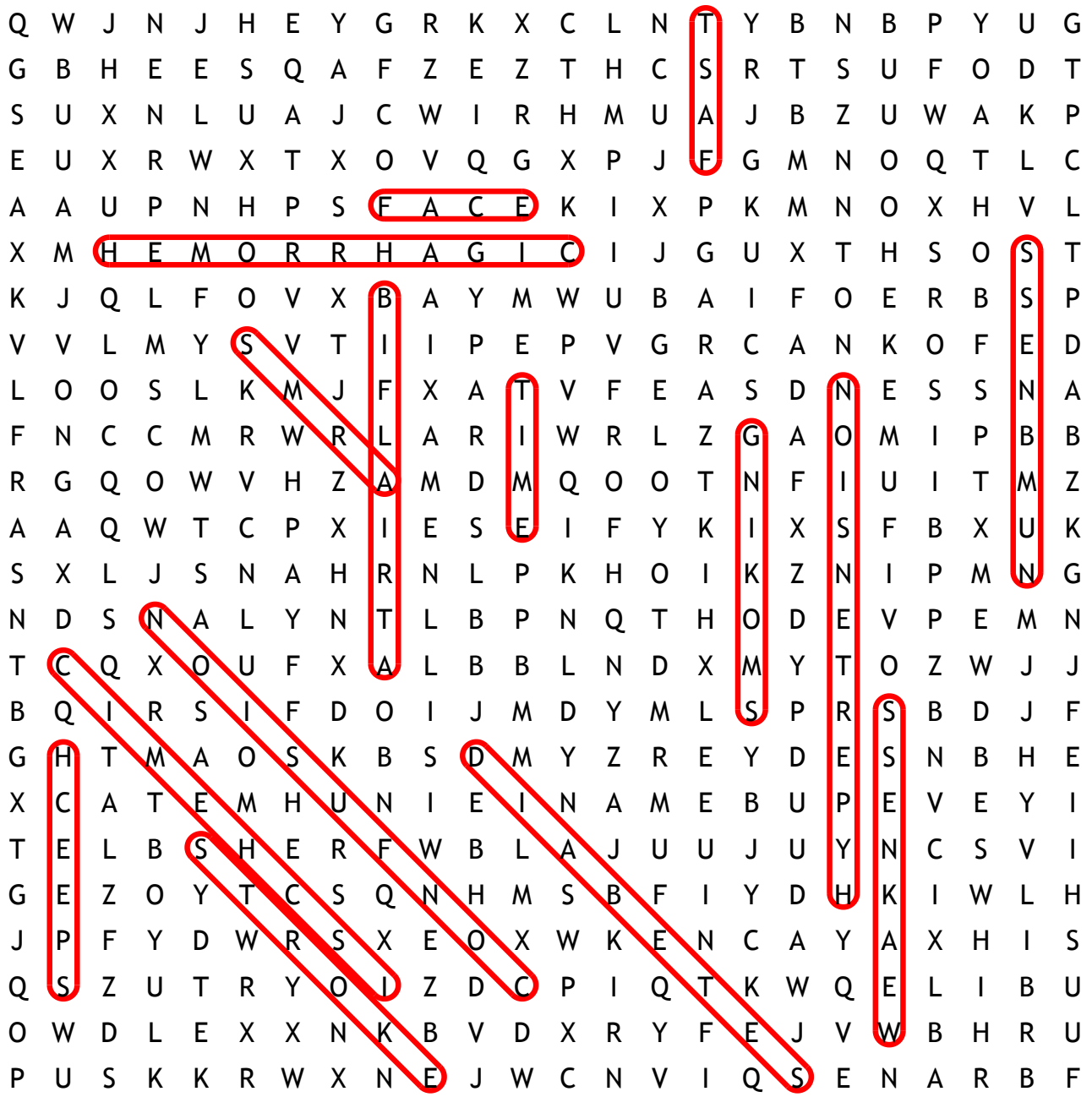
Name: _____ Date: _____

Stroke



hypertension
confusion
numbness
speech
time

hemorrhagic
ischemic
weakness
stroke
face

atrial fib
diabetes
smoking
arms
fast