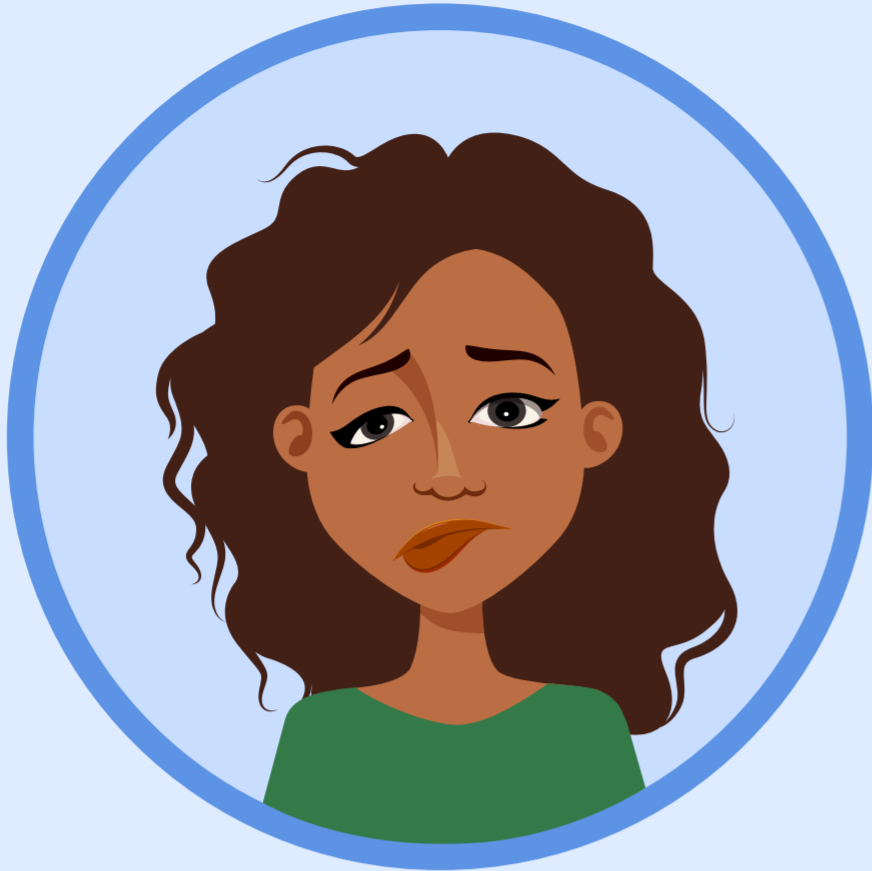


STROKE ASSESSMENT

ACT **F.A.S.T**

CALL 000 IF ANY OF THESE SYMPTOMS ARE PRESENT

F



FACE

Can the person smile?
Has their mouth or eye drooped?

A



ARM

Can the person raise both arms?

S



SPEECH

Can the person speak clearly
and understand what you say?

T



TIME

Seek medical attention immediately
Call 000 for an ambulance