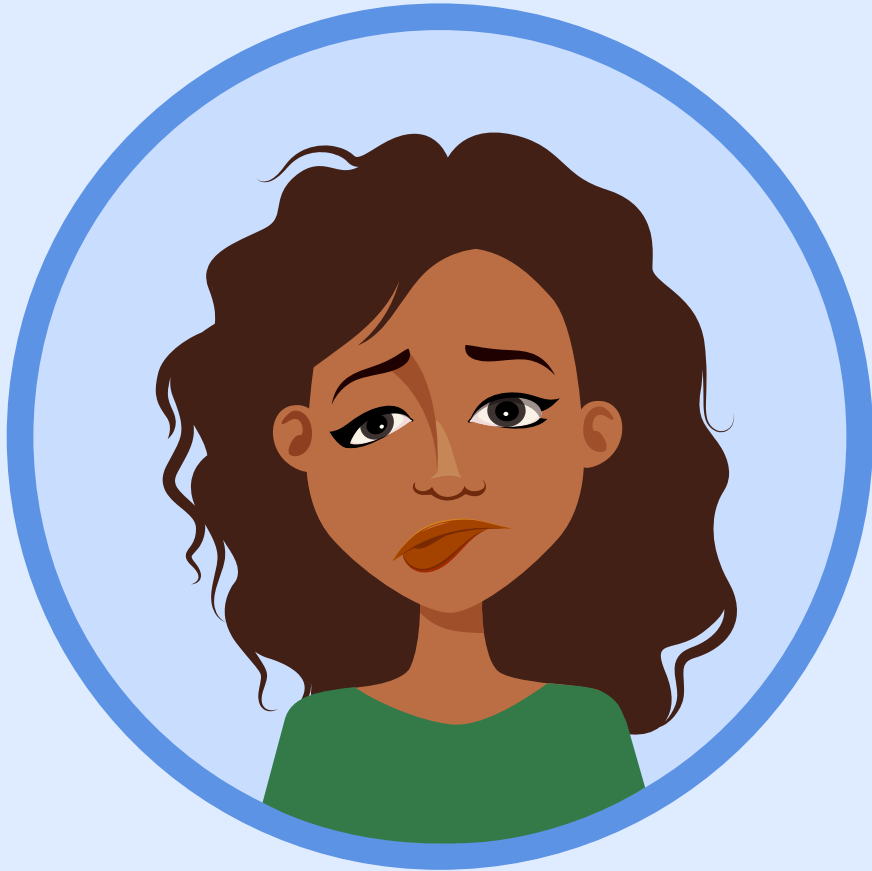


# STROKE ASSESSMENT

## 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