Prescreening Answers

Q1: How are you currently managing your diabetes, and have there been any recent changes in your blood

Answer: no

Q2: Have you experienced any new or recurring symptoms related to your previous stroke, such as weakn

Answer: yes

Q3: Are you adhering to any specific dietary or lifestyle recommendations to help control your blood pressu

Answer: yes

Q4: Have you noticed any changes in your heart rate or experienced palpitations, dizziness, or shortness of

Answer: yes

Q5: Are you experiencing any other symptoms or concerns that you think might be related to your current h

Answer: no