

## Fight Stroke: Know The Warning Signs

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

Every 45 seconds, someone in America has a stroke. Every 3 minutes, someone dies of one. Stroke is our nation's No. 3 cause of death and a leading cause of serious, long-term disability. SSEEEO members know that surviving a stroke can have a devastating impact, not only on survivors, but also on everyone who cares about them. That's why it is important to know the warning signs of stroke and teach them to others. Every second counts; time lost is brain lost.

**Call 9-1-1 immediately  
if you or someone with you  
experiences any stroke symptoms.**

Also, check the time  
so you'll know when the first symptoms appeared.  
If given within three hours  
of the start of symptoms,  
a clot-busting drug  
can reduce long-term disability  
for the most common type of stroke.

**For general information about stroke,**  
call the American Stroke Association  
at 1-888-4-STROKE  
or log on to  
[www.StrokeAssociation.org](http://www.StrokeAssociation.org).

**For SSEEEO contact information,**  
see reverse panel.



**Providing  
an Active Voice  
for  
Illinois  
Stroke Survivors  
and the  
People in Their Lives.**

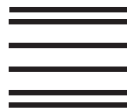
**American Stroke  
Association<sup>SM</sup>**  
A Division of American  
Heart Association 

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GREATER MIDWEST AFFILIATE  
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## What is Stroke Survivors Empowering Each Other? (SSEEO)

This year, stroke will strike 700,000 Americans of all ages, genders and ethnicities. A member of your family, a friend or neighbor — even you — could be a victim.



Stroke is the No. 3 killer of Americans and a leading cause of serious, long-term disability.

But perhaps you already know these statistics because you've already suffered a stroke or know someone who has. Where do you turn?

### SSEEO Is Here to Help.

SSEEO was founded in 2004 by four stroke survivors from Northern Illinois and one from Washington, D.C.



Today, we're a group of hundreds of survivors and caregivers from communities across Illinois.

In collaboration with the American Stroke Association, a division of the American Heart Association, we work to:

- support each other
- educate the public
- bring about policy change

to make life easier for ourselves, our families and future generations.

## Join Our Community!

SSEEO members make a difference in the fight against stroke and other cardiovascular disease in Illinois as members of the *You're The Cure* grassroots advocacy network of the American Stroke Association, a division of the American Heart Association.

Together, we:

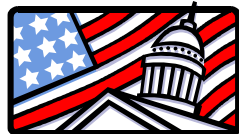
- fight stroke and other forms of cardiovascular disease by boosting public awareness
- advocate for funding for stroke research and prevention
- work with public officials to improve the quality of life for stroke survivors
- form a supportive statewide community of stroke survivors and those who care for them.

We contact public officials and other community leaders by e-mail, letter, phone or personal visits. To learn more about our advocacy network, log on to [www.yourethecure.org](http://www.yourethecure.org).

### **You don't have to be a stroke survivor to make a difference in the fight against stroke.**

Please complete and return the attached postage-paid form to join SSEEO. Membership is voluntary and free of charge.

**For questions or comments about SSEEO or the *You're The Cure* network,** please call the American Stroke Association at 312-476-7438 or e-mail [sseo\\_il@yahoo.com](mailto:sseo_il@yahoo.com).



**YES! I want to make a difference.**

### **YES! I want to make a difference in the lives of stroke survivors across Illinois.**

Please register me as a member of SSEEO and add my name to the American Stroke Association's *You're the Cure* Network. (I understand that there is no cost or obligation to join either group.)

PLEASE PRINT:

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please check one:  Female  Male

Vocation: \_\_\_\_\_

Name/location of stroke group or hospital:

\_\_\_\_\_  
\_\_\_\_\_

Languages spoken: \_\_\_\_\_

Check all that apply:

Stroke Survivor

Stroke Caregiver

Physician

Nurse

Therapist

Other (please explain: \_\_\_\_\_)