HIGH BLOOD PRESSURE

1. Has a healthcare worker ever said that you have high blood pressure or hypertension?
   - □ Yes
   - □ No
   - □ Don’t know
   □ Do

   1.1. If yes, then at what age were you first told this?
   □ □ years

   1.2. **FOR WOMEN:** Was this during pregnancy only?
   - □ Yes
   - □ No

2. Have you ever taken medication for hypertension / high blood pressure?
   - □ Yes now
   - □ Yes not now
   □ No
   □ Don’t know

2.1. If yes, then at what age did you begin taking medicine for this?
   □ □ years

BLOOD PRESSURE READINGS

3. Date BP measurements taken:
   □ □ □
   □ dd
   □ MMM
   □ yy

3.1. For blood pressure measurements, specify Aneroid sphygmomanometers name and model:

3.2. Blood pressure cuffs sizes (S, M, L, XL):
   - □ S
   - □ M
   - □ L
   - □ XL

3.3. Blood pressure measurement #1:
   □ □ □ / □ □ □

3.4. Blood pressure measurement #2:
   □ □ □ / □ □ □

3.5. Blood pressure measurement #3:
   □ □ □ / □ □ □