

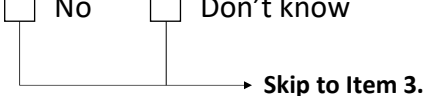
PID:

Visit Date:
dd MMM yy

Visit:

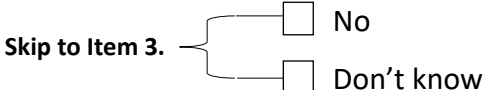
BLOOD PRESSURE

HIGH BLOOD PRESSURE

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


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

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 **OR** Don't know

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: **Systolic** / **Diastolic**

3.4. Blood pressure measurement #2: /

3.5. Blood pressure measurement #3: /

Date Completed:
dd MMM yy Staff Initials: