

Thank you for coming to the Hypertension Clinic

Addressograph Here

Please fill out this short form before your
physician visit.

Have you had any of the following tests?

24 hour blood pressure monitor Yes No

Tests for sleep apnea Yes No

Your pharmacy:

Name: _____ Phone: _____

Please list all of your current medications and doses:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Do you take any of the following medications, herbs or supplements?

	Yes	No
Anti- inflammatory medications (NSAIDS): Ibuprofen (Advil, Motrin, Nuprin) Naproxen (Aleve, Naprosyn) Celebrex Aspirin (Bayer, Bufferin, Exedrin) Diclofenac (Voltaren, Arthrotec) Indocid, Relafen, Ketoprofen		
Prednisone		
Birth Control pill or Hormone Replacement treatment		
Diet pills (Meridia, Ephedra, Ma Huang)		
Cough or cold medications and syrups (Sudafed, Neo-Synephrine)		
Antidepressants		
Ginseng		
Ginger		
Licorice		
St. John's Wort		
Ephedra (Ma Huang)		
Acetaminophen (Tylenol)		
Ginkgo		
Bitter Orange		
Arnica		

Has anyone ever noticed that you have “pauses”, choking or gasping or stop breathing when you sleep?

Yes No

These questions ask about your activity level and diet.

As a rule, do you do at least half an hour of moderate or vigorous exercise (such as walking or a sport) on five or more days of the week?

Yes No

On average, how many hours do you sit per day?

_____hours

(including at work, screen time, driving hours)

Generally on average,

How often do you go to restaurants? Please circle the one that best applies:

Less than once a week
Once a week
Twice a week
More than twice a week

How often do you eat fast food?

Less than once a week
Once a week
Twice a week
More than twice a week

How often do you eat processed foods? Examples include canned or instant soup, lunch meat, bacon, soy sauce, pre-packaged dinners, canned vegetables, potato chips

Less than once a week
Once a week
Twice a week
More than twice a week

How many alcohol-containing drinks do you have per week, on average? _____ (# of drinks per week)

[One drink is equivalent to one 12-ounce glass of wine, one beer (350 ml), or 1.5 ounces of liquor]

The questions here ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

1. In the last month, how often have you felt that you were unable to control the important things in your life?

0=never 1=almost never 2=sometimes 3=fairly often
 4=very often

2. In the last month, how often have you felt confident about your ability to handle your personal problems?

0=never 1=almost never 2=sometimes 3=fairly often
 4=very often

3. In the last month, how often have you felt that things were going your way?

0=never 1=almost never 2=sometimes 3=fairly often
 4=very often

4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

0=never 1=almost never 2=sometimes 3=fairly often
 4=very often

EQ-5D

Which statements best describe your own state of health today?

1. Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

2. Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

3. Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

4. Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

5. Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

To help people say how good or bad their state of health is, we would like you to tell us on a scale of 0 to 100 how good or bad your own health is today, in your opinion. With the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

**Your own
state of health
today**

Best
imaginable
state of health

100

90

80

70

60

50

40

30

20

10

0

Worst
imaginable
state of health

These questions ask you about your knowledge on hypertension:

1. How knowledgeable do you feel about hypertension?
(please circle)

Not at all knowledgeable

A little knowledgeable

Somewhat knowledgeable

Very knowledgeable

2. What blood pressure should you target? (please circle)

Less than 180/100 mmHg

Less than 150/ 80 mmHg

Less than 140/90 mmHg

Less than 130/80 mmHg

Less than 120/80 mmHg

3. Which are ways you can lower your blood pressure?
(please circle)

a) Eating out less at restaurants

b) Taking your blood pressure pills only when your blood pressure is high or when you have a headache

c) Losing 5-10 pounds

d) Eating less chocolate

e) Going for an hour long walk 4 times per week

f) Reducing your stress

In the future, the Hypertension Clinic may hold group information sessions on hypertension and how best to manage hypertension.

Would you like to be invited to these sessions?

- No thanks, not at this time
- Yes, please phone or mail me an invite

In the future, the Hypertension Clinic may participate in research studies on hypertension.

Would you like to be informed of these research studies?

- No thanks, not at this time
- Yes, please phone or mail me an invite

Thank you. This is the end of the questions.