

# Thank you for coming to the Hypertension Clinic

Addressograph Here

Please fill out this short form before your  
physician visit.

1. Were you able to work on any of your lifestyle changes/goals?

Yes (specify) \_\_\_\_\_

No, I wasn't able to

2. Have you had any problems with your blood pressure  
medications since your last visit?

Yes (specify) \_\_\_\_\_

No

3. What is your average or usual blood pressure at home or at the  
drug store since your last visit?

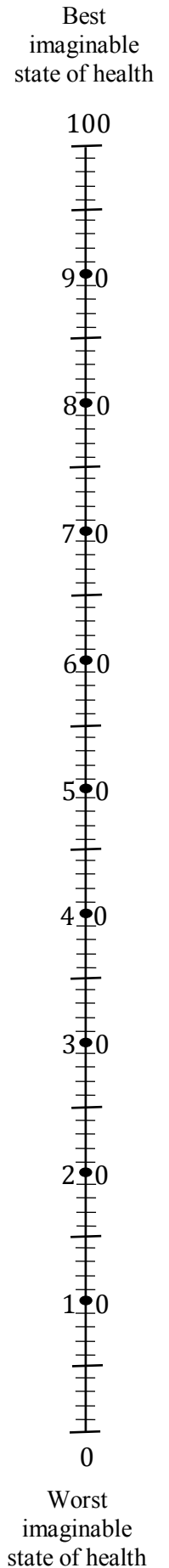
4. Do you need a prescription refill? Yes No



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.

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**Your own  
state of health  
today**



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