


WORLD  **HYPERTENSION**
DAY **October 17th 2020**
*Measure Your Blood Pressure
Control It, Live Longer*

*Your voice is the voice of
Indian Society of Hypertension*



We request you to participate in this questionnaire to disseminate the theme of World Hypertension Day .

Name of the Doctor : _____
Mobile : _____
E.mail id : _____
City/ State : _____

Subject's / Patient's Particulars

Name : _____
Age / Sex : _____
Mobile : _____
City/ State : _____

- Weight Kg Height Cms
- BMI Kg/m² Waist Circumference Cms
- Education level : Finished only school education / Graduate / Post Graduate
- Occupation : Labourer / Heavy lifting worker : Yes / No
- Economic Status : Lower Income / Middle income / High income
- Living conditions : Congested with too many people / Self occupied nuclear family / social stress : Yes / No
- Do you have any idea about air pollution and Cardiovascular disease ?
Yes / No
- Is this the first time that you are screened for Hypertension
Yes / No

*** Please see the instructions at the bottom for proper recording of BP .**

Blood Pressure : SBP

DBP

Any family H/o Hypertension : Yes / No

Diabetes : Yes / No

CAD : Yes / No

Premature CAD : Yes / No

Cerebrovascular Disease : Yes /No

Premature Death : Yes / No

If **Yes** , please elaborate : _____

• If you are a hypertensive – duration : Month/ Year

- Are you having other conditions : **Obesity**
Diabetes
CAD
CKD
HF
Stroke
Psychiatric condition

If **Yes** , for any of the above , Please give details : _____

- Are you on any medication for Hypertension :
Yes / No :

If Yes , please specify the drug and dosage .

Name of the drug/ dosage

1. ACEI / ARB : _____

2. CCB : _____

3. Diuretics : _____

4. Beta blocker : _____

5. Aldosterone Antagonist : _____

Combination of drugs

1. ACEI / ARB + CCB : Yes / No

2. ACEI / ARB+ Diuretics : Yes / No

3. ACEI / ARB + Betablocker : Yes / No

4. ACEI / ARB + CCB + Diuretics+Betablocker : Yes / No

5. ACEI / ARB + CCB+Diuretics + Aldosterone Antogonist
Yes / No

• Concomitant therapy : NASIDs : Yes / No

Steroids : Yes / No

- Any Substance abuse : Yes / No

Month / Year

- How often you visit the doctor for BP checkup ?

- How often the medicines were changed to control BP ?

- Any suggestions given - follow up for BP ? and with whom ??

Home blood pressure monitoring

Local Doctor

Nurses

Pharmacists

- Will you be able to monitor BP at home using a device with proper instructions from the doctor : Yes / No

- Are you adhering to lifestyle changes

Diet : Yes / No

Sodium Intake : Yes / No

Physical Activity : Yes / No

Smoking cessation : Yes / No

Alcohol : Yes / No

Sugar Intake : Excess / Moderate / Low

Yoga / Meditation : Yes / No

Are you having sleep disorders ? Yes / No

Insomnia : Yes / No

Snoring : Yes / No

Day time sleepiness : Yes / No

Sleep apnoea [Information to be obtained from the patient and his spouse] Yes / No

Memory loss : Yes / No

- Are you taking the drugs prescribed by your Doctors regularly

Yes / No

If **No** : Why : _____

Your doctor is your best friend to show the ways and means of controlling your blood pressure .

Patient's Signature : _____

Doctor's Signature : _____

Seal : _____

Registration No : _____

Name of state Medical Council : _____

*** Note :**

Instructions to measure the blood pressure :

BP Measurement has to be made only with automated oscillometric device(eg : Omron)
For proper reading : 3 readings to be taken and the first reading can be omitted
2nd and 3rd reading which are taken after five minutes need to be taken into
consideration . An average of the last 2 readings is considered as the blood pressure
of that particular individual. This BP reading has to be recorded in the questionnaire .
Please adhere to the following while measuring the BP . Patients should
be seated comfortably with a support for back . He / She should not cross the legs .
The feet should be resting on the floor . Appropriate BP cuff to be used . The arm
should be supported on the table comfortably . Neither the patient nor the doctor
should talk during BP measurement .Standing Bp can be measured in selected
individuals . Kindly see that the patient takes minimum of 5 minutes rest in the
waiting room . For more details kindly follow International Society of
Hypertension guidelines for measuring BP .

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