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| Hypertension (high blood pressure) questionnaire |
| Dear Patient,  We are now offering an alternative way to review your hypertension (high blood pressure). You are still welcome to book a telephone appointment with a practice nurse for a hypertension review if you would prefer. However, you may wish to fill in our questionnaire below instead. You can use your own blood pressure monitor at home.    Please answer ALL the questions on the form and email it to us at [reception.harbourside@nhs.net](mailto:reception.harbourside@nhs.net) or post it to the surgery. We have a post box on the wall to the left of the main entrance. We will review your symptoms and if necessary ask one of our specialist nurses to call you. For more information on lifestyle advice please visit NHS Choices website [www.nhs.uk/livewell](http://www.nhs.uk/livewell) **Note:** By using this form you will be sending information about yourself across the internet. We use a secure email service. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantee of absolute privacy. If this matter concerns you then please print off the form, complete it and return to the surgery.  **Personal Information:** Personal information retained on this system is stored in a secure data centre located in the UK and is treated as confidential. The answers that you give will become part of your medical record. |

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|  | **Name: Date of birth:** |
| **Address:** |
| **Phone number:** |
| **Email address:** |

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| --- | --- | --- | --- | --- | --- |
|  | Height: | Weight: |  |  |  |

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| Physical activity involved in work | Not in employment |
| Much of time sitting day-to-day |
| Most of time sitting or walking but no physical intense effort involved |
| Work involved definite physical effort including handling of heavy objects & use of tools |
| Work involves vigorous physical activity including handling of very heavy objects |

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| During the last week, how many hours did you spend on each of the following activities? | |
| Physical exercise, such as swimming or jogging? | None |
| Some, but less than one hour |
| One to three hours |
| More than three hours |
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| Cycling, including cycling to work and in leisure time? | None |
| Some, but less than one hour |
| One to three hours |
| More than three hours |
|  | |
| Walking, including walking to work and in leisure time? | None |
| Some, but less than one hour |
| One to three hours |
| More than three hours |
|  | |
| Housework/ **childcare** | None |
| Some, but less than one hour |
| One to three hours |
| More than three hours |
|  | |
| **Gardening/**  **DIY** | None |
| Some, but less than one hour |
| One to three hours |
| More than three hours |

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| How would you describe your walking pace? | Slow (less than 3 mph) | | | | | | |
| Steady average pace | | | | | | |
| Brisk | | | | | | |
| Alcohol | How many units of alcohol do you typically drink per week? | | |  |  |  |  |
| I drink …………. units per week. | | | | | | |
| Tobacco | Do you smoke? | | |  |  |  |  |
| Non-smoker | Current smoker | Ex-smoker | E-cigarette smoker | | | |

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| **Is there a family history of coronary heart disease in a first-degree relative under 60 years?**  **If so, please select who:** |
| Mother  Sister |
| Father  Brother |