MAY MEASUREMENT MONTH 2019 (MMM19)

#checkyourpressure
www.maymeasure.com

*MMM19 Team (Philippines)
c/o **Philippine Society of Hypertension**
Unit H- 11th Floor, Strata 100 Bldg, Ortigas Avenue, 1605 Pasig City, Philippines
Tel No. +632 696-2819
Email address: phihpn@yahoo.com

www.philippinesocietyofhypertension

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MMM DATA CAPTURE FORM

		1	2	3	4	5
	ABOUT THE SCREENING SITE					
*1	Country	**Philippines**				
*2	City/Town/Village name					
3	Site ID and/or email address					
4	Where is your screening site?	☐ Hospital/Clinic ☐ Pharmacy ☐ Public Area(Indoords) ☐ Public area(outdoors) ☐ Workplace ☐ Home ☐ Other	☐ Hospital/Clinic ☐ Pharmacy ☐ Public Area(Indoords) ☐ Public area(outdoors) ☐ Workplace ☐ Home ☐	☐ Hospital/Clinic ☐ Pharmacy ☐ Public Area(Indoords) ☐ Public area(outdoors) ☐ Workplace ☐ Home ☐	☐ Hospital/Clinic ☐ Pharmacy ☐ Public Area(Indoords) ☐ Public area(outdoors) ☐ Workplace ☐ Home ☐	☐ Hospital/Clinic ☐ Pharmacy ☐ Public Area(Indoords) ☐ Public area(outdoors) ☐ Workplace ☐ Home ☐
*5	Date of measurement (dd/mm/yy)					
	ABOUT THE PARTICIPANTS					
*6	Please confirm that you understand that the data recorded is anonymous and you give your permission for your readings to be used for academic research purposes	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
7	Ethnicity (self-declared)	☐ Black ☐ White ☐ South Asian ☐ East Asian ☐ South-East Asian ☐ Arabic ☐ Mixed ☐ Other	☐ Black ☐ White ☐ South Asian ☐ East Asian ☐ South-East Asian ☐ Arabic ☐ Mixed ☐ Other	☐ Black ☐ White ☐ South Asian ☐ East Asian ☐ South-East Asian ☐ Arabic ☐ Mixed ☐ Other	☐ Black ☐ White ☐ South Asian ☐ East Asian ☐ South-East Asian ☐ Arabic ☐ Mixed ☐ Other	☐ Black ☐ White ☐ South Asian ☐ East Asian ☐ South-East Asian ☐ Arabic ☐ Mixed ☐ Other
8	When did you last have your blood pressure measured?	☐ Never ☐ Over 12 months ago ☐ Whithin the last 12 months	☐ Never ☐ Over 12 months ago ☐ Whithin the last 12 months	☐ Never ☐ Over 12 months ago ☐ Whithin the last 12 months	☐ Never ☐ Over 12 months ago ☐ Whithin the last 12 months	☐ Never ☐ Over 12 months ago ☐ Whithin the last 12 months
9	Did you participate in May Measurement Month 2017 or 2018?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
10	Have you ever been diagnosed with high blood pressure by a health professional (except in pregnancy)?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
11	Are you currently taking prescribed medication to treat high blood pressure?	☐ YES ☐ NO ☐ DON'T KNOW	☐ YES ☐ NO ☐ DON'T KNOW	☐ YES ☐ NO ☐ DON'T KNOW	☐ YES ☐ NO ☐ DON'T KNOW	☐ YES ☐ NO ☐ DON'T KNOW
12	If yes to question 11, how many drug classes do you take for your blood pressure?***	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more
13	If yes to question 11, do you take a statin?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
14	If yes to question 11, do you take aspirin?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
*15	How old are you in years? (Estimate if unknown	☐ Mark with X if estimated	☐ Mark with X if estimated	☐ Mark with X if estimated	☐ Mark with X if estimated	☐ Mark with X if estimated
*16	What is your sex?	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
17	If female, are you pregnant?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
18	If female. Have you had raised blood pressure in this or a previous pregnancy?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
19	Are you currently fasting?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
20	Do you have diabetes?	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know
21	Do you use tobacco?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
22	Do you consume alcohol?	☐ Never/rarely ☐ 1-3 times per month ☐ At least once per week	☐ Never/rarely ☐ 1-3 times per month ☐ At least once per week	☐ Never/rarely ☐ 1-3 times per month ☐ At least once per week	☐ Never/rarely ☐ 1-3 times per month ☐ At least once per week	☐ Never/rarely ☐ 1-3 times per month ☐ At least once per week
23	Have you had a heart attack in the past?	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know
24	Have you had a stoke in the past?	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know	☐ YES ☐ NO ☐ Don't Know
	MEASUREMENT					
25	Weight (estimate if not measured)	Kilograms (kg) **OR** Pounds (lbs) **OR** Mark with X if estimated	Kilograms (kg) **OR** Pounds (lbs) **OR** Mark with X if estimated	Kilograms (kg) **OR** Pounds (lbs) **OR** Mark with X if estimated	Kilograms (kg) **OR** Pounds (lbs) **OR** Mark with X if estimated	Kilograms (kg) **OR** Pounds (lbs) **OR** Mark with X if estimated
26	Height (estimate if not measured)	"Feet & Inches **OR** Centimeters (cm) Mark with X if estimated	"Feet & Inches **OR** Centimeters (cm) Mark with X if estimated	"Feet & Inches **OR** Centimeters (cm) Mark with X if estimated	"Feet & Inches **OR** Centimeters (cm) Mark with X if estimated	"Feet & Inches **OR** Centimeters (cm) Mark with X if estimated
27	What is the manufacturer name of the BP device?					

		1			2			3			4			5		
		Systolic Blood Pressure (SBP)	**Diastolic Blood Pressure (DBP)**	**Heart rate**	**Systolic Blood Pressure (SBP)**	**Diastolic Blood Pressure (DBP)**	**Heart rate**	**Systolic Blood Pressure (SBP)**	**Diastolic Blood Pressure (DBP)**	**Heart rate**	**Systolic Blood Pressure (SBP)**	**Diastolic Blood Pressure (DBP)**	**Heart rate**	**Systolic Blood Pressure (SBP)**	**Diastolic Blood Pressure (DBP)**	**Heart rate**
*28	1st Measurement															
27	2nd Measurement															
28	3rd Measurement															

* These questions must be answered in order to be submitted for May Measurement Month

NB: Do not record any personal data that would identify the patient e.g. name, address.

*** This means how many types of medications are being taken i.e. – ACE-inhibitors, ARBs, diuretics, beta-blockers, calcium channel blockers, alpha-blockers, others. If you are unsure, please enter the number of different tablets taken each day. (If you are taking 1 tablet twice a day, this counts as 1.) If unknown, please leave blank.

Attending MD / Nurse:

Name in Print/Signature